

ORLANDO SANFORD INTERNATIONAL AIRPORT
AIRPORT ID BADGE APPLICATION

A COPY OF REQUIRED DOCUMENTATION FOR IDENTIFICATION AND WORK AUTHORIZATION MUST BE ATTACHED TO THIS DOCUMENT

COMPANY/T-HANGAR NAME: _____ SAA ID BADGE #: _____

DEPARTMENT: _____ POSITION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SUPERVISOR: _____

APPLICANT NAME: _____ ALIAS/AKA: _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PERSONAL EMAIL ADDRESS: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CITIZENSHIP: _____ PLACE OF BIRTH: _____

ALIEN REGISTRATION # (IF APPLICABLE): _____ EXPIRATION DATE: _____

NON-IMMIGRANT VISA # (IF APPLICABLE): _____ EXPIRATION DATE: _____

CERTIFICATE OF NATURALIZATION # (IF APPLICABLE): _____

CERTIFICATE OF BIRTH ABROAD # (IF APPLICABLE): _____

PASSPORT #: _____ EXPIRATION DATE: _____ COUNTRY: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION: _____

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).

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION OFFICE OF INTELLIGENCE AND ANALYSIS (OIA), ATTENTION: AVIATION PROGRAM (TSA-10/AVIATION WORKER PROGRAM), 601 SOUTH 12TH STREET, ARLINGTON, VA 22202.

Date

APPLICANT NAME: _____

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: _____

SSN AND FULL NAME: _____

ESCORT AUTHORITY REQUESTED: Yes No MOVEMENT AREA DRIVING: Yes No

NON-MOVEMENT AREA DRIVING: Yes No

WILL APPLICANT BE APPLYING FOR CUSTOMS SEALS OR RENEWING THEIR CUSTOMS SEALS: Yes No

I ATTEST FOR THE APPLICANT WHO RECEIVES UNESCORTED ACCESS TO ANY AOA, SIDA, AND/OR STERILE AREA OF THE ORLAND SANFORD INTERNATIONAL AIRPORT THAT:

1. A specific need exists for providing the individual applicant with unescorted access authority; AND
2. The individual applicant acknowledges their security responsibilities under 49 CRF 1540.105(a)

AUTHORIZED EMPLOYER/ORGANIZATION SIGNATURE: _____ DATE: _____

APPROVED BY SAA: Yes No APPROVAL/DENIAL BY: _____

TO BE COMPLETED BY SANFORD AIRPORT AUTHORITY:

Standard Badge Application Signatory Authority Badge Application

FINGERPRINT DATE: _____ STA SUBMITTAL DATE: _____ TRAINING DATE: _____

ISSUE DATE: _____ EXPIRATION: _____

FINGERPRINTS TAKEN BY: _____ STA SUBMITTED BY: _____

TRAINING GIVEN BY: _____ ISSUED BY: _____

US CUSTOMS ZONES ACCESS (CUSTOMS STAMP MUST APPEAR BELOW) CIRCLE ZONES REQUESTED:

ZONE 1

ZONE 2

STAMP/INITIAL

STAMP/INITIAL

APPLICANT RESPONSIBILITIES

APPLICANT NAME: _____

1. ALL IDENTIFICATION MEDIA IS THE PROPERTY OF THE SANFORD AIRPORT AUTHORITY.
2. IDENTIFICATION MEDIA IS NOT TRANSFERRABLE. DO NOT LET ANYONE USE YOUR BADGE.
3. APPLICANT MUST IMMEDIATELY NOTIFY THEIR EMPLOYER OR THE SANFORD AIRPORT AUTHORITY OF LOSS OR THEFT OF IDENTIFICATION MEDIA (A FEE WILL BE ASSESSED FOR REPLACEMENT OF IDENTIFICATION MEDIA).
4. THE SANFORD AIRPORT AUTHORITY RESERVES THE RIGHT TO REVOKE OR DENY AUTHORIZATION OF AN INDIVIDUAL FOR IDENTIFICATION MEDIA WHERE SUCH ACTION IS DETERMINED TO BE IN THE BEST INTEREST OF AIRPORT SECURITY.
5. IDENTIFICATION MEDIA MUST AT ALL TIMES BE VISIBLY DISPLAYED ON THE UPPER PORTION OF THE BODY (FROM NECK TO WAIST) OF OUTER MOST GARMENT IN SECURED AREAS (STERILE AREA, SIDA AND AOA).
6. INDIVIDUALS GIVEN IDENTIFICATION MEDIA ARE RESPONSIBLE FOR CHALLENGING ANY INDIVIDUAL WHO IS NOT DISPLAYING AUTHORITY ISSUED IDENTIFICATION MEDIA. ANY PERSON WHO IS NOT DISPLAYING OR CANNOT PRODUCE VALID IDENTIFICATION MEDIA SHOULD BE REFERRED TO THE SANFORD AIRPORT AUTHORITY POLICE DEPARTMENT AND/OR SANFORD AIRPORT AUTHORITY OPERATIONS.
7. ALL INDIVIDUALS UNDER ESCORT IN SECURED AREAS (STERILE AREA, SIDA AND AOA) MUST BE UNDER THE CLOSE VISUAL OBSERVATION AND SUPERVISION OF AN INDIVIDUAL WITH AUTHORITY ISSUED PHOTO IDENTIFICATION MEDIA AND IN DESIGNATED STERILE AND SIDE AREAS MUST HAVE THE PROPER ESCORT AUTHORIZATION DISPLAYED ON THE AUTHORITY ISSUED PHOTO IDENTIFICATION MEDIA.
8. CONSTRUCTION IDENTIFICATION MEDIA ARE VALID ONLY TO, FROM AND AT THE DESIGNATED CONSTRUCTION SITE.
9. I UNDERSTAND THAT I AM SUBJECT TO INSPECTON BY PROPER PERSONNEL ANY TIME THAT I AM IN THE STERILE AREA, SIDA, OR AOA AND WILL COMPLY WITH ALL INSPECTION REQUIREMENTS.
10. IDENTIFICATION MEDIA MUST BE RETURNED TO YOUR EMPLOYER OR THE SANFORD AIRPORT AUTHORITY UPON TERMINATION OF YOUR EMPLOYMENT, CONTRACT OR NEED TO ACCESS THE AUTHORITY’S SECURED AREAS.
11. I FULLY UNDERSTAND THAT THERE WILL BE A FEE FOR PROCESSING THE APPLICATION AND CHARGES FOR REPLACEMENT OF LOST BADGES WILL BE IN ACCORDANCE WITH THE SECURITY MANUAL.
12. I ALSO UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO DISCLOSE TO THE AIRPORT OPERATOR (SANFORD AIRPORT AUTHORITY) WITHIN 24 HOURS IF I AM ARRESTED AND/OR CONVICTED OF ANY CRIMINAL OFFENSE THAT OCCURS WHILE I AM GRANTED UNESCORTED ACCESS AUTHORITY.

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.

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE RESPONSIBILITIES GOVERNING THE SANFORD AIRPORT AUTHORITY’S IDENTIFICATION BADGES.

APPLICANT SIGNATURE

DATE

SANFORD AIRPORT AUTHORITY
ATTACHMENT TO ID BADGE APPLICATION

APPLICANT NAME: _____

CRIMINAL HISTORY

PRINT NAME:

(LAST) (FIRST) (MIDDLE)

NICKNAME(S), ALIAS(ES), AKA(S): _____

DATE OF BIRTH: _____ / _____ / _____
(MONTH) (DAY) (YEAR)

SOCIAL SECURITY # _____

HAVE YOU EVER BEEN CONVICTED OF OR FOUND GUILTY BY REASON OF INSANITY OF ANY OF THE FOLLOWING CRIMES WITHIN THE LAST TEN YEARS:

- | YES | NO | PLEASE CHECK YES OR NO: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | FORGERY OF CERTIFICATES, FALSE MARKING OF AIRCRAFT, AND OTHER AIRCRAFT REGISTRATION VIOLATION; |
| <input type="checkbox"/> | <input type="checkbox"/> | INTERFERENCE WITH AIR NAVIGATION; |
| <input type="checkbox"/> | <input type="checkbox"/> | IMPROPER TRANSPORTATION OF A HAZARDOUS MATERIAL; |
| <input type="checkbox"/> | <input type="checkbox"/> | AIRCRAFT PIRACY; |
| <input type="checkbox"/> | <input type="checkbox"/> | INTERFERENCE WITH FLIGHT CREW MEMBERS OR FLIGHT ATTENDANTS; |
| <input type="checkbox"/> | <input type="checkbox"/> | COMMISSION OF CERTAIN CRIMES ABOARD AIRCRAFT IN FLIGHT; |
| <input type="checkbox"/> | <input type="checkbox"/> | CARRYING A WEAPON OR EXPLOSIVE ABOARD AIRCRAFT; |
| <input type="checkbox"/> | <input type="checkbox"/> | CONVEYING FALSE INFORMATION AND THREATS; |
| <input type="checkbox"/> | <input type="checkbox"/> | AIRCRAFT PIRACY OUTSIDE THE SPECIAL AIRCRAFT JURISDICTION OF THE UNITED STATES; |
| <input type="checkbox"/> | <input type="checkbox"/> | LIGHTING VIOLATIONS INVOLVING TRANSPORTING CONTROLLED SUBSTANCES; |

CRIMINAL HISTORY

APPLICANT NAME: _____

YES	NO	PLEASE CHECK YES OR NO:
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	DESTRUCTION OF AN AIRCRAFT OR AIRCRAFT FACILITY;
<input type="checkbox"/>	<input type="checkbox"/>	MURDER;
<input type="checkbox"/>	<input type="checkbox"/>	ASSAULT WITH ENTENT TO MURDER;
<input type="checkbox"/>	<input type="checkbox"/>	ESPIONAGE (THE ACT OR PRACTICE OF SPYING TO OBTAIN SECRET INTELLIGENCE);
<input type="checkbox"/>	<input type="checkbox"/>	SEDITION (BEHAVIOR OR LANGUAGE THAT BRINGS ABOUT REBELLION AGAINST THE ESTABLISHED AUTHORITY OF THE STATE);
<input type="checkbox"/>	<input type="checkbox"/>	KIDNAPPING OR HOSTAGE TAKING;
<input type="checkbox"/>	<input type="checkbox"/>	TREASON (VIOLATION OF ALLEGIANCE TOWARD ONE'S COUNTRY OF SOVEREIGN, ESPECIALLY THE BETRAYAL OF ONE'S OWN COUNTRY);
<input type="checkbox"/>	<input type="checkbox"/>	RAPE OR AGGRAVATED SEXUAL ABUSE;
<input type="checkbox"/>	<input type="checkbox"/>	UNLAWFUL POSSESSION, USE, SALE, DISTRIBUTION, OR MANUFACTURE OF AN EXPLOSIVE OR WEAPON;
<input type="checkbox"/>	<input type="checkbox"/>	EXTORTION (TO OBTAIN BY COERCIVE MEANS, AS THREATS OR INTIMIDATION);
<input type="checkbox"/>	<input type="checkbox"/>	ARMED OR FELONY UNARMED ROBBERY;
<input type="checkbox"/>	<input type="checkbox"/>	DISTRIBUTION OF, OR INTENT TO DISTRIBUTE, A CONTROLLED SUBSTANCE;
<input type="checkbox"/>	<input type="checkbox"/>	FELONY ARSON;
<input type="checkbox"/>	<input type="checkbox"/>	FELONY INVOLVING A THREAT;

APPLICANT NAME: _____

FELONY INVOLVING:

- | YES | NO | PLEASE CHECK YES OR NO: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | WILFUL DESTRUCTION OF PROPERTY; |
| <input type="checkbox"/> | <input type="checkbox"/> | IMPORTATION OR MANUFACTURE OF A CONTROLLED SUBSTANCE; |
| <input type="checkbox"/> | <input type="checkbox"/> | BURGLARY; |
| <input type="checkbox"/> | <input type="checkbox"/> | THEFT; |
| <input type="checkbox"/> | <input type="checkbox"/> | DISHONESTY, FRAUD, OR MISREPRESENTATION; |
| <input type="checkbox"/> | <input type="checkbox"/> | POSESSION OR DISTRIBUTION OF STOLEN PROPERTY; |
| <input type="checkbox"/> | <input type="checkbox"/> | AGGRAVATED ASSAULT; |
| <input type="checkbox"/> | <input type="checkbox"/> | BRIBERY; |
| <input type="checkbox"/> | <input type="checkbox"/> | ILLEGAL POSESSION OF A CONTROLLED SUBSTANCE PUNISHABLE BY A
MAXIMUM TERM OF IMPRISONMENT OF MORE THAN 1 YEAR; |
| <input type="checkbox"/> | <input type="checkbox"/> | VIOLENCE AT INTERNATIONAL AIRPORTS; |
| <input type="checkbox"/> | <input type="checkbox"/> | CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THE ABOVE ACTS; |

IF YOU HAVE BEEN CONVICTED OF ANY OF THE PRECEDING, PLEASE MARK AND GIVE DATES OF CONVICTION:

I HAVE READ AND UNDERSTAND THE CRIMINAL HISTORY AS LISTED ON PAGES 1,2 & 3. 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. (SECTION 1001 OF TITLE 18 UNITED STATES CODE).

I ALSO UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO DISCLOSE TO THE AIRPORT OPERATOR (SANFORD AIRPORT AUTHORITY) WITHIN 24 HOURS IF I AM ARRESTED AND/OR CONVICTED OF ANY CRIMINAL OFFENSE THAT OCCURS WHILE I AM GRANTED UNESCORTED ACCESS AUTHORITY.

APPLICANTS SIGNATURE _____
DATE

****I have received, read, and understand the Privacy Act of 1974 provided on page 7****

FOR OFFICE USE: DATE OF DENIAL OF APPLICATION: _____

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.

Notice to All Badge Applicants

Once your airport issued ID Media has been provided to you, if and/or when you are traveling as a passenger you must:

1. Access the Sterile Area through a TSA screening checkpoint with any accessible property that you intend to carry onboard the aircraft.
2. Remain in the Sterile Area after entering.