



WILMINGTON INTERNATIONAL AIRPORT  
SECURITY RESPONSIBILITY AGREEMENT

- I will not allow anyone else to use this ID badge.
- I will properly display my ID badge at all times, and wear the ID badge above the waist on my outermost garment in required areas.
- I will challenge any individual who fails to display an ID badge.
- I will ensure proper closing and locking of any security door or gate used.
- When challenged by any cardholder/Inspector or Airport Employee, I will surrender my ID badge without hesitation for review.
- I will not allow any individual to follow me or my vehicle through any security door or gate.
- I will immediately report the theft or loss of my ID badge to the Airport Public Safety Office.
- I will immediately report any security violation I witness to Airport Public Safety at 910-341-4336.
- I will return all ID credentials or pay a penalty of \$100.00
- I understand that any unanswered questions and any false or misleading information on this application may be cause for this application to be disapproved and/or for any permit or ID badge issued to be revoked.
- I understand that failure to follow any security procedures may result not only in the revocation of my ID badge, but also legal action, and that I may be banned from restricted areas of the Wilmington International Airport.
- ILM reserves the right to deny SIDA access to any individual that the ILM Airport Security Coordinator or his/her designee, sees as a threat to airport security.
- ILM ID badges are the property of the Wilmington International Airport Authority. The Authority reserves all rights to suspend and/or revoke the badge and all its privileges at any time for violation of Airport Rules and Regulations.
- Employees are required to surrender their ID badge to their employer and/or Airport Authority upon termination of employment and/or completion of any work which requires unescorted access privileges immediately.

## SCREENING NOTICE

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

### WILMINGTON INTERNATIONAL AIRPORT - Criminal History Records Check (CHRC)

Transportation Security Administration Regulation (TSAR) 1542.209 requires all individuals requesting unescorted access to the airport Sterile Area, Security Identification Display Area (SIDA), and /or aircraft to provide answers to the questions listed below.

During the previous ten (10) years, have you been convicted or found not guilty by reason of temporary insanity of any of the following disqualifying crimes?

	YES	NO
1. Forgery of certificates, false marking of aircraft, and other aircraft Registration violation	_____	_____
2. Interference with air navigation	_____	_____
3. Improper transportation of a hazardous material	_____	_____
4. Aircraft piracy	_____	_____
5. Interference with flight crew members or flight attendants	_____	_____
6. Commission of certain crimes aboard aircraft in flight	_____	_____
7. Carrying a weapon or explosive aboard aircraft	_____	_____
8. Conveying false information and/or threats	_____	_____
9. Aircraft piracy outside the special aircraft jurisdiction of the United States	_____	_____
10. Lighting violations involving transporting controlled substances	_____	_____
11. Unlawful entry into an aircraft or airport area that serves air carriers	_____	_____
12. Destruction of an aircraft or aircraft facility	_____	_____
13. Murder	_____	_____
14. Assault with the 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. Felony involving a threat	_____	_____
26. Felony involving:		
• 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 more than one year	_____	_____
27. Violence at international airports: 18 U. S. C. 37	_____	_____
28. Conspiracy or attempt to commit any of the aforementioned criminal acts	_____	_____

Regulations under 49 CFR TSAR 1542.209 impose a continuing obligation upon the undersigned to disclose to the airport operator within 24 hours if he/she is convicted of any disqualifying criminal offense that occurs while he/she has unescorted authority. If you are convicted of any of these crimes after you have been cleared to access secure areas at Wilmington International Airport, you will need to report this to your supervisor immediately who will then notify the Wilmington International Airport Public Safety Office. A copy of the criminal record may be obtained by submitting a written request to the Wilmington International Airport Public Safety Office. Questions about the results of CHRC's must be addressed to the Airport Security Coordinator.

# 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](mailto: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.

Applicant Signature \_\_\_\_\_

**EMPLOYEE CERTIFICATION STATEMENT**

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 TRANSPORTATION THREAT ASSESSMENT AND CREDENTIALING (TTAC), ATTENTION: AVIATION PROGRAMS (TSA-19)/AVIATION WORKERS PROGRAM, 601 SOUTH 12TH STREET, ARLINGTON, VA 22202.

I AM THE INDIVIDUAL TO WHOM THE INFORMATION APPLIES AND WANT THIS INFORMATION RELEASE 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.

**EMPLOYEE SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE FULL NAME (PRINT)**

\_\_\_\_\_

**AUTHORIZED SIGNATORY**

**I HEREBY CERTIFY THAT ALL CONDITIONS OF TSA REGULATION 49CFR, PARTS 1540, 1542, 1544, & 1546 HAVE BEEN MET. I UNDERSTAND THAT ANY INTENTIONALLY FRAUDULENT OR FALSE STATEMENTS IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM OR IDENTIFICATION BADGE IS A VIOLATION OF TSR 1540.103 AND UNITED STATES CODE TITLE 18, SECTION 1001. I MAY BE PERSONALLY SUBJECT TO FEDERAL CIVIL PENALTIES AND CRIMINAL PROSECUTION.**

APPLICANT COMPANY: \_\_\_\_\_

COMPANY: \_\_\_\_\_

AUTHORIZED BY (PRINT) \_\_\_\_\_

TITLE (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Application received and Authorized Signature Checked**

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_

**Security Threat Assessment (STA) Certification**

**THIS EMPLOYEE HAS SATISFACTORILY COMPLETED A SECURITY THREAT ASSESSMENT**

DATE ENTERED: \_\_\_\_\_ STAFF: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_

**Fingerprint Certification**

**THIS EMPLOYEE HAS SATISFACTORILY COMPLETED A FEDERAL BUREAU OF INVESTIGATIONS FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK (TSR 1542.209)**

DATE ENTERED: \_\_\_\_\_ STAFF: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**SIDA TRAINING**

**THIS EMPLOYEE HAS SATISFACTORILY COMPLETED AN APPROVED SIDA TRAINING PROGRAM (TSR 1542.213).**

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_

APPLICANT/TRAINEE: \_\_\_\_\_

**AIRPORT MOVEMENT AREA DRIVER'S TRAINING Contact Airport Operations for more information (910-341-4336)**

**ANY EMPLOYEE REQUIRED TO OPERATE A MOTOR VEHICLE ON THE MOVEMENT AREA OF THE AIR OPERATIONS AREA (AOA) MUST COMPLETE THE AIRPORT MOVEMENT AREA DRIVER'S TRAINING COURSE.**

CLASS	RED BACKGROUND
DATE COMPLETED: _____ STAFF: _____	DATE COMPLETED: _____ STAFF: _____

APPLICANT/TRAINEE SIGNATURE _____	APPLICANT/TRAINEE SIGNATURE _____
-----------------------------------	-----------------------------------

**AOA TRAINING (NON-MOVEMENT AREA)**

**THIS EMPLOYEE HAS SATISFACTORILY COMPLETED AN APPROVED AOA TRAINING**

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_

APPLICANT/TRAINEE SIGNATURE \_\_\_\_\_

**STERILE AREA TRAINING**

**THIS EMPLOYEE HAS SATISFACTORILY COMPLETED APPROVED STERILE AREA TRAINING**

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_

APPLICANT/TRAINEE SIGNATURE: \_\_\_\_\_

-----BILLING-----

BILLED:	AMT \$	COMPANY:
RECEIPT #	CHECK #	

-----BADGING-----

DATE: ____/____/____	BADGE STAFF:	BADGE #	COLOR:
----------------------	--------------	---------	--------