

SECURITY IDENTIFICATION BADGE APPLICATION  THIS SECTION MUST BE COMPLETED IN FULL BY THE APPLICANT							
	THIS SECTION	N MUST BE	COMPLETE			LICANT	
Legal Last Name				Legal First Name	)		
Legal Middle Name			Other Know	n Names (maiden, nickn	ame, aliases)		
Mailing Address							
City				State	Zip/Postal Cod	е	
Home Phone (or Cell Phone)				Work Phone			
Heightft	inches	Weight	lbs	•	Gender	☐ Female	
Date of Birth				Social Security Nur	mber		
U.S. Citizen:	☐ No, if checked list c	ountry of citizenship	:		Place of Birth (State & Cour	ntry)	
Are you an Alien Authorized to				Email Address	•		
Eye Color □Blue □Brown	Green	] Hazel	] <sub>Black</sub>	] <sub>Gray</sub>			
Hair Color ☐Black ☐Blonde	□Brown [	∃ <sub>Gray</sub> ⊏	Red	] White □Ba	ald		
Race □ Native American	□ Asian [	□Black	I <sub>Hispanic</sub> [	☐ Caucasian ☐ O	ther		
Driver's License # (if applying for	or driving privileges)				D.L. Expiration	n Date	
Applicant Signature						Date	
TO E	BE COMPLETED E	Y AUTHOR	IZED SIGN/	ATORY (VERI	FYINFORM	MATION ABOVE)	
Sponsor Name					Tenant	Airline/Contractor/City Department	
Applicant's Job Title			А	pplicant's Company			
Badge Type Requested ☐ Sterile ☐ AOA	☐ Secured ☐ SIDA			Unrestricted			
Reason for Application (check on New Badge	e) Badge Renewal	□Name	01				
Defective			e Change	☐ Update Ba	idge Type	Replace Lost/Stolen Badge	
Additional Privileges					ndge Type	Replace Lost/Stolen Badge	
	☐ Escort	□ LEO	☐ Vendor Inspe				
Additional Privileges  RDL AMA  As the Authorized Signa understand that it is my ensuring that individuals Security Program, the A known security breach c within the United States revocation of the employ Authorized Signatory st. International Airport is	Escort  AUT  Autory, I assert that the altory, I assert that the altory to verify that I have signed for to irport Reference Manua ommitted by any of my to the Airport Security yee's security access ar atus. By signing this agand I understand and	THORIZED Sove listed employees; and the Code employees; an Coordinator ord all applicable greement I affi	□ Vendor Inspe IGNATORY loyee has an op on in this appl ecurity identific of Federal Reg by known convertheir authorize e fines being as irm that I am	perational need to ication. As the Aucation badge followulations. I underst ictions from the died designee. Failussessed against man Authorized S	have access to thorized Sign wall applicabl and that it is r squalifying cri are to do so m e or my comp ignatory with		
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# **AIRPORT IDENTIFICATIONDISPLAY & 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.

## **ID BADGE HOLDER AGREEMENT**

I will comply with all rules and regulations, guidelines, and policies concerning airport security and the use of the security badge. Any non-compliance may result in the suspension or revocation of the privilege of having the security badge as well as any civil or criminal penalties as allowed by Federal, State, or Local Law. While I retain unescorted SIDA access I have a continuing obligation to report to the AirportSecurity Coordinator, within 24 hours of each instance, when I have been convicted (including pleading no contest) or found guilty by reason of insanity of any of the disqualifying crimes. It is my sole obligation to obtain copies of the rules and regulations, guidelines, and policies of Lubbock Preston Smith International Airport, and the Code of Federal Regulations CFR Sections 1540 & 1542 and I understand that violation of the rules and regulations, guidelines, and policies may result in revocation of my security badge.

ID Badge holders are specifically subject to security inspection/screening when accessing, or are present within, the secured or sterile area of the Airport. The security inspection/screening may be conducted under the authority of the Lubbock Preston Smith International Airport and may extend to both the ID Badge holder's person and property. I understand that I may be subject to such security inspection/screening, acknowledge that my consent to security inspection/screening is a condition for the Lubbock Preston Smith International Airport to issue me an ID badge, and agree to submit to and cooperate with security inspection/screening if requested. I further acknowledge that the failure to submit to, or cooperate with, any security inspection/screening may result in the immediate suspension and revocation of my ID Badge.

The security badge is not to be lent to another individual, changed or altered in any way (including punching holes into badge), and the privileges are not transferable. I understand that it is my responsibility to safeguard my badge at all times and to never leave it unattended in a vehicle. If the security badge is lost, stolen, or damaged, I understand that I must report the occurrence to the Lubbock Preston Smith International Airport Operations & Security department **IMMEDIATELY** and a penalty will be charged before a lost/stolen/damaged badge is replaced. Failure to report a security badge lost, damaged, or stolen, may result in a fine and/or denial of a replacement badge.

Security ID Badges are to be used for **OFFICIAL COMPANY BUSINESS USE ONLY**. Use of the badge is permitted only while working for the company named on the badge. By Federal Regulation, every person traveling on a commercial flight MUST be screened through a checkpoint, unless specifically exempted by Federal law. This includes all badged employees, including crewmembers, whether traveling on business or pleasure. After passing through the security checkpoint the badge holder must remain in the Sterile Area. Violation of this policy could result in revocation of their security badge.

The Transportation Security Administration requires that all airport ID badge applicants are submitted for all applicable background checks. The Lubbock Preston Smith International Airport releases information provided on this application to the Transportation Security Administration for these purposes. The results will affect the outcome of your application.

All Security Identification Badges issued by the Lubbock Preston Smith International Airport are the property of the Lubbock Preston Smith International Airport and must be returned immediately under the following conditions:

- 1) Upon expiration
- 2) Upon separation of employment (for any reason)
- 3) When job function no longer requires a Lubbock Preston Smith International Airport issued identification badge
- 4) Upon demand of the Lubbock Preston Smith International Airport
- 5) Upon conviction of any of the disqualifying crimes

I understand that it is my responsibility to take recurrent SIDA, AOA, AMA, Vendor Inspection, and Authorized Signnatory Training classes (if applicable). Badge may be renewed up to 30 days prior to expiration date and badges must be picked up within 30 days from fingerprinting date in Airport Operations & Security. Applicants are processed by appointment only.

Applicant Signature	Date

# 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 in flight. 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 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 threat. 26. Felony involving a threat. 26. Felony involving a fureal. 27. Violence at international airports. 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 acopy 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	

#### **SOCIAL SECURITY RELEASE**

I authorize the Social Security Administration to release my Social Security Number and full anme 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:	Date of Birth
SSN	Full Name

## 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.

AIRPORT BADGING OFFICE USE ONLY										
Applicant Name				Badge Paperwork Processed By				Date Processed		
				CHRC Processed By				Date Processed		
Date CHRC Approved		CHRC Appr	CHRC Approved By		CI		CHRC Ca	CHRC Case Number		
Date Found Unclassifiable	Date Cont	acted			CHRC Re-process	Re-processed By		CHRC Date Re-processed		
Initial STA Submission Date & Initial	STA Approva	STA Approval Date & Initials			STA Badge Update & Initials					
Security Training Date	RDL Training Date		Escort Tr	raining Da	te	Vendor Inspe	ection Training Date		Vehicle Inspection Training Date	
ANTN Movement Area Training Date AMA D			AMA Diagram Training Date			AMA Practical Training Date & Initials				
ID Badge Type Issued  Sterile  AOA		☐ SIDA			☐ Unre	estricted				
Badge Issued By	Date Bado	adge Issued			Badge Number			Badge Expiration Date		
Badge Access Level(s)	•									
Badge Processing Fee Payment Type ☐ Cash				☐ Check ☐ Bill			Receipt Number & Initials			
Badge # Re-issue Badge Re-is			ssue Date	Date STA				TA Badge Update & Initials		
Auditor Approval Auditor Approval			oroval Dat	е		_	_	_		