



ABRAHAM LINCOLN CAPITAL AIRPORT

Identification Badge Application

Please complete the entire form. Do not leave blanks. If a question does not apply, write "n/a". **Incomplete applications will not be processed.** Print all responses. Contact the Department of Public Safety at (217) 788-1080 with questions.

Airport Affiliation: _____

New Applicant: ☐ Renewal: ☐

Applicant's Personal Information – To be completed by the APPLICANT

Name:

(Last, First, Middle)

(Maiden Name-If applicable)

Do you have any nicknames or aliases? ☐ YES ☐ NO List: _____

Social Security Number:

Date of Birth:

/ /

Residential Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: () -

Work: () -

Cell: () -

Current Mailing Address (if different from residential address above)

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (if applicable):

Gender: ☐ Male ☐ Female

Race: ☐ Asian ☐ Black ☐ Native American ☐ Caucasian/Latino ☐ Unknown

Height: FEET INCHES

Weight: LBS

Natural Hair Color:

☐ Brown ☐ Black ☐ Blonde ☐ Red ☐ Gray ☐ White ☐ None

Natural Eye Color:

☐ Black ☐ Blue ☐ Brown ☐ Hazel ☐ Green ☐ Gray

Place of Birth

City: _____ State: _____ County: _____ Country (country name and code): _____

(U.S. citizens born abroad or naturalized U.S. citizens provide either passport number, certificate of naturalization number (ARN or INS #) or certificate of birth abroad, Form DS-1350. Individuals that are not U.S. citizens provide Alien Registration Number or I-94 arrival/departure form number.)

Are you a US Citizen? ☐ YES ☐ NO

Are you authorized to work in the United States? ☐ YES ☐ NO

Country of Citizenship:

Certification of Birth Abroad, Form DS-1350, or 10 digit document number

Alien Registration Number or Certificate of Naturalization No (Referred as ARN or INS No.) (9 digits, no dashes, if applicable):

Non-Immigrant Visa Control Number (if applicable):

I-94 Arrival/Departure Form Number (11 digits, if applicable):

Passport Country:

Number:

Expiration Date:

Applicant's Information- To be completed by the APPLICANT

Employer:

Job Title and Hire Date:

Supervisor's Full Name:

Work Telephone:

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 or Title 18 of the United States Code).

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.

Applicant Signature: _____

Print Full Name: _____

Date of Birth: _____

SSN: _____

Abraham Lincoln Capital Airport Identification Badge Holder Agreement

I will comply with all airport and federal rules and regulations to include:

- ID badges are not transferable and must be displayed on the outermost garment, above the waist and below the neck at all times.
- I understand that the badge is the property of the Springfield Airport Authority and must be surrendered upon demand, resignation, dismissal or suspension.
- I must challenge and/or immediately report any individual I find in the SIDA without proper authorization or who is not displaying a proper ID to my supervisor, the Department of Public Safety, or any other entity charged with security responsibilities.
- I must immediately report a lost/stolen SAA ID badge to the Department of Public Safety.
- I will return my badge to my immediate supervisor or the Department of Public Safety when access privileges in excess of 30 days are no longer required.
- I understand that I am subject to fines and revocation of driving and/or badging privileges for violating regulations enforced by the Springfield Airport Authority.
- I understand that all vehicles, property and persons are subject to search.

Applicant's Signature: _____

Applicant's Name (Printed): _____

Date: _____

Screening Notice: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Social Security Number (SSN)

- A. U.S. Citizens applying for SIDA ID media must provide their SSN.
- B. U.S. Citizens applying for AOA and/or Sterile Area ID media may voluntarily provide their SSN.
- C. Non-U.S. Citizens applying for SIDA ID media must provide their SSN, if issued by the U.S. Social Security Administration.
- D. Non-U.S. Citizens applying for AOA and/or Sterile Area ID media may voluntarily provide their SSN, if issued by the U.S. Social Security Administration.

PRIVACY ACT NOTICE:

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. Airport operator-issued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the CRD for five years from the date the violation occurred. 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.

Applicant Signature: _____

Applicant Name (Printed): _____

Date: _____

Authorized Signatory Information- To be completed by the applicant's Authorized Signatory Authority**The employee's job duties require access to the following security areas:**

- ☐ **Blue** – Allows unrestricted access with escort authority on any of the SIDA, AOA, Secured Area, and Sterile Areas.
- ☐ **Green** – Allows unrestricted access with escort authority on any of the Sterile Areas necessary to transit in performance of their job duties.
- ☐ **Orange** – Allows AOA access with escort authority and NO SIDA, Sterile Area, and Secured Areas

The employee's job duties require the following endorsements:☐ AOA Movement Area ☐ AOA Non-Movement Area ☐ None**Escort Authority Privileges
Required?**☐ YES ☐ NO**(Intentionally Left Blank)****Employee's Driver's License Number:****State:****Expiration Date:**

/ /

**To be filled out by
Authorized Signatory
Authority**

I certify to the Springfield Airport Authority, in accordance with TSAR Part 1540, and attest under penalty and perjury that the employee's information provided is true and complete to the best of my knowledge. For individuals who receive unescorted access to any AOA, SIDA, and Sterile Area of the airport I attest that: (1) A specific need exists for providing the individual applicant with unescorted access authority; and (2) The individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a). Further, I certify that documents of identification, employment eligibility and citizenship pertaining to the applicant have been verified and appear genuine. I also certify that the individual has been hired as an employee of the company and, except for the receipt of an ID badge, has met all of the company's hiring qualifications. **(Legible color copies of acceptable documentation must be attached with this application)** I will immediately notify the Department of Public Safety when the employee above no longer meets employment eligibility, including but not limited to, suspension, termination, or resignation, or if there has been a change in the employee's identity and will confiscate his/her ID badge or be subject to fines and prosecution. If driving privileges are required for the employee:

I also certify that the employee above holds a valid state of Illinois driver's license and will receive appropriate training for the operation of a motor vehicle or equipment in the Air Operations Area and Secured Area.

Print Name: _____

SAA Badge #: _____ Primary Phone #: _____

Signature: _____

Date: _____

Abraham Lincoln Capital Airport ID Badge Fee:

New Access Control ID Media Card	<i>SIDA Badge Access- \$75</i>		<i>Non-SIDA Badge Access- \$25</i>	
Renewal Access Control ID Media Card	<i>SIDA Badge Access- \$50</i>		<i>Non-SIDA Badge Access- \$20</i>	
Lost Access Control ID Media Card (within 2 year renewal period)	<i>1st time: \$100</i>	<i>2nd time: \$200</i>	<i>3rd time: \$300</i>	<i>4th time: Privileges Revoked</i>
Failure to Return Access Control ID Media Card- \$250				
Normal Wear and Tear (i.e. broken, faded, etc.)- No Fee				

SAA USE ONLY

Identification Verification:	Primary <input type="checkbox"/> State Driver's License <input type="checkbox"/> US Passport <input type="checkbox"/> State or Federal ID <input type="checkbox"/> Active Military ID <input type="checkbox"/> Other _____	Secondary <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other _____	Keys Issued: (Type & ID) _____ _____ _____			
Original Badge	Badge Color: _____	Badge Access Level: _____				
ID #:	ID Pin #:	Date Issued:	Renewed Date:	Date Returned:	Lost:	Stolen:
Paperwork accepted by:	Submitted (STA) by:	Fingerprinted by:	SIDA / AOA Trained By: _____ Date: _____		Issued by: _____ <div style="text-align: center;"> SIDA AOA </div>	

SENSITIVE SECURITY INFORMATION

Have you ever been convicted of any of the following crimes?
Please circle the appropriate answer.

Forgery of certificates, false marking of aircraft, and other aircraft registration violations	Yes No	Rape or aggravated sexual abuse	Yes No
Interference with air navigation	Yes No	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon	Yes No
Improper transportation of a hazardous material	Yes No	Extortion	Yes No
Aircraft piracy	Yes No	Armed or felony unarmed robbery	Yes No
Interference with flight crew members or flight attendants	Yes No	Distribution of, or intent to distribute a controlled substance	Yes No
Commission of certain crimes aboard aircraft in flight	Yes No	Felony arson	Yes No
Carrying a weapon or explosives aboard an aircraft	Yes No	Felony involving a threat	Yes No
Conveying false information and threats	Yes No	Felony involving willful destruction of property	Yes No
Aircraft piracy outside the special aircraft jurisdiction of the United States	Yes No	Felony involving importation or manufacture of a controlled substance	Yes No
Lighting violation involving transporting controlled substance	Yes No	Felony involving burglary	Yes No
Unlawful entry into an aircraft or airport area that serves foreign air carriers contrary to established security requirements	Yes No	Felony involving theft	Yes No
Destruction of an aircraft or aircraft facility	Yes No	Felony involving dishonesty, fraud, or misinterpretation	Yes No
Murder	Yes No	Felony involving possession or distribution of stolen property	Yes No
Assault with intent to murder	Yes No	Felony involving aggravated assault	Yes No
Espionage	Yes No	Felony involving bribery	Yes No
Sedition	Yes No	Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year	Yes No
Kidnapping or hostage taking	Yes No	Violence at international airports	Yes No
Treason	Yes No	Conspiracy or attempt to commit any of the aforementioned criminal acts	Yes No

If you answered yes to any of the above, please explain: _____

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the form. I authorize investigation of all statements contained in this application for arriving at a decision to grant unrestricted access to secured areas. I certify this application that I do not have a disqualifying criminal offense. The information that I have provided on this application is true, complete and correct to the best of my knowledge in belief and is provided in good faith.

Printed Name of Applicant

Signature of Applicant

Date

Do not write in this section: Official Use Only

Were fingerprints taken? Yes No

If Yes, by whom? _____

Date Taken _____

Date sent to FAA _____

Signature of Employer

Date

Appendix 15A

WARNING: This record contains Sensitive Security Information that is controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR 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 penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. 552 and 49 CFR parts 15 and 1520.

TSA APPROVED

C. Robinson
Carmen N. Robinson, AFSD-I

Date: 10/11/2017