

**ID ACCESS BADGE APPLICATION
FOR SECURED AREA/SECURITY IDENTIFICATION DISPLAY AREA (SIDA) / STERILE AREA**



3880 NE 39th Avenue, Suite A
 Airport Operations Dept.
 Gainesville, FL 32609
 Phone: 352-373-0249
 Fax: 352-374-8368

AIRPORT OFFICE USE ONLY	
BADGE TYPE	_____
BADGE NUMBER	_____
PIN	_____
ISSUE DATE	_____
EXPIRATION DATE	_____

SECTION 1

TODAY'S DATE:	
PROVIDE FULL LEGAL NAME	
<i>Last Name:</i>	<i>First Name:</i>
<i>Middle Name:</i>	<i>Suffix: (Jr., Sr. etc.)</i>
ALIASES / OTHER NAMES PREVIOUSLY USED: <i>(List ALL including previous married names and maiden names.)</i>	
DATE OF BIRTH:	COUNTRY OF BIRTH:
GENDER:	COUNTRY OF CITIZENSHIP:
CURRENT MAILING ADDRESS:	CITY, STATE, ZIP:
DAYTIME PHONE NUMBER WITH AREA CODE:	SOCIAL SECURITY NUMBER (Voluntary)
<i>Failure to provide SSN may delay or prevent investigation necessary for badge issuance.</i>	
NAME OF EMPLOYER:	JOB TITLE:
NON - U.S. CITIZENS MUST COMPLETE THE FOLLOWING:	
ALIEN REGISTRATION # (9 DIGITS, NO DASHES)	I-94 ARRIVAL / DEPARTURE FORM #
OR	
OR NON-IMMIGRANT VISA CONTROL #	COUNTRY ISSUING VISA
AND	
NATURALIZED CITIZENS MUST COMPLETE THE FOLLOWING:	
U.S. PASSPORT #	CERTIFICATE OF NATURALIZATION # (ARN OR INS#, 9-DIGITS, NO DASHES)
OR	
OR Provide Certificate of Birth from abroad – DS Form-1350 10-Digit Document DS #	

SECTION 2

Have you previously been issued an Airport ID Badge? Yes No
If Yes, Badge Number: _____

List previous GNV Airport Employer, if applicable: _____ Dates of Employment: _____
From: _____ To: _____

TYPE OF BADGE REQUIRED: (Please check one) (Must be certified by an "Authorized Signatory")
Unrestricted (SIDA and AOA Access)
Air Carrier Ramp (SIDA Access)
Contractor / Vendor (SIDA Access)
Terminal Sterile Area (No SIDA Access)
Escort Privileges: (Check if job requires)
TYPE OF DRIVER'S PERMIT REQUIRED: (Please check one) (Must be certified by an "Authorized Signatory")
M Runways / Taxiways (Movement Areas)
R Ramps / Service Roads (Non-Movement Areas)
N None

APPLICANT CERTIFICATION

The information I have provided in Sections 1 and 2 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).

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien # A _____)
- An alien authorized to work until _____ / _____ / _____
(Alien # or Admission # _____)

I agree to obey all Federal, State, Local, and Airport Authority ordinances, rules and regulations, etc., applicable to my term of employment or term of lease (as applicable). I understand that violating any of the aforementioned Rules, Regulations or Ordinances may subject me to Federal, State, or local criminal or civil penalties. I understand that I am responsible for any fines/ penalties incurred by the Airport as a result of my action(s). I agree to return my ID Badge and/or key(s) to my employer (as applicable) or the Airport Authority upon demand.

Applicant's Signature Required Date

SECTION 3

All applicants must provide the following documents for proper completion of a Security Threat Assessment by the Department of Homeland Security. This documentation is in compliance with Transportation Security Administration Security Directive 1542-04-08G.

PLEASE NOTE: ALL APPLICANTS FOR THIS BADGE MUST PROVIDE FINGERPRINTS AND WILL BE SUBJECTED TO A CRIMINAL HISTORY RECORDS CHECK.

U.S. Citizens must provide / attach a copy of one document each from List B (such as a Driver's License) and one document from List C (such as a Social Security Card) from the attached List of Acceptable Documents. A current U.S. Passport may be submitted in lieu of a document from Lists B and C, however the Airport requires a current Driver's License as a second form of ID from all applicants..

Non-U.S. Citizens must provide / attach a copy of one document from List A and a copy of his/her Driver's License.

EMPLOYER CERTIFICATION (as applicable)

By Authorized Signatory

As Authorized Signatory, I am authorized by my firm to sponsor airport badge applicants and request airport identification media for them. I hereby certify that applicant is employed by my firm and has need of the Airport SIDA media requested in connection with his/her employment. As applicant's employer, we assume responsibility to immediately notify the Airport Authority upon separation of employment and assume responsibility for return of Airport issued SIDA media. In accordance with Public Law 110-161, Section 542, any employer who does not notify the operator of the Airport of termination within 24 hours and does not make reasonable efforts to secure Airport issued SIDA media is subject to civil penalties not to exceed \$10,000. Authorized Signers understand that they must immediately inform the Airport if a current media holder no longer needs access to any of the restricted areas of the Airport, or no longer meets the requirements to hold a badge. For example, the Authorized Signer will notify the Airport if a work visa is about to expire.

Airport Employer Name (Printed)

Airport Employer Signature

Date

PRIVACY ACT NOTICE

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

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. 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.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

SOCIAL SECURITY CERTIFICATION

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, 20598.

I am the individual to whom the information applies and want this information released to verify that my SSN 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 or imprisonment or both.

Applicant Signature

Date of Birth

Social Security Number

Full Name

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				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		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		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)		3. School ID card with a photograph		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. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		4. Voter's registration card		5. Native American tribal document
		5. U.S. Military card or draft record		
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		
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		9. Driver's license issued by a Canadian government authority		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		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		8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

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SECTION 4

FOR AIRPORT SECURITY COORDINATOR'S USE

Secured Area / SIDA Access

Air Carrier Certification Received: Yes No Not Required

Airport Tenant Certification Received: Yes No Not Required

Criminal History Records Check Required: Yes

Case Number: _____

Date Completed: _____

Disqualifying Conviction Uncovered: Yes No

Access Investigation Complete: Yes No

Applicant granted authorization for, or granted authority to authorize others to have, unescorted access to the Gainesville Regional Airport Security Identification Display Area (SIDA): Yes No

If **NO**, applicant notified of final decision to deny authorization for unescorted access: _____

ASC Signature – Security Threat Analysis Approval

Date

GNV SIDA Training Date

Driver's Training Date

Access Group

Expiration Date

Date Lost

Date Reported

Date Reissued

Date of Departure

Notified

Date ID Returned

SECTION 5 CHRC Certification

I certify that the applicant has satisfactorily undergone a criminal history records check (CHRC) and it did not uncover any disqualifying conviction.

Case Number: _____

Date Completed: _____

Authorized Air Carrier Representative

Date Signed

OR

I understand the applicant was subject to a criminal history records check and the results are on file with the ACS.

Airport Authority or Authorized Air Carrier Representative other than a U.S. Air Carrier

Date Signed

GAINESVILLE REGIONAL AIRPORT

FINGERPRINT APPLICATION

A. Disqualifying Criminal Offenses are listed below:

1. Forgery of certificates, false making of aircraft, and other aircraft registration violations; 49 U.S.C. 46306
2. Interference with air navigation; 49 U.S.C. 46308
3. Improper transportation of a hazardous material; 49 U.S.C. 46312
4. Aircraft piracy; 49 U.S.C. 46502
5. Interference with flight crew members or flight attendants; 49 U.S.C. 46504
6. Commission of certain crimes aboard an aircraft in flight; 49 U.S.C. 46506
7. Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505
8. Conveying false information and threats; 49 U.S.C. 46507
9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502 (b)
10. Lighting violations involving transporting controlled substances; 49 U.S.C. 46315
11. 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
12. Destruction of an aircraft or aircraft facility; 18 U.S.C. 32
13. Murder
14. Assault with intent to murder
15. Espionage
16. Sedition
17. Kidnapping or hostage taking
18. Treason
19. Rape or aggravated sexual abuse
20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon
21. Extortion
22. Armed or felony unarmed robbery
23. Distribution of or intent to distribute a controlled substance
24. Felony arson
25. A felony involving a threat
26. A felony involving -
 - i. Willful destruction of property
 - ii. Importation or manufacture of a controlled substance
 - iii. Burglary
 - iv. Theft
 - v. Dishonesty, fraud or misrepresentation
 - vi. Possession or distribution of stolen property
 - vii. Aggravated assault
 - viii. Bribery or
 - ix. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year;
27. Violence at international airports; 18 U.S.C. 37
28. Conspiracy or attempt to commit any of the acts listed in this paragraph.

- B. I hereby certify that I was not convicted of a disqualifying criminal offense within ten (10) years prior to the date this document was executed.**

In accordance with 14 CFR 107.209 (1), you have a continuing obligation to disclose to the airport operator within 24 hours any conviction of any disqualifying criminal offense that occurs while you possess an airport ID authorizing unescorted access authority to the SIDA/Secured Area.

- C. The information I have provided on this application 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 on this application can be punished by fine or imprisonment or both. (See section 1001 of Title 18 United States Code.)**

Printed Name

Signature

Date of Signature

Company

Social Security Number