

RAPID CITY REGIONAL AIRPORT ID MEDIA APPLICATION FOR GENERAL AVIAITION / AIRPORT OPERATIONS AREA (AOA)

SECTION 1: APPLICANT INFORMATION

Type or print legibly. Complete all sections. Place N/A when not applicable. 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 <input type="checkbox"/> NEW TYPE: <input type="checkbox"/> CONTRACTOR (Project End Date: _____)		DRIVING PRIVILEGES NON-MOVEMENT AREA <input type="checkbox"/> YES <input type="checkbox"/> NO MOVEMENT AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	
Legal Last Name		Legal First Name	
Legal Middle Name		Legal Middle Name	
Other Names Used (Include Maiden, Nicknames, Aliases)			
Last Name		First Name	
Middle Name		Middle Name	
Mailing Address		City	
State		Zip Code	
Primary Phone Number <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE		Work Phone Number	
Are you an owner of an aircraft based at RAP? <input type="checkbox"/> Yes <input type="checkbox"/> No Aircraft Tail #(s)			
Purpose for requesting badge? <input type="checkbox"/> Employment <input type="checkbox"/> GA User <input type="checkbox"/> Other		Employer's Name	
Applicants E-mail Address			
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 Document Number	
<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 Document Number	
<input type="checkbox"/> Certificate of Citizenship Document Number		<input type="checkbox"/> Alien Registration Form Document Number	

SECTION 2: 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 wavier 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 3: 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 4: BADGE HOLDER AGREEMENT *PLEASE INITIAL EACH ONE*****

- 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, Parts 1540, 1542, & 1544.
- 2. All ID Media Badges remain the property of Rapid City Regional Airport and must be returned to Airport Security when no longer required for your use.
- 3. I understand that I cannot loan my badge to anyone to use for access.
- 4. I need to have my airport media with me while on the GA/AOA areas.
- 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 suspicious personnel or personnel who are not following airport security rules who enters the GA / AOA secured area. 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).

X _____
APPLICANT'S SIGNATURE DATE

FOR AIRPORT USE ONLY

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#: _____