

BADGE APPLICATION FORM

KALAMAZOO I BATTLE CREEK INTERNATIONAL AIRPORT

FOR NEW APPLICANTS ONLY

APPLICATION PAPERWORK MUST BE SUBMITTED BY THE APPLICANT IN PERSON, ALONG WITH ORIGINAL FORMS OF IDENTIFICATION AS DESCRIBED HEREIN. COMPLETED FORMS MAY BE SUBMITTED TO THE BADGING OFFICE. PLEASE ENSURE THAT ALL REQUESTED INFORMATION IS COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT INFORMATION SECTION

NAME

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

FORMER NAME/ALIAS

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

CURRENT RESIDENCE

STREET

CITY

STATE

ZIP

CONTACT INFORMATION

Home () _____ - _____

Mobile () _____ - _____

Preferred: Home / Mobile (circle one)

EMAIL

Emergency Contact Name

Phone () _____ - _____

Employer _____

PERSONAL INFORMATION

D.O.B

/

Gender:

Height:

Weight:

Eye Color:

Hair Color:

Place of Birth

State/Providence

County

Citizenship

Country

"I AGREE TO COMPLY WITH ALL SECURITY RULES AND REGULATIONS. I ALSO UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN REVOCATION OF MY ID BADGE AND UNESCORTED ACCESS PRIVILEGES."

"I CERTIFY THAT 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 49 CFR 1540.103(A) PROHIBITS ANY PERSON FROM MAKING A FRAUDULENT OR INTENTIONALLY FALSE STATEMENT IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM OR IDENTIFICATION MEDIUM. I ALSO UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH." (SECTION 1001 OF TITLE 18, U.S.C.) I ALSO ACKNOWLEDGE MY SECURITY RESPONSIBILITIES OUTLINED IN 49CFR 1540.105(a)

Original Applicant Signature (No Faxes or Copies)

Date

AUTHORIZED SIGNATORY SECTION

Badge Type: BLUE (All Areas) _____ RED (SIDA/Secure&Sterile) _____ GREEN (AOA) _____ YELLOW (Sterile) _____

Reason for Badge: _____
(Hangar access, employment/position title, flight club, flight instructor, flight student, etc.)

Yes / No (Circle one)

Movement Area Driving Privileges Requested

Authorized Signatory Signature

Printed Name

Date

Office use only beyond this point

AIRPORT ADMINISTRATION SECTION

ID Collected: _____

Badge Issue

Date: _____

Badge

Number: _____

STA Info Submitted: _____

Billing: _____

Employer/Individual/NC
(circle one)

Driver // Escort
(circle if applicable)

I have reviewed and completed the Supplemental Security Training and understand my responsibilities as a badge holder of the Kalamazoo/Battle Creek International Airport:

STA/CHRC Approval Complete: _____

Charge: \$ _____

ASC Approval: _____

Paid: _____

Badge Holder Signature

Date

ASC Approval Date: _____

Continuum Updated: _____

Trainer Signature

Date

IET Training Complete: _____

TSC Updated: _____

Badge Issued By: _____

Billing Updated: _____



Identity Verification Form

THIS FORM AND COPIES OF THE ORIGINAL DOCUMENTS MUST ACCOMPANY APPLICATIONS FOR ALL TYPES OF BADGES.

First Document (from list A or B)

Second Document (from list C)

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 authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th St, 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.

I have been provided a copy of the Privacy Act Notice.

Signature: _____ Date of Birth: _____.

SSN and Full Name: _____

Country of birth: _____ Citizenship: _____

DO NOT WRITE BELOW THIS LINE

.....

Information / Documents collected By: _____ Data submitted by: _____

**KALAMAZOO/BATTLE CREEK INTERNATIONAL AIRPORT ACCESS
INVESTIGATION FORM AND FINGERPRINT APPLICATION**

AIRPORT ACCESS INVESTIGATION FORM

**FINGERPRINTS WILL BE DONE ON ALL APPLICANTS FOR BLUE, RED OR YELLOW BADGES.
FOR OTHER BADGES AN EMPLOYMENT HISTORY/BACKGROUND CHECK IS SUFFICIENT**

SIDA AOA STERILE (Circle One)

NAME: LAST FIRST MIDDLE

USE FULL NAMES—NO INITIALS
ALIASES OR NICKNAMES USED:

USE FULL NAMES—NO INITIALS

I acknowledge and understand that United States Federal Regulations require an access investigation for individuals requesting unescorted access to Security Identification Display Area (SIDA) areas of this Airport. I understand that this investigation will include employment history verification and a criminal history records check including fingerprinting. In Air Operations Area (AOA) areas of this Airport I understand that this investigation will include employment history verification and/or criminal history records check.

The results of this investigation will be used to determine whether I qualify for airport-issued identification and unescorted access privileges. I acknowledge and understand that Federal Regulations require the denial of unescorted privileges to individuals who have been convicted, or found not guilty by reason of insanity, of certain crimes; or who cannot meet the requirements of the access investigation. A list of the disqualifying crimes is included in the Fingerprint Application Form. I also understand that the Kalamazoo/Battle Creek International Airport reserves the right to deny issuance, or revoke, an identification badge, and unescorted access privileges, when the Kalamazoo/Battle Creek International Airport (in its sole discretion) determines that an applicant or a person possessing unescorted access privileges, poses an unnecessary risk to the security of the Airport.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE

Fingerprint Application Form

NAME: LAST FIRST MIDDLE

USE FULL NAMES—NO INITIALS

ALIASES OR NICKNAMES USED: _____

USE FULL NAMES—NO INITIALS

The following crimes and offenses disqualify an individual from having unescorted access privileges to secured areas of an airport:

- * Forgery of certificates, false marking of an aircraft, and other aircraft registration violations
- * Interference with air navigation
- * Improper transportation of a hazardous material
- * Aircraft piracy
- * Interference with flight crewmembers or flight attendants
- * Commission of certain crimes aboard aircraft in flight
- * Carrying a weapon or explosive aboard an aircraft
- * Conveying false information and threats
- * Aircraft piracy outside the special aircraft jurisdiction of the United States
- * Lighting violations involving transporting controlled substances
- * Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements
- * Destruction of an aircraft or aircraft facility
- * Murder
- * Assault with intent to murder
- * Espionage
- * Sedition
- * Kidnapping or hostage taking
- * Treason
- * Rape or aggravated sexual abuse
- * Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
- * Extortion
- * Armed or felony unarmed robbery
- * Distribution of, or intent to distribute, a controlled substance
- * Felony arson
- * Felony involving a threat
- * Felony involving the willful destruction of property; or the importation or manufacture of a controlled substance; or burglary; or theft; or dishonesty, fraud or misrepresentation; possession or distribution of stolen property; aggravated assault; bribery, or illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year.
- * Violence at international airports
- * Conspiracy or attempt to commit any of the criminal acts listed in this Fingerprint Application.

CERTIFICATION:

I state that I have not been convicted, or found not guilty by reason of insanity, of any Disqualifying Criminal Offenses.

I hereby authorize the Kalamazoo/Battle Creek International Airport to take my fingerprints and use them to conduct a Criminal History Records Check.

The information that I have provided on this Application is true, complete and accurate 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 punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code.

I understand that under federal regulation 49 CFR 1542.209 (1) (2) I am obligated to disclose to the Kalamazoo/Battle Creek International Airport and surrender my airport-issued I.D. badge within 24 hours if I am convicted of any disqualifying criminal offense which occurs while I have unescorted access authority.

PLEASE BE ADVISED that a copy of the criminal record received from the FBI will be provided to you if you request a copy of the record in writing and deliver the request to the Airport Security Coordinator of the Kalamazoo/Battle Creek International Airport.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE:



**Kalamazoo/Battle Creek International Airport
Fingerprint Authorization**

The following individual is authorized to proceed with the Kalamazoo/Battle Creek International Airport fingerprint application process:

Name

Area

Employer

SON Number

Airport Authorization

Date

Date fingerprinted _____ Fingerprinted by _____

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.

Employee Security Responsibilities

THIS MUST BE GIVEN TO ALL BADGE APPLICANTS

49 CFR 1540.105 – SECURITY RESPONSIBILITIES OF EMPLOYEES AND OTHER PERSONS.

No person may:

- 1) Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.
- 2) Enter, or be present within, a secured area, AOA, SIDA, or Sterile Area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.
- 3) Use, allow to be used, or cause to be used, any airport-issued or airport-approved access medium or identification medium that authorizes the access presence, or movement of persons or vehicles in secured areas, AOA's, or SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.

SIDA ID MEDIA APPLICATION 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.