_____ Date Notified

ID MEDIA APPLICATION – DJT
PALM BEACH COUNTY DEPARTMENT OF AIRPORTS

COMPANY NAME:	ID#:	DATE ISSUED:	TA:	ID EXP:
PARKING CARD/PERMIT#:	EMPLOYEE LOT/ LONG-TERM:		AMOUNT PAID:	DATE:

Section 1 – Applicant Biographic Information

Application must be typed, printed, and with all original signatures/initials in non-black ink. Complete all applicable sections; incomplete forms will be rejected. Present this application, along with two (2) forms of ID on the day of the scheduled fingerprint appointment.

Last Name:	First Name:	Middle Name:
Other Names (All Previous Names, Including Maiden Name or Aliases)		
Last Name:	First Name:	Middle Name:
Last Name:	First Name:	Middle Name:

Date of Birth (MM/DD/YYYY)	Sex	Hair Color	Eye Color	Height (feet/inches)	Weight (lbs.)

Driver's License/State ID # (Expiration Date) ○ DL ○ ID ○ LP	License Plate # (State)	Home or Cell Phone Number ( )

Home Address	City	State	Zip Code

Place of Birth: City, State	Country	Email

U.S. CITIZEN		NON-U.S. CITIZEN	
US Passport Number	Issue Date	Resident Alien/Employment Authorization Card #	Issue Date
	Expiration Date		Expiration Date
Birth Certificate (State or Abroad)		Employment Authorization Extension Date / Category	

Social Security Number (Please refer to Section 5)	Certificate of Naturalization Number	Issue Date

Section 2 – Authorized Signatory Section

This section MUST be filled out completely by an authorized signatory from the sponsoring company/employer. Type or print legibly in blue ink.

Company Name: Subcontractor/Subtenant Name: Company Paid Parking: ○ Yes ○ No

Application Type:
- ○ New Applicant
- ○ Renewal
- ○ Lost/Stolen
- ○ Violation

Modification:
- ○ Badge Access
- ○ Endorsement Change
- ○ Name Change

Endorsements (Mark all that apply)
- ☐ Escort Authorization
- ☐ No Driving
- ☐ Non- Movement Area Driver
- ☐ Movement Area Driver (purpose) _____
- ☐ AS
- ☐ Contractor
- ☐ AS (No ID)
- ☐ Merch. Inspector

** ☐ TRANSLATOR REQUIRED(See Pgs. 2,5)

By initialing this, you verify that the applicant has a legitimate need for the selected endorsement. AUTHORIZED SIGNER INITIALS:_____

Areas of Access

☐ **White** (No Sterile) ☐ **White** (Sterile) ☐ **Gold** (AOA) ☐ **Purple** (SIDA) ☐ **Blue** (SIDA/AOA/Sterile Area) ☐ **Black** (Emergency)

Authorized Signatory Certification

Immediate notification must be submitted by hand delivery or phone 561-471-7420, when an individual's access authority has been terminated, limited, lost or stolen, or when there is reason to believe any unauthorized individual is otherwise capable of accessing secured areas. The information I 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 certify that I have reviewed this application for accuracy, and verified the employment eligibility of the applicant. I hereby agree that my company will timely pay for all fees and charges related to the issuance of this ID Media. I hereby attest the Applicant receiving the Airport ID Media has a specific need for unescorted access authority to secure areas identified on this application & the Applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).

Authorized Signatory Printed Name

Authorized Signatory Signature DO NOT SIGN UNTIL APPLICATION IS COMPLETE **DATE** VALID FOR TWO WEEKS FROM SIGNATURE DATE

Section 3 – TSA Disqualifying Offenses

This section MUST be completed by applicant listed on page 1, section 1, of this application.

Successful completion of a Criminal History Records Check (CHRC) and Security Threat Assessment (STA) are required to receive unescorted access to secure areas of the airport.

An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty of by reason of insanity, of any of the disqualifying crimes listed on this application in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority.

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) or finding of not guilty by reason of insanity; constitutes as a conviction for the purpose of unescorted access.

If an applicant is disqualified through the CHRC or STA, the individual may not be escorted into secure areas of the airport.

List of TSA Disqualifying Offenses

- Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- Interference with air navigation; 49 U.S.C. 46308.
- Improper transportation of a hazardous material; 49 U.S.C. 46312.
- Aircraft piracy; 49 U.S.C. 46502.
- Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- Carrying a weapon or explosive aboard aircraft; 49 U.S.C 46505.
- Conveying false information and threats; 49 U.S.C. 46507.
- Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314.
- Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- 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** –
  - Willful destruction of property;
  - Importation or manufacture of a controlled substance;
  - Burglary;
  - Theft;
  - 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 1 year.
- Violence at international airports; 18 U.S.C. 37.
- Conspiracy or attempt to commit any of the criminal acts listed in the disqualifying criminal offenses above.

Initials of Applicant confirming they have not been convicted of any TSA Disqualifying Offenses _____

**** Signature of Translator certifying Application/requirements have been reviewed with applicant (if required)**

X _____ **Printed Name:** _____ **ID #:**

Section 4 – TSA Privacy Act Statement and Certification

This section MUST be completed by applicant listed on page 1, section 1, of this application.

I certify that I have read and understand the list of disqualifying criminal offenses and I have not been convicted or found not guilty by reason of insanity during the 10 years before the date of this application for unescorted access authority or while I have unescorted access authority. I acknowledge that I may receive a copy of my criminal history if requested in writing to the Department of Airports; and if I have any questions I can contact the Security Office for further information.

I release the Department of Airports from liability whatsoever in connection with the CHRC with regards to my request for the issuance of a security identification media.

Federal Regulations 49 CFR 1542.209 imposes a continuing obligation to disclose to the Airport Operator within 24 HOURS if I have been convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.

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 a fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

Signature:_____ **Date:**_____

Print Full Name:_____

Emergency Contact: _____ **Relationship:**_____ **Phone #:**_____

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.

Section 5 – Employee's Responsibilities and Social Security Administration Verification

This section MUST be completed by applicant listed on page 1, section 1, of this application.

*Applicant must read and sign the Criminal History and Records Check (CHRC) and Security Threat Assessment (STA) application, which provides a list of the disqualifying crimes, Social Security and Privacy Act Statement before submitting biographical information.

*Employees have 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.

*If the individual has questions concerning the results of the CHRC, the Airport Security Coordinator is the point of contact. They can be reached at the Department of Airports-Security Office.

*If the FBI CHRC discloses information that would disqualify an individual from receiving or retaining unescorted access authority and the individual believes there may be an error in the CHRC, the individual must notify the airport operator within 30 days of their intent to correct any information they believe to be inaccurate. It is the individual's responsibility to correct any areas they believe are not accurate in the CHRC.

* I will be required to successfully complete training in accordance with TSA Rules & Regulations 49CFR 1542.213 regarding the SIDA / Sterile Area / Secured Area and/or AOA.

*I have read, understand, and will comply with the airports security regulations and security training. Violators of PBC Department of Airports Security Regulations and/or Applicable Code of Federal Regulations are subject to all penalties and fines that may be levied by the Airport Authority or Transportation Security Administration, or other applicable government agency.

*All aircraft operators and tenants must provide immediate notification to the airport operator when an individual's access authority has been revoked or limited; the aircraft operator or tenant becomes aware that the access control system or a component of the system has been compromised or threatened through any means.

*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, 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."

Signature: _____ **Date of Birth:** _____

Print Full Name: _____

Social Security Number: _____

Section 6 – Terms & Conditions

This section MUST be completed by applicant listed on page 1, section 1, of this application.

The U.S. Department of Homeland Security (DHS) and the Transportation Security Administration (TSA) requires that all individuals that request unescorted access to the Security Identification Display Area (SIDA) and Sterile Areas must submit to and pass a fingerprint-based Criminal History Records Check (CHRC) and Security Threat Assessment (STA) in compliance with 49 CFR 1542.

All security ID media, proximity cards, security access keys, parking cards and parking permits:

A. Remains the property of the Department of Airports, and must be surrendered upon demand or when employment is terminated. Are in no way transferable, may not be duplicated, and will in no way be modified or intentionally damaged by holder.

B. Unaccounted for (lost, stolen) Airport issued ID Media must be immediately reported to the Department of Airports (DOA) Security Office (561) 471-7481 or (561) 471-7420. Employee will be responsible for replacement costs on identification media and employee parking permits.

C. No security information may be released that may compromise the contents of the "Airport Security Program".

Security Identification Media:

A. Must be visibly worn on the outermost garment and above the waistline while in the Secured Area, Security Identification Display Area (SIDA) and Air Operations Area (AOA).

B. ID Holders will challenge any person not displaying Airport issued identification media in AOA and Security Identification Display Areas. All security violations and airport security threats must be reported to Department of Airports (561) 471-7420.

C. Each person must enter Secured Area, SIDA, Air Operations Area (AOA), or Sterile Area access points using their own access media. No Piggybacking. Multiple persons entering an automated access point on a single entry transaction is PROHIBITED (unless otherwise approved by the Department of Airports).

D. If your ID Media is revoked, suspended, expired or unaccounted for (lost) you may not be escorted in Secured Area, Sterile Area, SIDA, & Air Operations Area (AOA)(unless approved by DOA Security).

E. Employees traveling as passengers on commercial flights must access the Sterile Area only through a TSA passenger screening checkpoint with any accessible property they intend to carry onboard the aircraft and must remain in the Sterile Area after entering. Employees shall not use their ID Media to access secure doors while traveling as a passenger on commercial flights.

F. Airport ID's may not be used to circumvent any required security measures and / or inspections.

G. 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. Any employee holding a credential granting access to a Sterile Area may be screened at any time while gaining access to, working in, or leaving a Sterile Area. Aviation Workers are subject to screening for unauthorized weapons, explosives, and incendiaries. Non-compliance with the airport operator's aviation worker screening policy could result in penalties, which may include confiscation of their airport operator-issued ID media and/or revocation of unescorted access authority.

H. Will be used for official business purposes only (unless otherwise approved by DOA).

I. Non-compliance with airport security policies and airport rules and regulations may result in the suspension or permanent revocation of your ID.

J. **No Weapons** permitted in the Airport Terminal (includes sterile areas), Security Identification Display Area (SIDA) or Air Operations Area (AOA) unless in accordance with local, state or federal laws.

K. Airport ID holders who violate aviation security requirements resulting in ID Media revocation, will be added to the CRD (TSA National Centralized Revocation Database) for a period of five (5) years.

Employees Operating Motorized Equipment within secure areas of the Airport (Ramp or Movement Area Drivers Required)

A. **"Stop & Wait"** – Driver will ensure that all vehicle and/or pedestrian gates close securely after each use. Vehicle gates must be secured/locked or must be attended at all times. Personnel monitoring gates are responsible to ensure persons utilizing these gates are in ID Media & vehicle compliance with the DOA and TSA regulations.

B. Must ensure vehicle is marked/equipped with company's name, which is clearly visible from a distance, an overhead light bar, rotating light, or it must have a visible construction flag in accordance with FAA regulations during daylight hours.

C. If operating in any Air Traffic Controlled Areas, the operator must be in contact with the Air Traffic Control Tower via radio at all times (Movement Area Driver's Only).

D. Must ensure all occupants are properly displaying identification media or remain under escort as required and vehicles display appropriate ramp permit, temporary vehicle passes, company flags, or escort flags.

Initials of Applicant confirming they have reviewed and understand requirements listed above _____

**** Translator certifying Application/requirements have been reviewed with applicant (if required)** _____

Section 7 – Access Control Use Only To be completed by Department of Airports Personnel			
STA Date	☐ Pass ☐ Fail ☐ Exempt	**CHRC Result Date**	**CHRC Case Number** ☐ Exempt ☐ Government ID shown
Date Company Advised **TA Initials**	**PIN Number**	**Template**	**Parking Chip/Card Number**
Escort Form Received ☐		**Driver's Certificate Letter Received** ☐	

Intake & Payment Information	
Initials of Intake Personnel	**Date of Fingerprints**
Amount Paid **$**	**Transaction Number/Type** **Check/MO #:** **CC Auth.#** ☐ **Billable Company**
Other Fee Collected **(Lost/Stolen ID, Lost/Stolen Parking Card, Renewal)** **$**	
Comments (violation, translator, etc..):	

Section 8 – Training To be completed by Department of Airports Personnel			
Orientation/Security Training Date:			Instructor:
Advanced Security Training Date:			Instructor:
Basic (Non-Movement)	Date:	Attempt 1 Score:	Instructor:
Basic (Non-Movement)	Date:	Attempt 2 Score:	Instructor:
Basic (Non-Movement)	Date:	Attempt 3 Score:	Instructor:
Advanced (Movement)	Date:	Attempt 1 Score:	Instructor:
Advanced (Movement)	Date:	Attempt 2 Score:	Instructor:
Comments:			