

# ILM WILMINGTON INTERNATIONAL AIRPORT SECURITY IDENTIFICATION BADGE APPLICATION

<u>DISCLOSURE</u>: FURNISHING THIS INFORMATION 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

#### ITEMS 1 THRU 3 MUST BE COMPLETED BY THE AUTHORIZED SIGNATORY FOR NEW AND UPGRADED ID MEDIA.

1   1   1   1   2   2   3   3   4   4   4   4   4   4   4   4	1. REASON FOR APPLICATIO (MUST CHECK ONE ONLY)	ON:	[] NEW [] RENEWAL [] UPGRADE/DOWNGRA			GRADE/DOWNGRADE	E []LOST/STOLEN []DAMAGED			
TRAINING:    TEMS 4 THRU 29 MUST BE COMPLETED AND ARE REQUIRED FOR PROCESSING, PLEASE PRINT CLEARLY.   4. LAST NAME		D: MARK	[] SIDA			[] AOA	[] STERILE AREA			
4. LAST NAME		R'S [	] MARK H	ERE IF MC	OVEMENT ARI	EA DRIVER'S TRAINING	G IS <u>requi</u>	RED		
S. FIRST NAME	ITEMS 4 THRU 29 MUST I	BE COMPLET	TED AND	ARE REQU	JIRED FOR P	ROCESSING. PLEASE I	PRINT CLE	ARLY.		
11. STREET ADDRESS	4. LAST NAME						5. SSN			
11. STREET ADDRESS     12. CITY     13. STATE   14. ZIP CODE     15. TELEPHONE#   16. E-MAIL ADDRESS     16. E-MAIL ADDRESS     17. HEIGHT     18.     18.     19. EYE COLOR     20. HAIR COLOR	6. FIRST NAME						7. MIDDLE NAME			
13. STATE	8.LIST ALL ALIAS/MAIDE	EN				9. DATE OF BIRTH		10.GEND	DER	
15. TELEPHONE#	11. STREET ADDRESS									
17. HEIGHT  18.   Ibs   19. EYE COLOR   20. HAIR COLOR    21. DRIVER'S LIC/STATE ID #   22. STATE   23. EXPIRATION    24. COUNTRY OF CITIZENSHIP   25. PLACE OF BIRTH (U.S STATE or COUNTRY)    26. PASSPORT #   27. PASSPORT    27. PASSPORT   29. L-9 DOCUMENT #    30. ALIEN REGISTRATION #   31. U.S. CERTIFICATION OF BIRTH ABROAD   []   []   []    (DS-1350 or FS-545)   VES   NO    The proper of the part	12. CITY					13. STATE		14. ZIP CODE		
21. DRIVER'S LIC/STATE ID #  22. STATE  23. EXPIRATION  24. COUNTRY OF CITIZENSHIP  26. PASSPORT #  27. PASSPORT COUNTRY  28. I-9 DOCUMENTS [] NON IMMIGRANT VISA [] I-94 FORM  29. I-9 DOCUMENT #  30. ALIEN REGISTRATION #  31. U.S. CERTIFICATION OF BIRTH ABROAD [] I] [] [] [] [] [] [] [] [] [] [] [] [] []	15. TELEPHONE#					16. E-MAIL ADDRES	SS			
24. COUNTRY OF CITIZENSHIP  26. PASSPORT #  27. PASSPORT COUNTRY  28. I-9 DOCUMENTS [] NON IMMIGRANT VISA [] I-94 FORM  29. I-9 DOCUMENT #  31. U.S. CERTIFICATION OF BIRTH ABROAD [] [] [] [] [] [] [] [] [] [] [] [] []	17. HEIGHT	ft. in.		НТ	lbs	19. EYE COLOR		20. HAIR COLO	OR	
26. PASSPORT # 27. PASSPORT COUNTRY  28. I-9 DOCUMENTS [] NON IMMIGRANT VISA [] I-94 FORM 29. I-9 DOCUMENT #  30. ALIEN REGISTRATION # 31. U.S. CERTIFICATION OF BIRTH ABROAD (DS-1350 or FS-545) YES NO  One from List A Or one from each List B AND List C  ### Exp State: ## Exp State:   ## Exp State:   State Using Card (Form I-551)   State Walker's ID   State Walker's ID   Dept. of State Certification of Birth (PS-545)   Dept. of State Certification of Birth (PS-1350)   Dept. of State Report of Birth (DS-1350)   Native American Tribal Document   U.S. Citizen ID Card (Form I-197)   USCG Merchant Mariner Card   Dept. of Homeland Security   Dept. of Hom	21. DRIVER'S LIC./STATE	E ID#				22. STATE		23. EXPIRATIO	ON	
28. I-9 DOCUMENTS   NON IMMIGRANT VISA   I-94 FORM   29. I-9 DOCUMENT #   31. U.S. CERTIFICATION OF BIRTH ABROAD   I   I   I   I   I   I   I   I   I	24. COUNTRY OF CITIZE	NSHIP				25. PLACE OF BIRTH	H (U.S STAT	TE or COUNTRY)		
30. ALIEN REGISTRATION #    State   St	26. PASSPORT #									
Company   Comp	28. I-9 DOCUMENTS	[] NON IMMI	IGRANT VISA [] I-94 FORM		29. I-9 DOCUMENT #					
#	30. ALIEN REGISTRATIO	30. ALIEN REGISTRATION #								
□ U.S. Passport       □ State Driver's License       □ Social Security Card         □ Permanent Resident Card or Alien       □ State Walker's ID       □ Original or Certified Copy of Birth Certificate         Registration Receipt Card (Form I-551)       □ School ID with Photo       □ Dept. of State Certification of Birth (FS-545)         □ Poreign Passport and Form I-94 or Form I-94A       □ U.S. Military Card or draft card       □ Dept. of State Report of Birth (DS-1350)         □ U.S. Military Card or draft card       □ U.S. Military Dependent's ID       □ U.S. Citizen ID Card (Form I-197)         □ Portification of Birth (FS-545)       □ Dept. of State Report of Birth (DS-1350)       □ Dept. of State Report of Birth (DS-1350)         □ Voter's Registration Card       □ U.S. Military Dependent's ID       □ U.S. Citizen ID Card (Form I-197)         □ U.S. Citizen ID Card (Form I-197)       □ Employment Authorization Document issued by Dept. of Homeland Security	One from List A					(25 1550 01 15 5	73)			ILS NO
	One from List A		Or one fro	om each	List B	<u> </u>		List C		TES NO
	#Stat  U.S. Passport  Permanent Resident Ca Registration Receipt Card Foreign Passport with I Foreign Passport and Fe Employment Authoriza	ard or Alien   (Form I-551)  -551 Stamp   orm I-94 or For	m I-94A	# State D  State W School Voter's  U.S. M  USCG Native	Driver's License Valker's ID ID with Photo S Registration C Gilitary Card or of Gilitary Depende Merchant Marin American Triba	AN  State:  ard  raft card  nt's ID  ner Card  1 Document	# Social S      Origina     Dept. o     Dept. o     Native     U.S. Ci     Employ	Security Card  If or Certified Copy  If State Certification  If State Report of Bir  If American Tribal Do  Itizen ID Card (Form  If Ment Authorization	of Birth of Birth orth (DS- ocument ocument	Certificate (FS-545) 1350)

#### 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:		
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•	88		
•	Dilotiy		
•	megar possession of a controlled substance pullishable 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 <a href="https://www.norman.com/aircraft/">Aviation.workers@tsa.dhs.gov</a>.

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**

EMPLOYEE SIGNATURE

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 VERIFYTHAT 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.

DATE

EMPLOYEE FULL NAME (PRINT)	
AUTHORIZED SIGNATORY	· <del></del>
I HEREBY CERTIFY THAT ALL CONDITIONS OF TSA REGULATION 49CFR, PARTS 1540, 1542, 1544 FALSE STATEMENTS IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM C TITLE 18, SECTION 1001. I MAY BE PERSONALLY SUBJECT TO FEDERAL CIVIL PENALTIES AND	R IDENTIFICATION BADGE IS A VIOLATION OF TSR 1540.103 AND UNITED STATES CODE
APPLICANT COMPANY:	
COMPANY:	
AUTHORIZED BY (PRINT)	TITLE (PRINT)
SIGNATURE_	_
DATE	

### ======FOR SECURITY OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE=========

Application received and Authorized Signature Checked						
DATE COMPLETED:		STAFF:				
Security Threat Assessment (STA) Certification						
THIS EMPLOYEE HAS SATISFAC	CTORILY COMPLETED A SE	CURITY THREAT AS	SSESSMENT			
DATE ENTERED:	STAFF:	DATE	COMPLETED:	_ STAFF:		
<b>Fingerprint Certification</b>						
THIS EMPLOYEE HAS SATISFAG RECORDS CHECK (TSR 1542.209		DERAL BUREAU OF	INVESTIGATIONS FINGERPRIN	NT-BASED CRIMINAL HISTORY		
DATE ENTERED:		STAFF:				
DATE COMPLETED:	ST.	AFF:	CASE NUM	BER:		
SIDA TRAINING						
THIS EMPLOYEE HAS SATISFA	CTORILY COMPLETED AN	N APPROVED SIDA	TRAINING PROGRAM (TSR 15	42.213).		
DATE COMPLETED:	STAFF:					
APPLICANT/TRAINEE:						
AIRPORT MOVEMENT AREA D	RIVER'S TRAINING		Contact Airport Operations for	more information (910-341-4336)		
ANY EMPLOYEE REQUIRED TO  CLASS DATE COMPLETED:  APPLICANT/TRAINEE SIGNATUR  AOA TRAINING (NON-MOVEN	AIRPORT MOVI STAFF: RE	EMENT AREA DRIVEI RED BA DATE	R'S TRAINING COURSE. ACKGROUND COMPLETED: ST ANT/TRAINEE SIGNATURE			
THIS EMPLOYEE HAS SATISFACTO  DATE COMPLETED:  APPLICANT/TRAINEE SIGNATUR	STAFF:					
STERILE AREA TRAINING						
THIS EMPLOYEE HAS SATISFACTO	RILY COMPLETED APPROVED	STERILE AREA TRA	INING			
DATE COMPLETED: STAFF:						
APPLICANT/TRAINEE SIGNATURE:						
BILLING						
BILLED:	AMT\$	COMPANY:				
RECEIPT #	CHECK #					
		BADGING				
DATE:/	BADGE STAFF:		BADGE #	COLOR:		