

Applicant Information



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To be completed by **applicant**

Mandatory Criminal History Questionnaire – This section MUST be completed by applicant

Have you been convicted or found not guilty by reason of insanity, of any of the following disqualifying crimes in any jurisdiction during the last ten (10) years before the date of your application for unescorted access authority, or while you have unescorted access authority? Please mark the appropriate "Yes" or "No" box of EACH of the disqualifying criminal offenses listed below.

Forgery of certifications, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306	Yes No	Murder	Yes No
Interference with air navigation, 49 U.S.C. 46308	Yes No	Assault with intent to murder	Yes No
Improper transportation of a hazardous material; 49 U.S.C. 46312	Yes No	Espionage	Yes No
Aircraft Piracy; 49 U.S.C. 46502	Yes No	Sedition	Yes No
Interference with flight crew members or flight attendants; 49 U.S.C. 46504	Yes No	Kidnapping or hostage taking	Yes No
Commission of certain crimes aboard an aircraft in flight; 49 U.S.C. 46506	Yes No	Treason	Yes No
Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505	Yes No	Rape or aggravated sexual abuse	Yes No
Conveying false information and threats; 49 U.S.C. 46507	Yes No	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon	Yes No
Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502 (b)	Yes No	Extortion	Yes No
Lighting violations involving transporting controlled substances; 49 U.S.C. 46315	Yes No	Armed or felony unarmed robbery	Yes No
Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314	Yes No	Distribution of, or intent to distribute, a controlled substance	Yes No
Destruction of an aircraft or aircraft facility; 18 U.S.C. 32	Yes No	Felony arson	Yes No
Violence at international airports; 18 U.S.C. 37	Yes No	Conspiracy or attempt to commit any of the aforementioned criminal acts listed	Yes No
Felony involving a threat; willful destruction of property; importation or manufacture of a controlled substance; burglary; theft; dishonesty, fraud or misrepresentation; possession or distribution of stolen property; aggravated assault; bribery; illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year	Yes No	Do you have pending or unresolved judicial (court) proceedings for any of the disqualifying crimes?	Yes No
		Have you been released from prison/jail within the last 12 months for any of the disqualifying crimes?	Yes No

PRIVACY ACT NOTICE & EMPLOYEE CERTIFICATION

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT).

DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 552a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

CERTIFICATIONS: The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

Applicant's Full Name (print)	Applicant's Signature	Date

To be completed by **applicant**

Social Security Authorization

Authority 49 U.S.C §§ 114, 44936 authorizes collection of this information

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this information released to verify that my social security number is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine, imprisonment or both.

NOTICE: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

Applicant's Social Security Number	Applicant's Date of Birth	
Applicant's Full Name (Print)	Applicant's Signature	Date

To be completed by **SIDA applicants only**

SIDA ID Screening Notice

Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Applicant's Full Name (print)	Applicant's Signature	Date

To be completed by **applicant**

Record of Arrest and Prosecution Back Criminal Records Screening Notice (RAP)

The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories). **The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.** DHS will also transmit the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

Applicant's Full Name (print)	Applicant's Signature	Date

To be completed by **applicant**

General Security Responsibilities - As an SHD badge holder I understand and will comply with the following

My SHD badge is the property of the Airport Commission. Any SHD representative is allowed to inspect my badge to verify personal identification and to ensure compliance with current regulations.	Initials:	I will abide by the speed limit of 15 mph on the AOA.	Initials:
My SHD badge must be returned immediately to the badging office if any of the following occur: resignation, termination, transfer, lay off, or for any other reason the badge is no longer needed	Initials:	I am responsible for challenging any person or persons, not properly wearing or displaying their SHD badge within the Airport Operations Area (AOA), Secured Area (SA), or Security Identification Display Area (SIDA).	Initials:
My SHD badge is for Official Use Only. I will not tamper with, mutilate, loan, borrow, or reproduce my badge in any manner.	Initials:	I am responsible for immediately reporting any individual that refuses to comply with my request to challenge to the Airport at (540)453-0195.	Initials:
I understand that I am subject to both criminal history and background record checks. I also understand that I am required to immediately report any changes to my criminal history to the SHD ID Office.	Initials:	I am responsible to confirm doors and gates secure behind me. If the door or gate does not secure I will notify the Airport (540)453-0195 and remain with the door/gate until an SHD representative arrives.	Initials:
I will keep my badge secured at all times and I will also keep my Personal Identification Number (PIN) confidential.	Initials:	I understand and acknowledge that violation of the Airports Security Program will result in administrative action to include, retraining, revocation of Airport ID and possible TSA civil penalties.	Initials:
I will not access, or attempt to access, any area of the airport without a valid OPERATIONAL NEED.	Initials:	I will ensure that anyone I escort on to the AOA will remain under my visual and verbal control at all times.	Initials:
Should my Airport ID become lost or stolen I will immediately notify the Airport Badging Office / Airport Police (540)453-0195	Initials:	I will immediately report any security violation I witness to the Airport (540)453-0195.	Initials:



Authorized Signatory Verification

To be completed by **Authorized Signatory**

Signatory Authority Information

Company Name:		Date:	
Email:		Contact Number:	

Authorized Signatory Attestation
I attest to the following:

1. A specific need exists for providing the individual applicant with unescorted access authority; and
2. The applicant acknowledges their security responsibilities under 49 CFR § 1540.105(a).
3. I have reviewed the information and statements on this application and dated this form **ONLY AFTER ALL INFORMATION WAS COMPLETED AND VERIFIED.**

Form Valid for 30 calendar days after approval by Signatory.

Signatory Full Name (print)	Signatory Signature	Date
	ID and Access Control Official Verifying Signature	Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				



Identification and Access Control Office

To be completed by the **ID and Access Control Office**

Access Issued – ID and Access Control Office Use					
Access Type		ID Card Information		ID Color / Access Level	
Pedestrian <input type="checkbox"/>	AOA Vehicle <input type="checkbox"/>	Movement Vehicle <input type="checkbox"/>	Card Number:	Expiration Date:	<input type="checkbox"/> Blue SIDA <input type="checkbox"/> Red SIDA
Vehicle Information					<input type="checkbox"/> Yellow AOA
Make:	Model:	Year:	Color:		<input type="checkbox"/> Orange AOA
Vehicle Insurance Information					<input type="checkbox"/> White Temporary
Company:	Policy #:	Exp Date:			<input type="checkbox"/> No ID Issued
Security Training Completion Certification					
AOA Security <input type="checkbox"/>	SIDA <input type="checkbox"/>	Trainer Name (Print)			
Date:		Trainer Signature			
Airport Security Coordinator Certification					
ASC Name (Print)					
ASC Signature					
Date:		Final Status	<input type="checkbox"/> Approved (Issued)	<input type="checkbox"/> Denied (Not Issued)	