

Last Name: _____ First Name: _____

**KEY WEST INTERNATIONAL AIRPORT
IDENTIFICATION MEDIA APPLICATION**

BADGING OFFICE USE ONLY –

Badge # issued: _____ Exp: _____

Security Threat Assessment Date: _____

Date Received: _____
TA collection & Transmittal: _____
Fingerprints (re)submitted on: _____
STA (re)submitted on: _____
Fingerprints Approved on: _____
Fingerprint Case Number: _____

- Pass
- Fail
- N/A

Training Completion Date(s):
SIDA or GA training: _____

Authorized Signatory training: _____

Non- Movement training: _____

Movement driving training: _____

Driving Practical: _____

Applicant Notified- Date & TA initials: _____

Approval / Disapproval

Authorized Signatory Only

BADGE SELECTION Endorsement

- AOA
- STERILE
- SIDA ALL AREAS
- SIDA ALL AREAS ARMED

Escort Endorsement

- ESCORT
- NONE

Driving Endorsement

- NON-MOVEMENT DRIVING
- MOVEMENT DRIVING
- BOTH
- NONE

Authorized Signatory Endorsement

- Yes
- No

Section I – Applicant Reporting Requirements for Security Threat Assessment (STA)

Airport operators must not issue any type of personnel identification media to an individual until the information requested in this section is submitted to the Transportation Security Administration and the Transportation Security Administration has completed a Security Threat Assessment (STA) on the individual and determined that the individual does not pose a threat to security.

Employer's Name _____

Last Name _____ First Name _____ Middle Name _____

SSN _____ - _____ - _____ Aliases _____

Gender: M / F (circle one) Height _____ Weight _____ Eye color _____ Hair color _____

Address _____ City _____ State _____ Zip code _____

Phone numbers _____ Email _____

DOB (MM/DD/YYYY) _____ Country of Birth _____ State of Birth _____ Citizenship _____

Passport (PP) # _____ PP Exp. _____ PP Country _____ Alien Registration or Visa _____

Driver's License # _____ State _____ Expiration _____

Other I-9 Documentation _____

Last Name: _____ First Name: _____

Section II - Criminal History – Read Section II initial below

49 CFR Parts 1542 and 1544 and Public Law # 106-528 prohibit anyone who has been convicted or found not guilty by reason of insanity within the previous 10 years of the following crimes from being granted unescorted access to the airport’s Security Identification Display Area (SIDA), Secured Area, Sterile Area and AOA. That is, that person may not be given/issued an airport badge. All applicants must submit fingerprints which will be used to check the person’s criminal history records. 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.

By marking each box below, I certify that I have NOT, during the past 10 years, been convicted or found not guilty by reason of insanity of any of the disqualifying crimes listed below.

- 1) Forgery of certificates, false marking 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 crew members 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. 46502(b).
- 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 of foreign air carriers contrary to established security requirements; 49 U.S.C 46314.
- 12) Destruction of an aircraft or aircraft facility; 18 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) A felony involving a threat.
- 26) A felony involving:
 - i. Willful destruction of property;
 - ii. Importation or manufacture of a controlled substance;
 - iii. Burglary;
 - iv. Theft;
 - v. Dishonesty, fraud, or misrepresentation;
 - vi. Possession or distribution of stolen property;
 - vii. Aggravated assault;
 - viii. Bribery;
 - ix. 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 aforementioned criminal acts.

I acknowledge that the Transportation Security Administration (TSA) has determined that a withheld adjudication (court did not pronounce guilt or innocence), whether through a guilty plea or a plea of *nolo contendere* (no contest), constitutes a conviction for the purpose of unescorted access to the SIDA, Secured Area, Sterile Area or AOA (49 CFR Part 1542). I also accept that upon receipt of a directive from the TSA or a modification to the regulation, my unescorted access to the secure area of the Airport may be denied or revoked.

The Airport Security Coordinator keeps confidential criminal history records obtained from the FBI and uses them only for determining whether to issue an airport badge. You may get a copy of your criminal history records sent by the FBI to the Airport Security Coordinator by submitting a written request within 30 days of being advised that your criminal history disqualifies you from being issued an airport badge. If you believe that any information is inaccurate, you may directly contact the agency that reported the disqualifying conviction to correct your record.

I have read and understand Section II _____ (Applicant Initials)

Last Name: _____ First Name: _____

Section III - Applicants Airport Security Program Responsibility Agreement

1. I will not allow anyone else to use my ID badge or AOA access key.
2. I will wear my ID badge on my outermost garment at all times when in the SIDA or security controlled area.
3. I will challenge and report any individual who is not displaying an ID badge in a restricted area or SIDA and report the incident to the Airport Operations Department or Airport Security (MCSO).
4. I will ensure proper closing, locking and securing of any SIDA or AOA access controlled door or gate I use.
5. I will not allow anyone to follow me or my vehicle (piggy-back) through any Secured Area or AOA access controlled door or gate I use.
6. I will report the theft or loss of my ID badge or key immediately to the Airport Security Department (MCSO).
7. If I am granted escort privileges, I fully understand I am responsible for the control of the person/s I am escorting and that I understand the escort procedures and the reporting of unusual activity to the Airport Security Department (MCSO).
8. I will report immediately any security violation I witness to the Airport Security Department (MCSO).
9. I fully understand that pursuant to 49 USC §44903 any person and his or her accessible property accessing the secured area, air operations area and/or sterile area of the airport are subject to search by TSA or other authorized officials.
10. I understand the consequences for unauthorized disclosure (civil penalty action that may include fines) of Sensitive Security Information material. (See Section 1520.17 of Title 49 of the United States Code.)
11. I fully understand that EYW Airport ID Media is to be used for OFFICIAL BUSINESS ONLY. All EYW Airport issued ID Media holders that are traveling must access the Sterile Area through the TSA Security Checkpoint with their accessible property and remain in the Sterile Area prior to boarding.

I have read the above security procedures (Section III), and I understand that failure to comply with any of them may result in the revocation of my ID badge or key, which means I will not be allowed access to the security controlled areas of the airport. Furthermore, I may be subject to civil penalty action from the Transportation Security Administration and/or Monroe County.

I have read and understand Section III _____ (Applicant Initials)

Section IV – SIDA ID Media Application Screening Notice

“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.”

I have read and understand Section III _____ (Applicant Initials)

**The Privacy Act of 1974 5 U.S.C. § 552a(e)(3)
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 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). 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: 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 may 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.

Last Name: _____ First Name: _____

Applicant Certification

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, Intelligence and Analysis (IA), 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's Signature: _____ Date of Birth: _____

Applicant's SSN: _____ - _____ - _____, Full Name: _____

Section V - Signatory Authority (Information and Certification) - Authorized Signatory Only

Signatory Authority Name & Title _____ Date _____

Phone Number _____ Authority Email _____

Street Address _____ City/State/ Zip _____

As the Authorized Signatory for _____, I authorize that a specific need exists for providing _____ with unescorted access authority to any SIDA, Secured Area, Sterile Area or AOA, as indication in this application, in the execution of their duties as a _____. The individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).

Signatory Authority Signature _____

BADGING OFFICE USE ONLY

Badge Action: _____ Badge Number: _____ Date: _____ TA: _____

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