



07/2019

## SECURE SIDA/STERILE/AIR CARGO HMCAA IDENTIFICATION BADGE APPLICATION

**SECTION 1: APPLICANT (PLEASE PRINT OR TYPE CLEARLY)**

Full Name: \_\_\_\_\_  
Last
First
Middle

Other Names Used: \_\_\_\_\_  
 (Surname/ Maiden) \_\_\_\_\_  
Last
First
Middle

Mailing Address: \_\_\_\_\_  
Street
City
State
Zip Code

Personal Information: \_\_\_\_\_  
Employer
Position

\_\_\_\_\_ Social Security # Phone #

\_\_\_\_\_ DOB (mm/dd/yyyy) Place of Birth Country of Citizenship

\_\_\_\_\_ Race Sex (M/F) Weight Height Eye Color Hair Color

<b>LIST OF ACCEPTABLE DOCUMENTS: (ALL DOCUMENTS MUST BE UNEXPIRED)</b>				
<b>List A</b>	<b>-OR-</b>	<b>List B</b>	<b>-AND-</b>	<b>List C</b>
<input type="checkbox"/> US Passport or US Passport Card		<input type="checkbox"/> Driver's License		<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card		<input type="checkbox"/> U. S. Military Card		<input type="checkbox"/> Employment Authorization by DHS
<input type="checkbox"/> Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		<input type="checkbox"/> School ID card with a photograph		<input type="checkbox"/> Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the U.S bearing an official seal
		<input type="checkbox"/> ID card issued by federal, state, or local government		
<input type="checkbox"/> Employment Authorization Document (Card) that contains a photo (Form I-766)		<input type="checkbox"/> Voter's registration card		<input type="checkbox"/> Certification of Report of Birth issued by the U.S. Dept. of State (Form DS-1350)
<input type="checkbox"/> Foreign passport with Form I-94 or Form I-94A, Arrival/Departure Report		<input type="checkbox"/> Military's Dependent's ID		<input type="checkbox"/> Native American tribal document
<input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A showing nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<input type="checkbox"/> Native American Tribal Document		<input type="checkbox"/> U.S. Citizen ID card (Form I-197)
		<input type="checkbox"/> Driver's License issued by a Canadian government authority		<input type="checkbox"/> Identification card for use of resident citizen in the U.S. (Form I-179)
		<input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card		<input type="checkbox"/> Certification of Birth Abroad issued by U.S. Dept. of State (Form FS-545)

07/2019

**SOCIAL SECURITY NUMBER AUTHORIZATION**

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 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.

**Initials:** \_\_\_\_\_

**CRIMINAL HISTORY**

**(Exhibit A)**

I have read the list of disqualifying crimes and acknowledge the following:

- I **DO** have a disqualifying criminal offense
- I **DO NOT** have a disqualifying criminal offense

**Initials:** \_\_\_\_\_

**SECURITY RESPONSIBILITY AGREEMENT**

**(Exhibit B)**

I have read and understand the security responsibilities of my airport identification badge as outlined in Exhibit B. Further, I acknowledge my security responsibilities under 49 CFR 1540.105(a).

- (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.

I also understand that failure to comply with any of them may result in the revocation of my identification badge.

**Initials:** \_\_\_\_\_

**APPLICANT CERTIFICATION**

07/2019

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). *By signing this application, I am stating that I have not been convicted or found guilty by reason of insanity, or of any of the disqualifying crimes listed on attachment (Exhibit A) 49 C.F.R. 15420209(d). Furthermore, Federal Regulations under 49 C.F.R. 1542209(I) impose a continuing obligation to disclose to the Huntsville International Airport Badging Office within 24 hours, if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.*

**I understand that I, my accessible property and/or vehicle are always subject to search within the Airport's Sterile, Secure, and AOA areas. By signing this request for an Airport ID media, I hereby agree to submit to such searches and understand that I do not have a right to refuse, once I have used my Airport ID media to gain access to the areas listed above. Failure to comply will result in immediate revocation of any Airport ID media and may lead to additional law enforcement and/or TSA action.**

**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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**SECTION 2: AUTHORIZED SIGNATORY APPROVAL**

By my signature, I certify that the request for the applicant's security badge is necessary for the performance of his/her job. Further, I am authorized by the company/organization I represent to authorize said security badge. The applicant has acknowledged their security responsibilities under 49 CFR 1540.105(a).

I, \_\_\_\_\_ approve \_\_\_\_\_ badge application for  
(Print) Authorized Signatory Employee Name

\_\_\_\_\_  
Company Name (Sign) Authorized Signatory Date

***DOES APPLICANT HAVE AN OPERATIONAL NEED FOR ESCORT AUTHORITY? YES / NO***

---

---

**SECTION 3: HMCAA USE ONLY**

<b>FINGERPRINTS/CRIMINAL HISTORY RECORDS CHECK</b>	
<b>Fingerprint Submission Date:</b>	
<b>Fingerprint/ CHRC Approval Date:</b>	
<b>Fingerprint/ CHRC Case #:</b>	
<b>SECURITY THREAT ASSESSMENT</b>	
<b>STA Submission Date:</b>	
<b>STA Approval Date:</b>	
<b>HMCAA REVIEW/APPROVAL</b>	
<b>ASC CHRC Case Review Date:</b>	
<b>ASC Approval:</b>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>ASC Signature:</b>	

**Comments:**

---

---

---

---

---

---

---

---

---

---