

AIRPORT BADGING OFFICE USE ONLY

Last Name	First Name	Access Card Number	
Badge Return Date	Application Destroy Date	Application Status	Airport TSC ID #

Stillwater Regional Airport Access and ID Application

Stillwater Regional Airport Identification (ID) badge is issued for authorized personnel for access to Secure Areas, Security Identification Display Area (SIDA), Air Operations Areas (AOA), and Sterile Areas of Stillwater Regional Airport. The airport ID badge will only be issued upon successful completion of all Transportation Security Administration (TSA) and Airport Operator required security vetting. All airport ID badges are the property of the Stillwater Regional Airport (SWO) and must be returned immediately upon request by SWO Administration and/or termination of employment, separation from company/agency or when your access is no longer required.

GENERAL INSTRUCTIONS

1. TYPE or PRINT all information in Black or Blue Ink only.
2. An Airport ID Badge Application is required for all new, renewal, or re-issued ID Badges.
3. The application must be presented, to the Airport Badging Office within 30 days from the date of the authorizing signature. If the 30-day period is exceeded, the application will be rejected and a new ID Badge application will be required.
4. Government issued document(s) are required for all new and re-issued ID badges. **Two forms of identification (1 PHOTO)** are required as listed in Form I-9 on page 7 of this application. A valid state-issued, unexpired driver's license is required for driving privileges.
5. Individuals applying for a SIDA/Secure **Areas must include their SSN, or TSA will not process the application or conduct the Security Threat Assessment (STA)**. For individuals applying for AOA or Sterile Area ID badge, providing the SSN is voluntary, but failure to provide it may prevent completion of the STA.
6. SCREENING NOTICE: Any employee holding a credential granting access to a (SIDA) **may be screened at any time** while gaining access to, working in, or leaving a (SIDA). Failure to submit to screening will result in ID badge being suspended or revoked pending investigation.
7. To be reissued a new identification badge an applicant must return their previous ID badge prior to the issuance of a new ID badge.
8. If your ID badge is lost or stolen, you must immediately notify the Airport Administration Office.
9. The sponsor company/applicant is responsible for all fees prior to the processing of the ID Badge application (see fee table below.)
10. Fingerprint appointments must be scheduled by the Authorized Signatory only.
11. Once an application is approved, the Airport will contact either the badge sponsor or the applicant to arrange an appointment for the applicant to undergo the required training and testing. Only after testing is completed with a passing grade of 100% will the Security Office issue a badge.

FEDERAL REGULATIONS

In accordance with 49 CFR Part 1542, the Stillwater Regional Airport Administration will collect and process electronic fingerprints for all persons requesting unescorted access to the Secured, SIDA, and Sterile areas of SWO for the purpose of obtaining a Criminal History Record Check (CHRC).

ESCORT PRIVILEGE

All SWO badge holders are given escort privileges in areas they have access too. Escort permission is a topic that is covered during badge training and testing.

APPLICABLE FEES

Service	Description	Rate
Airport Identification /Access Card	SIDA/Sterile (new and renewal) AOA Badges (new and renewal) Replacement of Damaged No-Return terminated/expired Contractor Deposit Driver Access (up to 2 vehicles)	\$60.00 \$30.00 \$15.00 \$50.00 \$50.00 \$20.00
3-Strike Badge Violation Program	1st Violation 2nd Violation 3rd Violation	\$50.00 \$100.00 \$200.00
Lost Badges (Strike plus \$15 replacement fee)	1st Violation 2nd Violation 3rd Violation	\$65.00 \$115.00 \$215.00

Section 1 Sponsoring Company Information- Authorized Signatory Authority (Must be completed by authorized signer of sponsoring company.)				
Today's Date: _____ <i>Valid for 30 day after signed and dated.</i>	Sponsoring Company Name:			
Badge Applicant Name (Last, First)				Applicant DOB
Requesting Badge Permission for the following areas: (Check all that apply)	_____ SIDA/SECURE	_____ STERILE	_____ AOA/NON-SIDA	
Is the Airport Operator authorized to bill the sponsoring company for associated fees? <input type="checkbox"/> YES <input type="checkbox"/> NO	If SIDA/Secure/Sterile permissions are checked, are you authorizing the Airport Operator to fingerprint the applicant for CHRC? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> New ID <input type="checkbox"/> Renewal <input type="checkbox"/> Re-Issue	<input type="checkbox"/> Lost/Stolen Replacement	This applicant is EXEMPT as a direct employee of a Federal, State or Local Government agency who has undergone a CHRC. (DOCUMENTATION WILL BE PROVIDED)		
Does the applicant's job duty require them to have driving privileges in the AOA Non-Movement Area? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the applicant job duty require them to have driving privileges in the AOA Movement Area? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Additional Information:	(FINAL DETERMINATION OF NEED FOR DRIVER TRAINING BY AIRPORT OPERATOR) <input type="checkbox"/> YES <input type="checkbox"/> NO			
As an authorized representative of the sponsoring company identified below, I confirm that the applicant identified below is an employee, employee of a contractor of the sponsoring company or general aviation tenant with a need to possess an airport badge. I authorize the Airport Operator to conduct a Security Threat Assessment (STA) through TSA.				
I further verify that the applicant is authorized to work in the United States and that the ID badge being requested is necessary in the performance of the Applicants assigned duties at Stillwater Regional Airport.				
I understand that knowingly and deliberately making false statements on this application can result in fine, imprisonment, or both. (See Section 1001 of Title 18 United States Code).				
Authorized Signer's Name (Printed)				
Authorized Signer's Signature				Date:
Signature Verified By Trusted Agent				

**Section 2 Applicant Information
(PRINT BLUE OR BLACK INK ONLY)**

Today's Date	Last Name	First Name	Middle Name	
Other Names Used (Include Maiden, Nicknames, Aliases)			Address	
Last Name	First Name	Middle Name	Home Address	
			City _____ State _____	
			County _____ Country _____	
			Zip Code _____ Phone Number _____	
Driver's License/ID #		State	ID Expiration Date	
Weight (lbs.)	Eye Color		Height (ft., in.)	
Hair Color	Sex (M or F)		DOB (MM/DD/YYYY)	
Employment Information			Citizenship Status	
Employer Name	Employer Address		U.S. Citizen (Y or N)	
City/State/ Zip	Work Phone Number		If No, List Country	
Position Title	Work Email Address		Dual Citizenship (Y or N)	
IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Check all that apply – Enter N/A if not applicable)			IF YOU ARE NOT A U.S. CITIZEN (Check all that apply – Enter N/A if not applicable)	
US Passport/Passport Card	Document #		If you have a Non-Immigrant Visa, you must also provide the I-94 documentation.	
Certification of Naturalization (N-550)	Document #		Non-Immigrant Visa	Document #
US Birth Abroad Certificate (Form DS-1350 or FS-545)	Document #		I-94 Form	Document #
Certificate of Citizenship (N-560)	Document #		Alien Registration Number (ARN)	Document #

SECTION 3 DISQUALIFYING CRIMINAL OFFENSES (CRIMINAL HISTORY RECORDS CHECK)

Individuals seeking unescorted access authority in the SIDA/Secure/Sterile Area(s) and/or performing security screening are required to undergo an electronic-based fingerprint criminal history records check (CHRC) that does not disclose that he/she has a disqualifying criminal offense. There are 28 disqualifying crimes under Transportation Security Regulations (TSR) 1542.209 that will disqualify you from receiving a Stillwater Regional Airport ID badge.

Have you ever been convicted or found not guilty by reason of insanity, in any jurisdiction of any of the below crimes?
PLEASE PLACE A CHECK OR X IN EACH BLOCK BELOW:

YES	NO	YES	NO
1. Forgery of certificates, false making of aircraft, and other aircraft registration violations, 49 U.S.C. 46306		2. Interference with air navigation, 49 U.S.C. 46308	
3. Improper transportation of a hazardous material; 49 U.S.C. 46312		4. Aircraft piracy; 49 U.S.C. 46502	
5. Interference with flight crewmembers or flight attendants, 49 U.S.C. 46504		6. Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506	
7. Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505		8. Conveying false information and threats, 49 U.S.C. 46507	
9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C.		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 or foreign air carriers contrary to established security requirements; 49 U.S.C.		12. Destruction of an aircraft or aircraft facility; 49 U.S.C. 32	
13. Murder.		14. Assault with 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.		26i. Felony involving willful destruction of property.	
26ii. Felony involving importation or manufacture of a controlled substance.		26iii. Felony involving burglary.	
26iv. Felony involving theft.		26v. Felony involving dishonesty, fraud, or misrepresentation.	
26vi. Felony involving possession or distribution of stolen property.		26vii. Felony involving aggravated assault.	
26iix. Felony involving bribery.		26ix. Felony involving 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 1-27.	

By my signature, I certify that: I do not have a disqualifying criminal offense and I do consent to a fingerprint criminal history records check (CHRC); in accordance with 49 CFR 1542.209 I understand my obligation to disclose to the airport operator within 24 hours if convicted of any disqualifying criminal offense that occurs while having unescorted 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 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	Date
-----------	------

Print Name	
------------	--

A copy of the criminal record received from the FBI will be provided to the individual, if requested by the individual in writing. The request should be submitted to the Airport Security Coordinator, who is the point of contact for questions about the results of a criminal history records check.

**STOP HERE-NOTIFY BADGING OFFICIAL
COMPLETE THIS SECTION ONLY AFTER COMPLETING THE REQUIRED TRAINING.**

SECTION 4 APPLICANT CERTIFICATIONS

PLEASE READ EACH STATEMENT AND INITIAL:

1. By submitting this application for an ID Badge, I agree to comply at all times with the security rules and policies of the Stillwater Regional Airport, including the provisions of the Transportation Security Administration (TSA), including the provisions of Title 49, CFR Part 1542, and 1544.
2. All ID Badges remain the property of the Stillwater Regional Airport.
3. I understand that I cannot loan my badge to anyone to use for access.
4. I will visibly display my ID Badge on the outer most layer of clothing above the waist whenever I am in the SIDA/Secure/Sterile areas.
5. I understand that the Stillwater Regional Airport reserves the right to revoke authorization for any ID 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 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/AOA area if the person does not properly present an ID Badge. If the person I challenge cannot produce a valid ID Badge, I will immediately notify the Stillwater Regional Airport.
8. I understand that violating any rules or regulations will result in access being denied through the Airport Access Control System and possible revocation of my ID Badge.
9. I understand that I must wait for the gate to close completely and secure before leaving the area.
10. I understand that if a gate malfunctions, I must contact Airport Base at 405-533-2222 or Stillwater Airport Administration Office at 405- 372-7881 ext. 5 and **remain** at the gate until an Airport representative arrives.
11. **I will immediately notify the Security Office if my ID Badge is lost, stolen or destroyed.**
12. I agree to return my airport ID Badge to the Security Office or employer at the end of my employment or if the reason for access is no longer required.
13. I understand and acknowledge that violation of the Airport's Security Program will result in administrative action to include badge reinstatement fees, retraining, possible TSA civil penalties up to \$13,000, and could also result in permanent revocation of my badge.
14. **I understand that Federal regulations under 49 CFR 1542.209 (l) impose a continuing obligation to disclose to the airport operator within 24 hours if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority. Failure to disclose will result in badge revocation and criminal charges may be filed by a U.S. Attorney.**
15. (SIDA APPLICANTS ONLY 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.

16 **ISSUED PIN NUMBER** _____

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, _____ (print name), acknowledge that I have received my ID badge and the information on the ID badge is correct to the best of my knowledge.

Signature: _____

Today's Date: _____

Airport Security Office Personnel Only

Section 5 Verification of Identity

Examine one document from List A or examine one document from List B and one from List C. One document from List B or List C must be government issued photo ID. Record the document title, number and expiration date, if applicable.

	List A	OR	List B	AND	List C
Document Title	_____		_____		_____
Issuing Authority	_____		_____		_____
Document Number	_____		_____		_____
Expiration Date	_____		_____		_____
Other	_____		_____		_____

CERTIFICATION -- I attest under the penalty of perjury, that I have examined the document(s) presented by the above named applicant, that the above listed document appears to be genuine and to relate to the applicant named, that the and that to the best of my knowledge the applicant is eligible to work in the United States Of America.

Signature of Trusted Agent	Printed Name of Trusted Agent	Date
_____	_____	_____

Section 8 Background Check Information

CHRC Date:	CHRC FBI Case Number:	SWO TSC Number:	Security Training Date:
_____	_____	_____	_____
STA Approved:	STA Approval Date:	TSA/FBI Rapback Number:	Rapback Expiration:
YES NO	_____	_____	_____
TSC Application Identification Number: 1 2 3 SWO0000000000_____		Badge Applicant's Authorized Access: Circle all that apply SIDA SECURE STERILE AOA MOVEMENT AOA NON-MOVEMENT	
Badge Number: _____		Access Pin Number: _____	
<u>BADGE ISSUE DATE:</u>		<u>BADGE EXPIRATION DATE:</u>	
Badge Return Date: _____		Badge Returned To: _____	
Application Destroy Date: _____			
If badge lost or stolen circle which occurrence: 1 st 2 nd 3 rd		Badge Issued by: (Authorized Trusted Agent Signature): _____	
Badging Fees Billed to: _____		Total Cost: _____	

NOTICE OF PRIVACY ACT AND CERTIFICATION STATEMENTS

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 Aviation.workers@tsa.dhs.gov.

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.

Per the Privacy Act notice, I understand that if my airport issued identification badge requires a criminal history records check and is revoked for non-compliance with aviation security requirements, I will be promptly listed in the centralized revocation database for five years from the date the violation occurred.

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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.

Signature: _____ Date of Birth: _____

Printed Full Name: _____ SSN: _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
		AND	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:	5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	