

RAPID CITY REGIONAL AIRPORT ID MEDIA APPLICATION FOR SIDA / STERILE AREA

SECTION 1: APPLICANT INFORMATION

Type or print legibly. Complete all sections. Incomplete forms returned to the security office will be rejected. SD 1542-04-08 Series requires the individual to present the identity and work authorization document(s) approved for use in the "List of Acceptable Documents" attached to the most current "Form I-9, Employment Eligibility Verification," issued by the U.S. Citizenship and Immigration Service (see <http://www.uscis.gov/i-9-central/acceptable-documents/acceptable-documents>)

NOTE: APPLICATION ACCEPTANCE AND ISSUANCE OF NEW/REISSUED BADGES IS BY APPOINTMENT ONLY:

Badging appointment times are Mon/Tue from 8:30 to 12:00 pm and 1 to 8 pm. Wednesdays from 1 to 8 pm. Thu/Fri/Sat/Sun from 8:30 to 12:00 pm and 1 to 8 pm. Appointments must be made at least 24 hours in advance. Call (605) 394-4195 option 2 or 593-3419.

ID MEDIA TYPE: <input type="checkbox"/> SIDA <input type="checkbox"/> STERILE AREA ONLY		DRIVING PRIVILEGES: <input type="checkbox"/> YES <input type="checkbox"/> NON-MOVEMENT <input type="checkbox"/> NO <input type="checkbox"/> MOVEMENT		SIDA / STERILE AREA ESCORT PRIVILEGES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATUS: <input type="checkbox"/> NEW <input type="checkbox"/> CONTRACTOR (Project End Date: _____)					
Today's Date	Legal Last Name	Legal First Name	Legal Middle Name		
Other Names Used (Include Maiden, Nicknames, Aliases)			State Issued Driver's License Number		
Last Name	First Name	Middle Name	State	Expiration Date (MM/DD/YYYY)	
		Height __ft __in	Weight ____lbs	Eye Color	Hair Color
Mailing Address		City	State	Zip Code	
Race/Ethnicity	Primary Phone Number <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE	Work Phone Number	Applicants E-Mail Address		
Social Security Number	Employer's Name	E-mail Address	Hire Date		
Place of Birth			Gender		
City	State	Country	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Citizenship Status (Country of Origin)			Date of Birth (MM/DD/YYYY)		

IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Check all that apply-Enter N/A if not applicable; only 1 form required)		IF YOU ARE NOT A U.S. CITIZEN (Check all that apply-Enter N/A if not applicable; only 1 form required)	
<input type="checkbox"/> US Passport/Passport Card	Document Number	If you have a Non-Immigrant Visa, you must also provide the I-94 documentation	
<input type="checkbox"/> Certification of Naturalization (N-550)	Document Number <input type="checkbox"/> N-550	<input type="checkbox"/> Non-Immigrant Visa	Control Number (top right hand corner)
<input type="checkbox"/> US Birth Abroad Certificate (Form DS 1350 or FS 545)	Document Number <input type="checkbox"/> DS 1350 <input type="checkbox"/> FS 545	<input type="checkbox"/> I-94 Form Arrival/Departure	Document Number (11 digits)
<input type="checkbox"/> Certificate of Citizenship	Document Number	<input type="checkbox"/> Alien Registration Form	Document Number (8 or 9 digits)

SECTION 2: AUTHORIZED SIGNATORY AUTHORITY (TO BE COMPLETED BY THOSE APPLYING FOR A SIDA / STERILE AREA ID MEDIA ONLY).

This section MUST be completed by your company's authorized signatory authority if applicable. The authorized signature must be on file in the Airport's Security Office. If your company does not have an authorized signatory authority you must see an airport security coordinator for approval. Failure to have this signature or approval will result in the application being rejected.

Sponsor/Company Name

AUTHORIZED SIGNATORY CERTIFICATION

The authorized signatory authority needs to read and sign below:

By my signature I certify: that I am an authorized representative of the above named employer and as such may execute (sign) this application; that the foregoing information is true, accurate and all information is verified; that the above named employer has authorized a fingerprint submission or has provided the Rapid City Regional Airport written verification of proof that the employer has subjected the employee to a criminal history record check; has authorized the Airport Operator to collect information to conduct a Security Threat Assessment and is responsible for all application fees and charges; and that the employee's airport-issued identification media will be returned upon request, termination, or when access is no longer required; that the above named employee is required to have access to secured areas of the airport. 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 at: <http://uscode.house.gov/search/criteria.shtml>).

My company or agency will reimburse the Rapid City Regional Airport for any TSA fines levied against the Airport which are caused by the failure of the applicant to adhere to the Airport Security Program.

AUTHORIZING SIGNATORY NAME

(print)

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 110-52, August 3, 2007); 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 US-VISIT Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), 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: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

Initials X _____

SECTION 4: DISQUALIFYING CRIMINAL OFFENSES *THIS IS ONLY FILLED OUT IF APPLICANT IS APPLYING FOR SIDA /STERILE AREA ACCESS*****

Disqualifying criminal offenses. An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty of by reason of insanity, of any of the disqualifying crimes listed below in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority. You may obtain the results of the fingerprint based CHRC by making a written request. The disqualifying criminal offenses are as follows—

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| <ol style="list-style-type: none"> 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306. 2. Interference with air navigation, 49 U.S.C. 46306 3. Improper transportation of hazardous materials, 49 U.S.C. 46312 4. Aircraft piracy 5. Interference with flight crew members or flight attendants, 49 U.S.C. 46504 6. Commission of certain crimes aboard in flight, 49 U.S.C. 46506 7. Carrying a weapon or explosive aboard aircraft, 49 U.S.C. 46505 8. Conveying false information and threats 9. Aircraft piracy outside the special aircraft jurisdiction of the US, 49 U.S.C. 46502(b) 10. Lighting violations involving transporting controlled substances, 49 U.S.C. 46315 11. Unlawful entry into an aircraft or airport area that serves air carriers, 49 U.S.C. 46314 12. Destruction of an aircraft or aircraft facility, 18 U.S.C. 32 13. Murder 14. Assault with intent to murder 15. Espionage 16. Sedition 17. Kidnapping or hostage taking 18. Treason | <ol style="list-style-type: none"> 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 armed robbery. 23. Distribution of, or intent to distribute, a controlled substance. 24. Felony arson 25. Felony involving a threat 26. Felony involving- <ol style="list-style-type: none"> A. Willful destruction of property; B. Importation or manufacture of a controlled substance C. Burglary D. Theft E. Dishonesty, fraud, or misrepresentation F. Possession or distribution of stolen property G. Aggravated assault H. Bribery I. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. 27. Violence at international airports; 18 U.S.C. 37. 28. Conspiracy or attempt to commit any of the criminal acts listed above. |
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By signing below, I certify that I do not have a disqualifying offense. Under Title 49 CFR 1542.209(i) USC imposes a continuing obligation of the applicant granted unescorted SIDA access authority to disclose to the Rapid City Regional Airport Security Coordinator or designated representative within 24 hours of a conviction of any disqualifying criminal offenses while he/she has unescorted SIDA access authority.

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. (See Section 1001 of Title 18 United States Code).

Signature X _____	Date _____
Print Name _____	

SECTION 5: SOCIAL SECURITY NUMBER RELEASE

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 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.

*****NOTICE***--If you do not disclose your SSN, your Security Threat Assessment (STA) will be delayed and your badge cannot be issued until an approval from TSA is submitted back to the Airport Operator.**

Printed Full Name _____ Date of Birth _____ / _____ / _____ SSN _____
(mm) (dd) (yyyy)

Applicant's Signature X _____

SECTION 6 BADGE HOLDER AGREEMENT *PLEASE INITIAL EACH ONE*****

INITIALS
X _____ 1. By submitting this application for an ID Media Badge, I agree to comply at all times with the security rules and policies of the Rapid City Regional Airport, including the provisions of the Transportation Security Administration (TSA), an agency of the United States, including the provisions of Title 49, CFR,

- 2. All ID Media Badges remain the property of Rapid City Regional Airport
- 3. I understand that I cannot loan my badge to anyone to use for access.
- 4. I will visibly display my ID Media Badge outside my garments on my upper body whenever I am in the SIDA/Secure/Sterile Area.
- 5. I understand that the Rapid City Regional Airport reserves the right to revoke authorization for any ID Media Badge where such action is determined to be in the best interest of airport security.
- 6. I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas) nor will I otherwise breach, disobey, circumvent, or disregard any security directive, plan, or program at the airport.
- 7. I will challenge any person who enters a SIDA/Sterile/Secured/Restricted area if the person does not properly display an ID Media Badge. If the person I challenge cannot produce a valid ID Media Badge, I will immediately notify **911**.
- 8. I understand that if I commit any violations of any rules and regulations will result in access being denied and possible revocation of my ID Badge.
- 9. I understand that I must wait for the gate/door to close completely and secure before leaving the area.
- 10. I understand that if the gate or door malfunctions, I must contact Rapid City Airport Maintenance (390-6528) or Airport Operations (593-3419) and **REMAIN** at the gate or door until an Airport representative arrives.
- 11. **I will immediately notify the Security Office 593-3419 if my ID Badge is lost, stolen, or destroyed.**
- 12. A replacement ID Media Badge may only be issued if I declare in writing that the ID Badge has been lost, stolen, or destroyed.
- 13. I agree to return my airport ID Media Badge to the Security Office or employer at the end of my employment or if the reason for access is no longer required.
- 14. I understand and acknowledge that violation of the Airport's Security Program will result in administration action to include badge reinstatement fees, re-training, airport fines, possible TSA civil penalties, and could also result in permanent revocation of my badge.
- 15. I will reimburse the Rapid City Regional Airport for any TSA fines levied against the Airport which are caused by the failure of the applicant to adhere to the Airport Security Program.
- 16. I authorized the Airport Operator to collect information to conduct a Security Threat Assessment and I am responsible for all application fees and charges.

I understand and agree to comply with the terms and conditions provided for in this application and agree to comply with any changes or amendments to the terms and conditions that may be imposed by the airport operator and TSA. 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).

APPLICANT'S SIGNATURE

DATE

FOR AIRPORT USE ONLY

I certify that the above named applicant has successfully completed SIDA training in accordance with TSA-approved curriculum meeting the requirements of TSR Part 1542.213(b).

Designated Security Trainer (Print Name & Title)	Signature	Date
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I have examined all required credentialing document(s) to ensure they are current, they appear to be genuine and relate directly to the individual presenting them.

1st Document: _____

2nd Document: _____

Document #: _____

Document #: _____