



ROCHESTER INTERNATIONAL AIRPORT FINGERPRINTING AND BADGE APPLICATION

 NEW AIRPORT BADGE

 BADGE RENEWAL

BADGE #
ACCESS TYPE

SECTION 1 APPLICANT INFORMATION

Present this application along with two (2) forms of identification (refer to list of acceptable documents) for all badge applications and renewals.

| | | | | | | | | |
|---|--|-----------------------|------------------------------|--------------------|---|--|----------------------|--------------|
| FULL LEGAL LAST NAME | | | FULL LEGAL FIRST NAME | | | FULL LEGAL MIDDLE NAME | | |
| OTHER NAMES USED (INCLUDE MAIDEN, NICKNAME, ALIASES) | | | | | | RACE / ETHNICITY | | |
| LAST NAME | | FIRST NAME | | MIDDLE NAME | | <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC, LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (PLEASE LIST): _____ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DRIVER'S LICENSE NUMBER OR ID CARD NUMBER | | | | | STATE | | | |
| DATE OF BIRTH / / | | GENDER ___ M ___ F | HAIR COLOR | | EYE COLOR | | HEIGHT (FEET/INCHES) | WEIGHT (LBS) |
| CURRENT MAILING ADDRESS | | | CITY | | STATE | ZIP | COUNTRY | |
| HOME OR CELL PHONE NUMBER | | | EMPLOYER PHONE | | PASSPORT # | | PASSPORT COUNTRY | |
| PLACE OF BIRTH | | | | | | CITIZENSHIP | | |
| CITY | | | STATE | | COUNTRY | | COUNTRY | |
| EMAIL ADDRESS | | | | | | | | |
| IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. | | | | | IF YOU ARE NOT A U.S. CITIZEN | | | |
| <input type="checkbox"/> US PASSPORT | | NO.. | | | IF YOU HAVE A NON-IMMIGRANT VISA, YOU MUST ALSO PROVIDE THE I-94 INFORMATION | | | |
| <input type="checkbox"/> CERTIFICATION OF NATURALIZATION (N-550 or N-570) | | ENTER A # BELOW | | | <input type="checkbox"/> NON-IMMIGRANT VISA | | NO. | |
| <input type="checkbox"/> BIRTH ABROAD CERTIFICATE (FORM DS-1350 OR FS545) | | NO. | | | <input type="checkbox"/> I-94 FORM | | NO. | |
| <input type="checkbox"/> CERTIFICATE OF CITIZENSHIP (N-560 or N-561) | | ENTER A # BELOW | | | <input type="checkbox"/> OTHER | | NO. / TYPE | |
| ALIEN REGISTRATION NUMBER: | | | A | | | | | |

| | |
|--|--|
| TYPE OF ID PRESENTED (GOVERNMENT ISSUED PHOTO ID) | ID VERIFIED BY / DATE (TRUSTED AGENT VERIFICATION FOR CHRC) |
|--|--|

**SECTION 2
COMPANY / SIGNATORY AUTHORITY INFORMATION**

This section **MUST** be filled out by an Authorized Signer of the sponsoring company. Type legibly in blue or black ink.

| | | | |
|---|----------------------------------|---|--|
| EMPLOYER / AFFILIATION (IF GA, PLEASE ENTER 'GA') | | TITLE (FOR OTHER THAN GA PILOT) | |
| SPONSORING COMPANY (CONTRACTORS ONLY) | | | |
| BADGE TYPE | | DESIGNATIONS | |
| <input type="checkbox"/> SIDA | <input type="checkbox"/> STERILE | <input type="checkbox"/> AOA | <input type="checkbox"/> WITH CBP |
| | | <input type="checkbox"/> ESCORT AUTHORITY (E) | <input type="checkbox"/> RAMP DRIVER (R) |
| | | <input type="checkbox"/> AOA DRIVER (A) | |

AUTHORIZED SIGNATORY CERTIFICATION (NOT TO BE FILLED OUT BY APPLICANT)

I CERTIFY THAT I HAVE REVIEWED THIS APPLICATION FOR ACCURACY, VERIFIED THE EMPLOYMENT ELIGIBILITY OF THE APPLICANT, AND ATTEST TO THE FACT THAT A SPECIFIC NEED EXISTS FOR PROVIDING THE APPLICANT WITH UNESCORTED ACCESS AUTHORITY. I HEREBY AGREE THAT MY COMPANY, AS THE APPLICANT'S SPONSOR, WILL TIMELY PAY FOR ALL FEES AND CHARGES RELATED TO THE ISSUANCE OF A BADGE TO APPLICANT, INCLUDING WITHOUT LIMITATION, APPLICABLE FEES FOR FINGERPRINTING AND PROCESSING APPLICANT (IF APPLICABLE) AND ISSUING A BADGE. I SPECIFICALLY AGREE THAT IF THIS BADGE IS NOT RETURNED UPON TERMINATION OF APPLICANT'S EMPLOYMENT, MY COMPANY, AS SPONSOR, WILL TIMELY PAY APPLICABLE NON-RETURNED BADGE FEES. I UNDERSTAND THAT MY COMPANY'S AGREEMENT, AS SPONSOR, TO BE RESPONSIBLE FOR SUCH CHARGES AND FEES IS A MATERIAL CONDITION TO THE AIRPORT'S ISSUANCE OF A BADGE, AND THAT WITHOUT SUCH AN AGREEMENT FROM THE SPONSOR, THE AIRPORT WOULD NOT ISSUE A BADGE TO APPLICANT.

| | | |
|--|-------|---------------------|
| AUTHORIZED SIGNATORY NAME (PRINT): | | |
| AUTHORIZED SIGNATORY SIGNATURE: | | |
| DO NOT SIGN UNTIL APPLICANT HAS COMPLETED THE APPLICATION | | |
| PHONE NUMBER: | DATE: | SIGNATURE CHECK BY: |
| ONLY VALID FOR 30 DAYS AFTER SIGNED | | |

I ACKNOWLEDGE MY SECURITY RESPONSIBILITIES UNDER § 1540.105(a) No person may: (1) Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter. (2) Enter, or be present within, a secured area, AOA, SIDA or sterile area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas. (3) Use, allow to be used, or cause to be used, any airport-issued or airport approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in secured areas, AOA's, or SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.

THE INFORMATION I HAVE PROVIDED IN 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 CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE)

APPLICANT'S PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

SECTION 3 – PRIVACY ACT NOTICE (The Privacy Act of 1974 – 5 U.S.C. 552a(e)(3))

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, AS AMENDED.

PURPOSE: THE DEPARTMENT OF HOMELAND SECURITY (DHS) WILL USE THE BIOGRAPHIC INFORMATION TO CONDUCT A SECURITY THREAT ASSESSMENT. 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 THE US-VISIT AUTOMATED BIOMETRICS IDENTIFICATION SYSTEM (IDENT). DHS MAY PROVIDE YOUR NAME AND SSN TO THE SOCIAL SECURITY ADMINISTRATION (SSA) TO COMPARE THAT INFORMATION AGAINST SSA RECORDS TO ENSURE THE VALIDITY OF THE INFORMATION.

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.

INITIALS: _____

SECTION 4 – SOCIAL SECURITY NUMBER RELEASE

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION (SSA) 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.

I DO NOT AUTHORIZE THE RELEASE OF MY SOCIAL SECURITY NUMBER. (NOTE: 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.

| PRINTED NAME | FIRST | MIDDLE | LAST |
|------------------------|-------|--------|------|
| SOCIAL SECURITY NUMBER | | | |

APPLICANT'S SIGNATURE:

X _____

**SECTION 5
DISQUALIFYING OFFENSES**

TO BE COMPLETED BY APPLICANT IDENTIFIED IN SECTION 1

UNDER TRANSPORTATION SECURITY ADMINISTRATION (TSA) REQUIREMENTS, A FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK (CHRC) IS REQUIRED BEFORE AN AIRPORT IDENTIFICATION BADGE CAN BE ISSUED WHICH ALLOWS AN INDIVIDUAL TO HAVE UNESCORTED ACCESS TO THE SECURITY IDENTIFICATION DISPLAY AREA (SIDA) AND/OR STERILE AREAS, OR AUTHORITY TO AUTHORIZE OTHERS TO HAVE UNESCORTED ACCESS TO THE SIDA AND/OR STERILE AREA

DISQUALIFYING CRIMINAL OFFENSES: HAVE YOU BEEN CONVICTED, OR FOUND NOT GUILTY BY REASON OF INSANITY, OF ANY OF THE DISQUALIFYING CRIMES LISTED BELOW DURING THE PREVIOUS TEN (10) YEARS? YOU MUST COMPLETE A CHECKBOX FOR EACH OFFENSE. IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, YOU MAY BE INELIGIBLE TO OBTAIN AN IDENTIFICATION BADGE AND WILL BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION FOR FURTHER PROCESSING OF YOUR APPLICATION.

- | | |
|---|---|
| YES <input type="checkbox"/> NO <input type="checkbox"/> FORGERY OF CERTIFICATES, FALSE MARKING OF AIRCRAFT, AND OTHER AIRCRAFT REGISTRATION VIOLATIONS (49 U.S.C. 46306) | YES <input type="checkbox"/> NO <input type="checkbox"/> TREASON |
| YES <input type="checkbox"/> NO <input type="checkbox"/> INTERFERENCE WITH AIR NAVIGATION (49 U.S.C. 46308) | YES <input type="checkbox"/> NO <input type="checkbox"/> RAPE OR AGGRAVATED SEXUAL ABUSE |
| YES <input type="checkbox"/> NO <input type="checkbox"/> IMPROPER TRANSPORTATION OF A HAZARDOUS MATERIAL (49 U.S.C. 46312) | YES <input type="checkbox"/> NO <input type="checkbox"/> UNLAWFUL POSSESSION, USE, SALE, DISTRIBUTION OR MANUFACTURE OF AN EXPLOSIVE OR WEAPON |
| YES <input type="checkbox"/> NO <input type="checkbox"/> AIRCRAFT PIRACY (49 U.S.C. 46502) | YES <input type="checkbox"/> NO <input type="checkbox"/> EXTORTION |
| YES <input type="checkbox"/> NO <input type="checkbox"/> INTERFERENCE WITH FLIGHT CREW MEMBERS OR FLIGHT ATTENDANTS (49 U.S.C. 46504) | YES <input type="checkbox"/> NO <input type="checkbox"/> ARMED OR FELONY UNARMED ROBBERY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> COMMISSION OF CERTAIN CRIMES ABOARD AIRCRAFT IN FLIGHT (49 U.S.C. 46506) | YES <input type="checkbox"/> NO <input type="checkbox"/> DISTRIBUTION OF, OR INTENT TO DISTRIBUTE A CONTROLLED SUBSTANCE |
| YES <input type="checkbox"/> NO <input type="checkbox"/> CARRYING A WEAPON OR EXPLOSIVE ONBOARD AN AIRCRAFT (49 U.S.C. 46505) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY ARSON |
| YES <input type="checkbox"/> NO <input type="checkbox"/> CONVEYING FALSE INFORMATION AND THREATS (49 U.S.C. 46507) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING A THREAT |
| YES <input type="checkbox"/> NO <input type="checkbox"/> AIRCRAFT PIRACY OUTSIDE THE SPECIAL AIRCRAFT JURISDICTION OF THE UNITED STATES (49 U.S.C. 46502(B)) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING WILLFUL DESTRUCTION OF PROPERTY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> AIRCRAFT LIGHTING VIOLATIONS INVOLVING TRANSPORTING CONTROLLED SUBSTANCES (49 U.S.C. 46315) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING IMPORTATION OR MANUFACTURE OF A CONTROLLED SUBSTANCE |
| YES <input type="checkbox"/> NO <input type="checkbox"/> UNLAWFUL ENTRY INTO AN AIRCRAFT OR AIRPORT AREA THAT SERVES AIR CARRIERS OR FOREIGN AIR CARRIERS CONTRARY TO ESTABLISHED SECURITY REQUIREMENTS (49 U.S.C. 46314) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING BURGLARY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> DESTRUCTION OF AN AIRCRAFT OR AIRCRAFT FACILITY (18 U.S.C. 32) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING THEFT |
| YES <input type="checkbox"/> NO <input type="checkbox"/> MURDER | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING DISHONESTY, FRAUD OR MISREPRESENTATION |
| YES <input type="checkbox"/> NO <input type="checkbox"/> ASSAULT WITH INTENT TO MURDER | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING POSSESSION OR DISTRIBUTION OF STOLEN PROPERTY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> ESPIONAGE | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING AGGRAVATED ASSAULT |
| YES <input type="checkbox"/> NO <input type="checkbox"/> SEDITION | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING BRIBERY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> KIDNAPPING OR HOSTAGE TAKING | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING ILLEGAL POSSESSION OF A CONTROLLED SUBSTANCE PUNISHABLE BY A MAXIMUM TERM OF IMPRISONMENT OF MORE THAN ONE YEAR |
| YES <input type="checkbox"/> NO <input type="checkbox"/> VIOLENCE AT INTERNATIONAL AIRPORTS (18 U.S.C. 37) | YES <input type="checkbox"/> NO <input type="checkbox"/> CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THE AFOREMENTIONED CRIMINAL ACTS |

THE INFORMATION I HAVE PROVIDED IN 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 CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE)

BY SIGNING THIS DOCUMENT, I CONSENT TO THE PERFORMANCE OF A WARRANTS CHECK AND ANY OTHER BACKGROUND VERIFICATIONS OR ACTIONS TAKEN BY THE ROCHESTER AIRPORT COMPANY IN ACCORDANCE WITH TSA AND AIRPORT REQUIREMENTS GOVERNING IDENTIFICATION CHECKS.

I AGREE TO NOTIFY THE AIRPORT WITHIN 24 HOURS IF I AM CONVICTED OR FOUND GUILTY BY REASON OF INSANITY OF ANY OF THE ABOVE DISQUALIFYING CRIMES AND WILL RETURN MY BADGE. I AGREE THAT THE RESULTS OF MY CRIMINAL HISTORY RECORDS CHECK CAN BE DISCLOSED TO MY EMPLOYER AND I UNDERSTAND THAT I MAY OBTAIN A COPY UPON WRITTEN REQUEST TO THE AIRPORT SECURITY COORDINATOR.

APPLICANT'S PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

SECTION 6 – TERMS AND CONDITIONS OF BADGE HOLDER (TO BE COMPLETED AFTER TRAINING)

I Agree to return the Airport ID badge if my employment status changes and I no longer have a need for an Airport ID badge. I understand that there is a \$100 fee for a non-returned badge. I agree to report any lost or stolen Airport ID badges to the Airport, and also understand that there are replacement fees for a lost/stolen badge.

I understand and acknowledge that violation of the Airport’s Security Program will result in administrative action to include badge revocation and resultant reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

I understand and acknowledge that by accepting an Airport badge I am giving my consent for search by authorized Airport and/or TSA personnel of both my person and property whenever entering, being within, or leaving a secure or sterile area of the airport to ensure I have a valid badge and am not carrying any prohibited items. Further, I understand and acknowledge that my refusal to comply with this consent to search may result in my Airport badge being confiscated and my access to secure and/or sterile areas of the airport being denied. By initialing here, I certify I have read and understood this statement.

Initials X _____

SECURITY VIOLATIONS INCLUDE (BUT NOT LIMITED TO)

- BEING IN THE SIDA WITHOUT A BADGE OR PROPERLY DISPLAYED BADGE (ABOVE THE WAIST, OUTERMOST GARMENT AT ALL TIMES)
- LOANING MY AIRPORT ISSUED ID BADGE TO ANOTHER PERSON
- ALLOWING AN INDIVIDUAL TO FOLLOW ME, OR FOLLOWING ANOTHER INDIVIDUAL, THROUGH A GATE OR DOOR WITHOUT A VALID CARD SWIPE (PIGGYBACK VIOLATION)
- BLOCKING OR LEAVING A DOOR OPEN AND UNATTENDED THAT LEADS TO A RESTRICTED AREA
- BYPASSING THE PASSENGER SCREENING PROCESS WHEN TRAVELING AS A PASSENGER
- LEAVING A VEHICLE OR PEDESTRIAN GATE/DOOR OPEN AND UNATTENDED
- CONDUCTING AN IMPROPER ESCORT
- WHEN TRAVELING AS A PASSENGER, AIRPORT BADGE HOLDERS MUST ACCESS THE STERILE AREA THROUGH THE TSA SCREENING CHECKPOINT WITH ANY ACCESSIBLE ITEMS THEY INTEND TO CARRY ONBOARD THE AIRCRAFT AND MUST REMAIN IN THE STERILE AREA AFTER ENTERING
- AIRPORT ISSUED ID BADGES AND ASSOCIATED ACCESS PRIVILEGES MAY ONLY BE USED FOR THE PERFORMANCE OF OFFICIAL JOB DUTIES
- 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.

Initials X _____

TRAINING TRACKER (All applicable training for each issued badge must be completed during each renewal)

| COURSE | DATE | SIGNATURE OF APPLICANT | AIRPORT TRAINER |
|---|------|------------------------|-----------------|
| SIDA / STERILE / AOA (Circle One) | | | |
| RAMP DRIVER’S TRAINING | | | |

TRAINING BELOW IS FOR INITIAL AIRFIELD DRIVER’S TRAINING ONLY (RECURENT TRAINING TO BE COMPLETED ANNUALLY ONLINE)

| | | | |
|--|--|--|--|
| AIRFIELD DRIVER’S TRAINING (Online – not permitted to drive until practical test is complete) | | | |
| AIRFIELD DRIVER’S TRAINING (Airfield Practical Driver’s Test) | | | |