



AIRPORT IDENTIFICATION/ACCESS BADGE APPLICATION
PAGE 1 FOR INTERNAL USE ONLY

Badge:

First Name	Middle Name	Last Name
Employer/Sponsor	Title	
<u>Level of Access</u> <input type="checkbox"/> Unrestricted Access (Gray) <input type="checkbox"/> SIDA Access (Green) <input type="checkbox"/> Non-SIDA Access (Brown) <input type="checkbox"/> Concessions/SIDA (Blue) <input type="checkbox"/> AOA I (Yellow)		<u>Additional Access</u> <input type="checkbox"/> Emergency Management <input type="checkbox"/> Escort Training <input type="checkbox"/> SIDA Training <input type="checkbox"/> Movement Area Training

Name:

Signed Application Received with Valid Form(s) of ID: _____		Date: _____
Date Fingerprinted: _____		Initials: _____
Date STA Submitted: _____		Initials: _____
Date STA Results Approved: _____		Initials: _____
Date Fingerprint Results (CHRC) Approved: _____	Case Number: _____	
Date Contacted: _____	Initials: _____	
Badge Active CCure/DAC Date: _____	Initials: _____	
Badge Expiration Date: _____	Proximity Card Number: _____	
Keys Issued/Date: _____		
Clearance(s) in CCure: _____		
Date Biographical Information Updated: _____	Initials: _____	
Rapback Submission at Renewal for new rapback submissions: _____		

Date Badge/Keys Returned and Deactivated in CCure: _____	Initials: _____
Date DAC Badge Status Updated To (Revoked, Not Issued, or Suspended): _____	Initials: _____

TSA APPROVED

 DATE: **APPROVED AUG 11 2023**
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FIRST NAME []

MIDDLE NAME []

LAST NAME []

ALIASES []

DATE OF BIRTH [] [] / [] [] / [] [] [] [] (MM/DD/YYYY)

CITIZENSHIP COUNTRY [] [] COUNTRY OF BIRTH [] [] STATE OF BIRTH [] []

SEX [] RACE [] S.S.N. [] EYES [] [] [] HAIR [] [] []

HEIGHT [] FEET [] [] INCHES WEIGHT [] [] [] POUNDS

MAILING ADDRESS []

MAILING ADDRESS []

CITY []

STATE [] [] ZIP CODE [] [] [] [] [] []

DAY TIME PHONE [] [] [] - [] [] [] - [] [] [] []

Personal Information Codes

Sex: F: Female M: Male

Race: A: Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan or other Pacific Islander B: Origin in any of the black racial groups of Africa. I: American Indian, Eskimo, Alaskan Native or Native Person with Tribal Affiliation U: Indeterminable Race W: Caucasian, Middle Eastern, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or Origin.

Eye Color: BLK: Black GRY: Gray MAR: Maroon XXX: Unknown BLU: Blue MUL: Multicolored BRO: Brown HAZ: Hazel PNK: Pink GRN: Green

Hair Color: BAL: Bald BRO: Brown ONG: Orange RED: Red or Auburn PNK: Pink BLK: Black SDY: Sandy PLE: Purple XXX: Unknown BLN: Blond or Strawberry BLU: Blue GRN: Green WHI: White GRY: Gray or Partially Gray

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SECTION 1: Biographical Information Sheet (Cont.)

NON-U.S. CITIZENS:

NON-IMMIGRANT VISA #
Control Number

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ALIEN REGISTRATION #

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or
I-94 ARRIVAL/DEPARTURE #

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U.S. CITIZENS BORN ABROAD OR NATURALIZED U.S. CITIZENS, PROVIDE:

U.S. PASSPORT #

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or
CERTIFICATE OF NATURALIZATION # (FORM N- 550/570)

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or
CERTIFICATE OF U.S. CITIZENSHIP # (FORM N-560/561)

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or
CERTIFICATION OF BIRTH ABROAD # (FORM DS-1350)

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or
CONSULAR REPORT OF BIRTH ABROAD # (FORM FS-240)

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or
CERTIFICATION OF BIRTH ABROAD # (FORM FS-545)

SECTION 2: APPLICANT CRIMINAL HISTORY

Have you been convicted, found not guilty by reason of insanity, or received deferred adjudication for any of the following criminal acts within the last ten (10) years?

	YES	NO		YES	NO
Forgery of certificates, false marking of aircraft, or other aircraft registration violation.			Lighting violations involving transporting controlled substances.		
Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements.			Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.		
Improper transportation of a hazardous material.			Extortion.		
Aircraft piracy.			Armed or felony unarmed robbery.		
Interference with flight crewmembers or flight attendants.			Distribution of, or intent to distribute, a controlled substance.		
Commission of certain crimes aboard aircraft in flight.			Felony arson.		
Carrying a weapon or explosive aboard aircraft.			Felony involving a threat.		
Conveying false information and threats.			Felony involving—		
Aircraft piracy outside the special aircraft jurisdiction of the United States.			Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.		
Rape or aggravated sexual abuse.			Importation or manufacture of a controlled substance;		
Interference with air navigation.			Burglary;		
Destruction of an aircraft or aircraft facility.			Theft;		
Murder.			Dishonesty, fraud, or misrepresentation;		
Assault with intent to murder.			Possession or distribution of stolen property;		
Espionage.			Aggravated assault;		
Sedition.			Bribery; or		
Kidnapping or hostage taking.			Willful destruction of property;		
Treason.			Conspiracy or attempt to commit any of the criminal's acts listed under the felony section.		
Violence at international airports.					

If you answered **YES** to any of the above, please state the date(s) of verdict(s):

I understand that I have a continuing obligation under Title 49, CFR, Parts 1542.209 to disclose to the airport operator within 24 hours if I plead guilty to, have an adjudication withheld, been convicted, or found not guilty by reason of insanity to any of the disqualifying crimes listed on this application or the federal security regulations.

Signature: _____

Date: _____

SECTION 3: AIRPORT DISCLOSURE AND CERTIFICATION OF APPLICANT INFORMATION

I hereby submit to Amarillo International Airport (AMA) this application for an Airport Issued ID Badge (ID Badge) and agree to the following:

1. To comply at all times with the security rules and policies of AMA, including all provisions outlined under Title 49, CFR, Parts 1540, 1542, and 1544 as required by the Transportation Security Administration (TSA).
2. All airport issued ID badges remain the property of AMA and are regulated under the Airport Security Program (ASP). My ID Badge cannot be transferred to another individual or used for any purpose by another individual. I will visibly display my ID Badge on my outermost garments, above the waist, and whenever I am in any secured/restricted area of the airport. I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas); nor will I otherwise breach, disobey or disregard any security directive, plan or program at the airport. I will challenge any person who enters a secured/restricted area if the person does not properly display an ID Badge. If the person I challenge cannot produce a valid ID Badge, I will immediately notify the Amarillo Airport Police Department or the AOC at (806) 335-4403.
3. AMA reserves the right to revoke authorization for an ID Badge where such action is determined to be in the best interest of airport security. I must immediately return the ID Badge to the AMA Airport Operations Center (AOC) or my employer upon notification that my ID Badge has been revoked. I will immediately notify my employer if my ID Badge is lost or stolen, and I understand that a **fine** will be assessed for all lost, stolen, or unreturned badges. I understand that the AOC will collect the lost badge fine prior to a replacement ID Badge being issued. Furthermore, a replacement ID Badge will only be issued if I declare in writing that the ID Badge has been lost or stolen.
5. In the event of any change in my employee status (e.g., transfer or job title), I will obtain a new ID Badge noting the change and return the original ID Badge.
6. I will immediately notify my Supervisor or the AOC if I am arrested of any of the crimes listed under Title 49, CFR, Parts 1542.209 or 1544.229. **I understand and agree to comply with the terms and conditions provided in this application and agree to comply with any changes or amendments to the terms and conditions.**
7. All airport issued key(s) remain the property of AMA and are regulated under the Airport Security Program (ASP). It is a direct violation of the ASP to copy, transfer, or loan airport issued key(s) to anyone other than the intended user. I will immediately notify my employer if my key(s) are lost or stolen, and I understand that a **fine** will be assessed for **each** lost, stolen, or unreturned key. I understand that the airport will collect the lost key fine prior to any replacement key(s) being issued. Furthermore, any replacement key(s) will only be issued if I declare in writing that the key(s) have been lost or stolen. 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.)

Signature

Date

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.

Signature

SSN and Full Name:

Date of Birth

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SECTION 4: EMPLOYER/SPONSOR CERTIFICATION

(Applies to Airline and Certain Government Employees Only)

I Certify that _____ is employed by _____, and that a criminal history record check (CHRC) has been completed on this applicant by the appropriate Federal agency and does not disclose a disqualifying conviction as described in 49 CFR Part 1542.209 and/or as listed on the AMA list of Disqualifying Crimes.

Authorized Signatory: _____ Date: _____

SECTION 5: EMPLOYER/SPONSOR INFORMATION

Employer/Sponsor Name: _____

Address: _____
Address City State Zip Code

Employer/Sponsor Contact Number: _____

I authorize the above applicant to apply for an Airport Issued ID Badge.

Authorized Signatory: _____ Date: _____

SECTION 6: TSA PRIVACY ACT STATEMENT

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 will 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.

Signature

Date

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