

Section 2: To be completed by applicant

Section 2:

APPLICANT INFORMATION: (PLEASE PRINT CLEARLY IN BLACK INK IF PRINTED. DO NOT LEAVE SPACES BLANK. IF AN AREA NOT APPLICABLE - WRITE N/A)

NOTICE: ALL APPLICANTS ARE REQUIRED TO UNDERGO A CHRC AND STA BEFORE ACCESS MAY BE GRANTED

FULL LEGAL LAST NAME:				FULL LEGAL FIRST NAME:				FULL LEGAL MIDDLE NAME:				
ALIAS / OTHER NAMES USED LEGALLY (former name, maiden name) (REQUIRED): LAST: _____ FIRST: _____ MIDDLE: _____												
DAYTIME PHONE NUMBER:			SOCIAL SECURITY #:		E-MAIL ADDRESS:			DRIVER LICENSE/ID #:		STATE:	EXPIRATION DATE (MM/DD/YYYY):	
GENDER:	ETHNICITY:	HEIGHT:	WEIGHT: lbs		HAIR CLR:	EYE CLR:	DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH (STATE AND/OR COUNTRY): /			
CURRENT MAILING ADDRESS:					CITY:		STATE:		ZIP CODE:		COUNTRY:	
CITIZENSHIP COUNTRY CODE:				PASSPORT COUNTRY:			PASSPORT #:		CERT. OF NATURALIZATION #:			
CERT. OF BIRTH ABROAD FORM – DS 1350/FS-240/FS-545 #:			ALIEN REGISTRATION #/ EXPIRATION DATE: (9 Digits)			NON-IMMIGRANT VISA #: (Top right hand corner)		I-94 ARRIVAL/DEPARTURE FORM #: (11 Digits)				
COMPANY OR TENANT NAME:					PIN - 3, 4 OR 5 digits. If 5 digits, must start with #5 or lower to use with your badge. <u>MUST BE DONE IN ASO</u>				APPLICANT TITLE:			

Section 3: To be completed by applicant

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CRIMINAL HISTORY RECORD CHECK (CHRC)/FINGERPRINT QUESTIONNAIRE DISQUALIFYING CRIMES LIST:

During the previous years have you been convicted or found not guilty by reason of insanity of any of the crimes listed below? Yes No
If your answer to the question above is yes, please check the box next to each offence that applies:

- | | |
|--|---|
| <input type="checkbox"/> Forgery of certificates, false marking of aircraft, and other aircraft registration violation; | <input type="checkbox"/> Felony involving – |
| <input type="checkbox"/> Interference with air navigation; | <input type="checkbox"/> Willful destruction of property; |
| <input type="checkbox"/> Improper transportation of a hazardous material; | <input type="checkbox"/> Importation or manufacture of a controlled substance; |
| <input type="checkbox"/> Aircraft piracy; | <input type="checkbox"/> Burglary; |
| <input type="checkbox"/> Interference with flight crew members or flight attendants; | <input type="checkbox"/> Theft; |
| <input type="checkbox"/> Commissions of certain crimes aboard aircraft in flight; | <input type="checkbox"/> Dishonesty, fraud, or misrepresentation; |
| <input type="checkbox"/> Carrying a weapon or explosive aboard aircraft; | <input type="checkbox"/> Possession or distribution of stolen property; |
| <input type="checkbox"/> Conveying false information and threats; | <input type="checkbox"/> Aggravated assault; |
| <input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the United States; | <input type="checkbox"/> Bribery; or |
| <input type="checkbox"/> Lighting violations involving transporting controlled substances; | <input type="checkbox"/> Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year; |
| <input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; | <input type="checkbox"/> Violence at international airports; |
| <input type="checkbox"/> Destruction of an aircraft or aircraft facility; | <input type="checkbox"/> Conspiracy or attempt to commit any of the criminal acts listed in this paragraph |
| <input type="checkbox"/> Murder; | |
| <input type="checkbox"/> Assault with intent to murder; | |
| <input type="checkbox"/> Espionage; | |
| <input type="checkbox"/> Sedition; | |
| <input type="checkbox"/> Kidnapping or hostage taking; | |
| <input type="checkbox"/> Treason; | |
| <input type="checkbox"/> Rape or aggravated sexual abuse; | |
| <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon; | |
| <input type="checkbox"/> Extortion; | |
| <input type="checkbox"/> Armed or felony unarmed robbery; | |
| <input type="checkbox"/> Distribution of, or intent to distribute, a controlled substance; | |
| <input type="checkbox"/> Felony arson; | |
| <input type="checkbox"/> Felony involving a threat; | |

Federal regulations under 49 CFR 1542.209(1) impose a continuing obligation to disclose to the airport operator within 24 hours if you are convicted of any disqualifying offense that occurs while you have unescorted access authority.

I certify that I do not have any of the above disqualifying crimes and 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. I understand I may receive a copy of the criminal record received from the FBI if requested in writing and that my point of contact should I have any questions about the results of the CHRC is the Airport Security Coordinator (ASC).

Printed Name of Applicant

Signature of Applicant

Date

Section 4: To be completed by applicant

Section 4:

SCREENING NOTICE:

For all SIDA ID media applicants

"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." Initial _____

Section 5: To be completed by applicant

Section 5:

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. § 522a(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. § 522a(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. Initial _____

Part 1520 – Protection of Sensitive Security Information

I have received "Part 1520- Protection of Sensitive Security Information." (*will be given from ASO*) Initial _____

TSA (FAA) Security Directive AP 97-01, Is Still In Effect And Requires That . . .

All personnel, air carriers and tenants, sub-tenants, contractors, etc. provide immediate notification to the Tucson Airport Authority when an individual's access authority has been revoked or limited; lost or stolen; or the air carrier or tenant becomes aware the access control system, or a component of the system, has been compromised or threatened through any means. You may contact any Tucson Airport Police personnel or you may phone the TAA Communications Center at 573-8182 to report any of the above information. Initial _____

Section 6: To be completed by applicant

Section 6:

CERTIFICATIONS:

Purposes of SSN verification

"I authorized the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation programs (TSA-10)/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."

"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 of Applicant - **MUST BE DONE IN ASO**

Date of Birth - **MUST BE DONE IN ASO**

SSN and Full Name Printed - **MUST BE DONE IN ASO**

----- **“ASO Use Only”** -----

Badge Processing Status/General Requirements

TAA may not issue identification media to an applicant or grant privileges that accompany issuance of the identification media until TAA has verified the identity and work authorization of the applicant as set forth in section III prior to submitting biographical information to TSA for an STA.

IET Information Entered	Date:	Trusted Agent:
Identity and Work Authorization Verified	Date:	Trusted Agent:
Fingerprints (CHRC) Submitted	Date:	Trusted Agent:
Picture Taken	Date:	
STA Information Entered	Date:	Trusted Agent:
ID Media Number:		
Access Level (SIDA, AOA, Sterile):		
Access Template:		
CHRC Clearance	Date:	Trusted Agent:
CHRC Denied	Date:	Trusted Agent:
STA Clearance	Date:	Trusted Agent:
SIDA Completion <small>(48HRS from entry)</small>	Date:	
Driver Completion <small>(48HRS from entry)</small>	Date:	
ID Media Issued	Date:	Trusted Agent:
TAA Essential Critical Infrastructure Worker Badge	Date:	
TAA Prox Card	Date:	