

## SECURITY IDENTIFICATION BADGE APPLICATION

### THIS SECTION MUST BE COMPLETED IN FULL BY THE APPLICANT

Legal Last Name		Suffix		Legal First Name	
Legal Middle Name			Other Known Names (maiden, nickname, aliases)		
Mailing Address					
City			State		Zip/Postal Code
Cell Phone or Home Phone			Work Phone		
Height feet      inches	Weight Pounds		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Country of Birth
Date of Birth		Email Address			
Social Security Number		Are you an Alien Authorized to Work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide a copy of your USCIS Form I-9			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No, if no list country of citizenship:					
Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Pink					
Hair Color: <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red/Auburn <input type="checkbox"/> White					
Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Caucasian/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:					
Driver's License (if applying for driving privilege) State:      Number:				Driver's License Expiration Date	
Applicant Signature					Date
<b>TO BE COMPLETED BY AUTHORIZED SIGNATORY (VERIFY INFORMATION ABOVE)</b>					
Sponsor Organization					
Applicant's Job Title					
Applicant's Organization					
Badge Type Requested: <input type="checkbox"/> AOA <input type="checkbox"/> Secured <input type="checkbox"/> SIDA <input type="checkbox"/> Sterile <input type="checkbox"/> Unrestricted					
Reason for Application: <input type="checkbox"/> New Badge <input type="checkbox"/> Renew Badge <input type="checkbox"/> Name Change <input type="checkbox"/> Update Badge Type <input type="checkbox"/> Defective Badge <input type="checkbox"/> Replace Lost/Stolen Badge					
Additional Privileges: <input type="checkbox"/> RDL <input type="checkbox"/> AMA <input type="checkbox"/> Escort <input type="checkbox"/> Vendor Inspector <input type="checkbox"/> Armed					
<b>AUTHORIZED SIGNATORY RESPONSIBILITY CLAUSE</b>					
<p>As the Authorized Signatory, I assert that the above listed employee has an operational need to have access to the areas listed above and I understand that <b>it is my responsibility to verify the information on this application</b>. As the Authorized Signatory, I am also responsible for ensuring that individuals that I have signed for to have a LBB security identification badge follow all applicable rules set forth in the Airport Security Program, the Airport Reference Manual and the Code of Federal Regulations. I understand that it is my responsibility to disclose any known security breach committed by any of my employees; any known convictions from the disqualifying crimes list; and an expiration to work within the United States to the Airport Security Coordinator or their authorized designee. Failure to do so may result in temporary or permanent revocation of the employee's security access and all applicable fines being assessed against me or my company and the possible loss of Authorized Signatory status.</p> <p><b>By signing this agreement I affirm that I am an Authorized Signatory with the Lubbock Preston Smith International Airport and I understand and agree to abide by all policies regarding the responsibility of Authorized Signatories.</b></p>					
Authorized Signatory Print Name					
Authorized Signatory's Signature (must be on file w/ Airport Operations & Security)					Date
Email Address				Phone	

**Sensitive Security Information:** Warning: This record contains Sensitive Security Information that is controlled under 49 C.F.R. Parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know," as defined in 49 C.F.R. Parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalties or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. § 552 and 49 C.F.R. Parts 15 and 1520.

**APPLICANT CRIMINAL HISTORY RECORD CHECK (NOT APPLICABLE FOR AOA APPLICANTS)**

Persons seeking unescorted access to the Security Identification Display Areas (SIDA) or Sterile Areas of an airport and individuals performing security checkpoint screening functions at an airport and their supervisors are subject to the requirements of Title 49 of the Code of Federal Regulations, Parts 1542.209 or 1544.229. These requirements include a Criminal History Records Checks (CHRC). Indicate below, by checking "Yes" or "No", if you have ever pleaded guilty or nolo contendere ("no contest"), had adjudication withheld, been convicted or found not guilty by reason of insanity to any of the following:

- 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation.
- 2. Interference with air navigation.
- 3. Improper transportation of a hazardous material.
- 4. Aircraft piracy.
- 5. Interference with flight crew members or flight attendants.
- 6. Commission of certain crimes aboard aircraft in flight.
- 7. Carrying a weapon or explosive aboard aircraft.
- 8. Conveying false information and threats.
- 9. Aircraft piracy outside the special aircraft jurisdiction of the United States.
- 10. Lighting violations involving transporting controlled substances.
- 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements.
- 12. Destruction of an aircraft or aircraft facility.
- 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.
- 26. Felony involving —
  - 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.
- 28. Conspiracy or attempt to commit any of the criminal acts listed above.

**During the past 10 years, have you been convicted of or found not guilty by reason of insanity of any of the above crimes?** Yes No

Federal Regulations under CFR Part 1542.209(e) impose a continuing obligation to disclose to the airport operator within 24 hours, if you have been convicted of any disqualifying criminal offense that occurs while you have 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 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.)"

The applicant may obtain a copy of the criminal record received from the FBI, if requested by the applicant in writing. The Airport Security Coordinator is the applicant's point of contact if he or she has questions about the results of the CHRC.

Applicant Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**PRIVACY ACT NOTIFICATION**

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.

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**AIRPORT IDENTIFICATION DISPLAY & CHALLENGE RESPONSIBILITIES**

The Transportation Security Administration approved security program for Lubbock Preston Smith International Airport requires that each person issued a security identification badge be made aware of his or her responsibilities regarding the privilege for access to restricted areas of the airport.

All persons within SIDA areas of the airport are required to continuously display, on the outermost garment above the waist level, an identification badge approved or issued by the Lubbock Preston Smith International Airport. Each employee who has been issued a Lubbock Preston Smith International Airport SIDA/Secured area identification badge is responsible for challenging any individual who is not properly displaying an airport issued identification badge. Any person who is not properly displaying or who cannot produce a valid airport issued identification badge must be immediately referred to Airport Operations & Security at (806) 775-2044.

**SOCIAL SECURITY 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 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.

Applicant Signature	DOB
Full Legal Name	SSN

**AIRPORT BADGING OFFICE USE ONLY**

Badge Paperwork Processed By	Date Processed	CHRC Processed by	Date Processed
Badge <input type="checkbox"/> Badge <input type="checkbox"/> FP <input type="checkbox"/> FP/Badge <input type="checkbox"/> Late Badge	Processing Fee <input type="checkbox"/> Replace Lost/Stolen Badge <input type="checkbox"/> No Fee	Payment Type <input type="checkbox"/> Bill <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> N/A	Receipt Number

CHRC Approved by	Date CHRC Approved	CHRC Case Number
Date Found Unclassifiable	Date Contacted	CHRC Re-processed By
		CHRC Date Re-processed

Date added To STA Website	STA Approval Date & Time	STA Update Date	STA Updated by
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Security Test Date	RDL Training Date	Escort Training Date
Vendor Inspection Training Date	Authorized Signatory Training Date	Vehicle Inspection Training Date
ANTN Movement Area Training Date	AMA Diagram Training Date	AMA Practical Training Date

ID Badge Type Issued  AOA  Secured  SIDA  Sterile  Unrestricted

Privileges Granted  RDL  AMA  Escort  Vendor Inspector  Armed

Badge Issued By	Date Badge Issued	Badge Number	Expiration Date
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Badge Access Level(s)

Re-issued Badge #	Re-issued Badge Date	STA Badge Update & Initials
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Auditor Approval	Auditor Approval Date
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Badging office Notes: \_\_\_\_\_

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