



Airport Security Identification Media Application

Issue to:	Last Name	First	Middle
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ID Media Type	Check applicable reason for submitting this form		
<input type="checkbox"/> AOA <input type="checkbox"/> SIDA <input type="checkbox"/> Sterile	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal (if ID Media has expired, check "New Applicant")	<input type="checkbox"/> Other (explain)

Applicant Information

To be completed by applicant

Primary Phone Number	E-mail Address				Social Security Number		
Employee Mailing Address (must be U.S. address)	Apt #	City	State	Zip Code	Characteristics		Ethnicity
					Height:		<input type="checkbox"/> Asian
					Weight:		<input type="checkbox"/> White
Employee Home Address (if different)	Apt #	City	State	Zip Code	Eye Color:		<input type="checkbox"/> Native American
					Hair Color:		<input type="checkbox"/> Black
					Gender:		<input type="checkbox"/> Hispanic
Are you currently a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Country of Citizenship (if Non-U.S. Citizen)			Country of Birth			

Employer/Airport Affiliate	Are you a Student Pilot?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Description	

All applicants MUST provide two forms of identification from TSA approved list of documents- <https://www.uscis.gov/i-9-central/acceptable-documents>. *Naturalized Citizens* MUST provide either a U.S. passport or Certificate of Naturalization. *Permanent Residents* or *Legal Aliens* MUST provide Permanent Resident Document or Employment Authorization Documentation.

Identifying Document Type		Identifying Document Information			
<input type="checkbox"/> Passport/Passport Card	<input type="checkbox"/> Social Security Card	ID Number:		ID Number:	
<input type="checkbox"/> Driver License/State ID	<input type="checkbox"/> Permanent Resident ID	Exp. Date:		Exp. Date:	
<input type="checkbox"/> Employment Authorization Document	<input type="checkbox"/> Other:	State/Country:		State/Country:	

Aliases (Other Names you are known by)

Have you ever been known by any other name(s)? Other names include aliases, former married names, maiden names, or any part of the name of a relative, including for example a mother or father's last name or a grandparent's last name, or foster or adopted last name.

YES NO

If "Yes", write names in the space below.

Last Name (print)	First Name (print)	Middle Name (print)



To be completed by applicant

PRIVACY ACT NOTICE & EMPLOYEE CERTIFICATION

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, 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.

CERTIFICATIONS

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 Full Name (print)	Applicant's Signature	Date

SIDA ID 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.

Applicant's Full Name (print)	Applicant's Signature	Date

Record of Arrest and Prosecution Back Criminal Records Screening Notice (RAP)

The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 the fingerprints for enrollment into the US-VISIT's 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's records to ensure the validity of your name and SSN.

Applicant's Full Name (print)	Applicant's Signature	Date

To be completed by **applicant**

Mandatory Criminal History Questionnaire – This section MUST be completed by applicant (AOA exempt)

Have you been convicted or found not guilty by reason of insanity, of any of the following disqualifying crimes in any jurisdiction during the last ten (10) years before the date of your application for unescorted access authority, or while you have unescorted access authority? Please mark the appropriate "Yes" or "No" box of EACH of the disqualifying criminal offenses listed below.

Forgery of certifications, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306	<input type="checkbox"/> Yes <input type="checkbox"/> No	Murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interference with air navigation, 49 U.S.C. 46308	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault with intent to murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Improper transportation of a hazardous material; 49 U.S.C. 46312	<input type="checkbox"/> Yes <input type="checkbox"/> No	Espionage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft Piracy; 49 U.S.C. 46502	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sedition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interference with flight crew members or flight attendants; 49 U.S.C. 46504	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidnapping or hostage taking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commission of certain crimes aboard an aircraft in flight; 49 U.S.C. 46506	<input type="checkbox"/> Yes <input type="checkbox"/> No	Treason	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rape or aggravated sexual abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conveying false information and threats; 49 U.S.C. 46507	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502 (b)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting violations involving transporting controlled substances; 49 U.S.C. 46315	<input type="checkbox"/> Yes <input type="checkbox"/> No	Armed or felony unarmed robbery	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distribution of, or intent to distribute, a controlled substance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Destruction of an aircraft or aircraft facility; 18 U.S.C. 32	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony arson	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violence at international airports; 18 U.S.C. 37	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conspiracy or attempt to commit any of the aforementioned criminal acts listed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Felony involving a threat; 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; illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year	<input type="checkbox"/> Yes <input type="checkbox"/> No		



To be completed by **Signatory**

Signatory Authority Information

Signatory Authority (print):		Authorized Signature:	
ID Media No:		Date:	
Company Name:		Contact Number:	
Email:			

Authorized Signatory Attestation

I attest to the following:

1. A specific need exists for providing the individual applicant with unescorted access authority; and
2. The applicant acknowledges their security responsibilities under 49 CFR § 1540.105(a).

I have reviewed the information and statements on this application and dated this form **ONLY AFTER ALL INFORMATION WAS COMPLETED AND VERIFIED.**
Form Valid for 14 calendar days after approval by Signatory.

Escort Authorization (AOA exempt)

Does the applicant require ESCORT Authorization?

YES NO

I hereby authorize the applicant has a specific need for Escort authorization for the following reasons:

Signatory Full Name (print)	Signatory Signature	Date

Signatory Certification and Fingerprint Request - Please read and select the appropriate statement (select only one)

- I hereby request that the applicant is to be fingerprinted by the Long Beach Airport at this time.
- I hereby certify that the applicant is requesting an AOA ID Media and, therefore, no fingerprints are required.
- I hereby certify that the applicant is direct employee of Federal, State, or Local Government, or is a Law Enforcement Officer (LEO), who as a condition of employment, has been subjected to a CHRC and, therefore, no fingerprints are required.

Part 1544 Air Operators only:

I hereby certify that a Criminal History Records Check (CHRC) has been completed by the appropriate Federal Agency within the last 2 years and the results indicates no record of a conviction for or a finding of not guilty by reason of insanity for any disqualifying criminal offense under 49 CFR 1544.229 or 1544.230 and/or the applicant has an active FBI continuous criminal records check (RAP Back) and that a copy of the Privacy Act Notice was provided to the employee.

Part 1544 Aircraft Operator (Name)	Date Fingerprinted (mm/dd/yyyy)	OPM Case Number (as provided to the employee)	Date CHRC Completed (mm/dd/yyyy)	FBI RAP Back Subscription ID#



long beach
airport

CITY OF
**LONG
BEACH**



To be completed by the **Badging and Access Control Office**

Security Training – To be completed by the Badging Office

Training Type	Trainer Name	Completion Date (MM/DD/YYYY)
SIDA <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
AOA <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Sterile <input type="checkbox"/> Yes <input type="checkbox"/> N/A		