



St. Cloud Regional Airport
 1550 45th Avenue Southeast, Suite #1
 St. Cloud, MN 56304-9535
 (320) 255-7292
 www.stcloudairport.com

NEW
 RENEWAL

ST. CLOUD REGIONAL AIRPORT FINGERPRINTING AND BADGE APPLICATION

BADGE #

**ACCESS TYPE:
 SIDA/STERILE**

SECTION 1 - APPLICANT INFORMATION (Full Legal Name) Present this application along with two (2) forms of identification (refer to list of acceptable documents) at the time of fingerprinting.

LAST NAME			FIRST NAME			MIDDLE NAME			
OTHER NAMES USED (INCLUDE MAIDEN, NICKNAME, ALIASES)						RACE / ETHNICITY			
LAST NAME		FIRST NAME		MIDDLE NAME		<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC, LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (PLEASE LIST): _____			
DRIVER'S LICENSE OR ID CARD #:					STATE				
DATE OF BIRTH / /		GENDER ___ M ___ F	HAIR COLOR		EYE COLOR		HEIGHT (FEET/INCHES)		WEIGHT (LBS)
CURRENT MAILING ADDRESS			CITY		STATE	ZIP	COUNTRY		
PHONE NUMBER		<input type="checkbox"/> Home <input type="checkbox"/> Cell	EMPLOYER PHONE		PASSPORT # (if you have one)		PASSPORT COUNTRY		
EMAIL ADDRESS:									
PLACE OF BIRTH						CITIZENSHIP			
CITY			STATE		COUNTRY		COUNTRY		
IF YOU ARE A U. S. CITIZEN NOT BORN IN THE U.S.					IF YOU ARE NOT A U. S. CITIZEN				
<input type="checkbox"/> US PASSPORT		NO.			IF YOU HAVE A NON-IMMIGRANT VISA, YOU MUST ALSO PROVIDE THE I-94 INFORMATION				
<input type="checkbox"/> CERTIFICATION OF NATURALIZATION (N-550 or N-570)		ENTER A # BELOW			<input type="checkbox"/> NON-IMMIGRANT VISA		NO.		
<input type="checkbox"/> BIRTH ABROAD CERTIFICATE (FORM DS-1350 OR FS-545)		NO.			<input type="checkbox"/> I-9 FORM		NO.		
<input type="checkbox"/> CERTIFICATE OF CITIZENSHIP (N-560 or N-561)		ENTER A # BELOW			<input type="checkbox"/> OTHER		NO. / TYPE		
ALIEN REGISTRATION NUMBER:			A						
TYPE OF ID PRESENTED (GOVERNMENT ISSUED PHOTO ID)					ID VERIFIED BY / DATE (TRUSTED AGENT VERIFICATION FOR CHRC)				

**SECTION 2 -
COMPANY / SIGNATORY AUTHORITY INFORMATION**

This section **MUST** be filled out by an Authorized Signer of the sponsoring company. Type legibly in blue or black ink.

EMPLOYER (For non STC Airport Hangar Tenants)

DEPARTMENT (Optional)

SPONSORING COMPANY (If different from Employer)

BADGE TYPE

DESIGNATIONS

SIDA / SECURED STERILE

ESCORT AUTHORITY (E) DRIVER (D)

AUTHORIZED SIGNATORY CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THIS APPLICATION FOR ACCURACY AND VERIFIED THE EMPLOYMENT ELIGIBILITY OF THE APPLICANT. I HEREBY AGREE THAT MY COMPANY, AS THE APPLICANT'S SPONSOR, WILL TIMELY PAY FOR ALL FEES AND CHARGES RELATED TO THE ISSUANCE OF A BADGE TO APPLICANT, INCLUDING WITHOUT LIMITATION, APPLICABLE FEES FOR FINGERPRINTING AND PROCESSING APPLICANT (IF APPLICABLE) AND ISSUING A BADGE. I SPECIFICALLY AGREE THAT IF THIS BADGE IS NOT RETURNED UPON TERMINATION OF APPLICANT'S EMPLOYMENT, MY COMPANY, AS SPONSOR, WILL TIMELY PAY APPLICABLE NON-RETURNED BADGE FEES. I UNDERSTAND THAT MY COMPANY'S AGREEMENT, AS SPONSOR, TO BE RESPONSIBLE FOR SUCH CHARGES AND FEES IS A MATERIAL CONDITION TO THE AIRPORT'S ISSUANCE OF A BADGE, AND THAT WITHOUT SUCH AN AGREEMENT FROM THE SPONSOR, THE AIRPORT WOULD NOT ISSUE A BADGE TO APPLICANT.

I ALSO ATTEST THAT A SPECIFIC NEED EXISTS FOR PROVIDING THE INDIVIDUAL APPLICANT WITH UNESCORTED ACCESS AUTHORITY.



Authorized Signatory Name (Print)

Phone Number

Authorized Signatory Signature **DO NOT SIGN UNTIL APPLICATION IS COMPLETED**

Date **VALID FOR 30 DAYS AFTER SIGNED AND DATED**

SECTION 3 – PRIVACY ACT NOTICE – The Privacy Act of 1974, 5 U.S.C.552a(e)(3)

AUTHORITY: 6 U.S.C 49 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). 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 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 routine uses for 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.

Initials X

SECTION 4 – SOCIAL SECURITY NUMBER RELEASE

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, OFFICE OF INTELLIGENCE AND ANALYSIS (OIA), 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.

PRINTED NAME	FIRST	MIDDLE	LAST
SOCIAL SECURITY NUMBER			
APPLICANT’S SIGNATURE:	Date of Birth	DATE:	
X	X	X	

SECTION 5 – DISQUALIFYING OFFENSES (TO BE COMPLETED BY APPLICANT IDENTIFIED IN SECTION 1)

UNDER TRANSPORTATION SECURITY ADMINISTRATION (TSA) REQUIREMENTS, A FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK (CHRC) IS REQUIRED BEFORE AN AIRPORT IDENTIFICATION BADGE CAN BE ISSUED WHICH ALLOWS AN INDIVIDUAL TO HAVE UNESCORTED ACCESS TO THE SECURITY IDENTIFICATION DISPLAY AREA (SIDA) AND/OR STERILE AREAS OR AUTHORITY TO AUTHORIZE OTHERS TO HAVE UNESCORTED ACCESS TO THE SIDA AND/OR STERILE AREA

DISQUALIFYING CRIMINAL OFFENSES: HAVE YOU BEEN CONVICTED, OR FOUND NOT GUILTY BY REASON OF INSANITY, OF ANY OF THE DISQUALIFYING CRIMES LISTED BELOW DURING THE PREVIOUS TEN (10) YEARS? YOU MUST COMPLETE A CHECKBOX FOR EACH OFFENSE. IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING, YOU MAY BE INELIGIBLE TO OBTAIN AN IDENTIFICATION BADGE AND WILL BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION FOR FURTHER PROCESSING OF YOUR APPLICATION.

- | | |
|--|---|
| YES <input type="checkbox"/> NO <input type="checkbox"/> FORGERY OF CERTIFICATES, FALSE MARKING OF AIRCRAFT, AND OTHER AIRCRAFT REGISTRATION VIOLATIONS (49 U.S.C. 46306) | YES <input type="checkbox"/> NO <input type="checkbox"/> TREASON |
| YES <input type="checkbox"/> NO <input type="checkbox"/> INTERFERENCE WITH AIR NAVIGATION (49 U.S.C. 46308) | YES <input type="checkbox"/> NO <input type="checkbox"/> RAPE OR AGGRAVATED SEXUAL ABUSE |
| YES <input type="checkbox"/> NO <input type="checkbox"/> IMPROPER TRANSPORTATION OF A HAZARDOUS MATERIAL (49 U.S.C. 46312) | YES <input type="checkbox"/> NO <input type="checkbox"/> UNLAWFUL POSSESSION, USE, SALE, DISTRIBUTION OR MANUFACTURE OF AN EXPLOSIVE OR WEAPON |
| YES <input type="checkbox"/> NO <input type="checkbox"/> AIRCRAFT PIRACY (49 U.S.C. 46502) | YES <input type="checkbox"/> NO <input type="checkbox"/> EXTORTION |
| YES <input type="checkbox"/> NO <input type="checkbox"/> INTERFERENCE WITH FLIGHT CREW MEMBERS OR FLIGHT ATTENDANTS (49 U.S.C. 46504) | YES <input type="checkbox"/> NO <input type="checkbox"/> ARMED OR FELONY UNARMED ROBBERY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> COMMISSION OF CERTAIN CRIMES ABOARD AIRCRAFT IN FLIGHT (49 U.S.C. 46506) | YES <input type="checkbox"/> NO <input type="checkbox"/> DISTRIBUTION OF, OR INTENT TO DISTRIBUTE, A CONTROLLED SUBSTANCE |
| YES <input type="checkbox"/> NO <input type="checkbox"/> CARRYING A WEAPON OR EXPLOSIVE ABOARD AIRCRAFT (49 U.S.C. 46505) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY ARSON |
| YES <input type="checkbox"/> NO <input type="checkbox"/> CONVEYING FALSE INFORMATION AND THREATS (49 U.S.C. 46507) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING A THREAT |
| YES <input type="checkbox"/> NO <input type="checkbox"/> AIRCRAFT PIRACY OUTSIDE THE SPECIAL AIRCRAFT JURISDICTION OF THE UNITED STATES (49 U.S.C. 46502(B)) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING WILLFUL DESTRUCTION OF PROPERTY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> AIRCRAFT LIGHTING VIOLATIONS INVOLVING TRANSPORTING CONTROLLED SUBSTANCES (49 U.S.C. 46315) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING IMPORTATION OR MANUFACTURE OF A CONTROLLED SUBSTANCE |
| YES <input type="checkbox"/> NO <input type="checkbox"/> 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) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING BURGLARY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> DESTRUCTION OF AN AIRCRAFT OR AIRCRAFT FACILITY (18 U.S.C. 32) | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING THEFT |
| YES <input type="checkbox"/> NO <input type="checkbox"/> MURDER | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING DISHONESTY, FRAUD OR MISREPRESENTATION |
| YES <input type="checkbox"/> NO <input type="checkbox"/> ASSAULT WITH INTENT TO MURDER | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING POSSESSION OR DISTRIBUTION OF STOLEN PROPERTY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> ESPIONAGE | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING AGGRAVATED ASSAULT |
| YES <input type="checkbox"/> NO <input type="checkbox"/> SEDITION | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING BRIBERY |
| YES <input type="checkbox"/> NO <input type="checkbox"/> KIDNAPPING OR HOSTAGE TAKING | YES <input type="checkbox"/> NO <input type="checkbox"/> FELONY INVOLVING ILLEGAL POSSESSION OF A CONTROLLED SUBSTANCE PUNISHABLE BY A MAXIMUM TERM OR IMPRISONMENT OF MORE THAN ONE YEAR |
| YES <input type="checkbox"/> NO <input type="checkbox"/> VIOLENCE AT INTERNATIONAL AIRPORTS (18 U.S.C. 37) | YES <input type="checkbox"/> NO <input type="checkbox"/> CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THE CRIMINAL ACTS LISTED IN THIS PARAGRAPH |

THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION 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 ON THIS APPLICATION CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE)

BY SIGNING THIS DOCUMENT, I CONSENT TO THE PERFORMANCE OF A WARRANTS CHECK AND ANY OTHER BACKGROUND VERIFICATIONS OR ACTIONS TAKEN BY THE ST. CLOUD REGIONAL AIRPORT AND CITY OF ST. CLOUD IN ACCORDANCE WITH TSA AND AIRPORT REQUIREMENTS GOVERNING IDENTIFICATION CHECKS.

I ACKNOWLEDGE THAT FEDERAL REGULATIONS UDER 49 CFR 1542.209(l) IMPOSE A CONTINUING OBLIGATION TO DISCLOSE TO THE AIRPORT WITHIN 24 HOURS IF I AM CONVICTED OR FOUND GUILTY BY REASON OF INSANITY OF ANY OF THE ABOVE DISQUALIFYING CRIMES AND WILL RETURN MY BADGE. FOR QUESTIONS OR TO OBTAIN A COPY OF THE CHRC UPON WRITTEN REQUEST, CONTACT THE AIRPORT SECURITY COORDINATOR USING THE CONTACT INFO FOUND ON THE FIRST PAGE OF THIS APPLICATION. 49CFR 1542.209(e)(iii). 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 SIGNATURE: _____ PRINT NAME: _____ DATE: _____

SECTION 6 – TERMS AND CONDITIONS OF BADGE HOLDER (TO BE COMPLETED AFTER TRAINING)

I agree to return the Airport ID badge if my employment status changes and I no longer have a need for an Airport ID badge. I understand that there is a \$50.00 fine for a lost/non-returned badge. I agree to report any lost or stolen Airport ID badges to the Airport and also understand that there may be replacement fees for a lost/stolen badge.

I understand and acknowledge that violation of the Airport's Security Program will result in administrative action which may include badge revocation and resultant reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

I understand and acknowledge that by accepting an Airport badge, I am giving my consent for search by authorized Airport and/or TSA personnel of both my person and property whenever entering, being within, or leaving a secure or sterile area of the airport to ensure I have a valid badge and I am not carrying any prohibited items. Further, I understand and acknowledge that my refusal to comply with this consent to search may result in my Airport badge being confiscated and my access to secure and/or sterile areas of the airport being denied. By initialing here, I certify I have read and understood this statement.

Initials X _____

SECURITY VIOLATIONS INCLUDE (BUT NOT LIMITED TO):

- BEING IN THE SIDA AREA WITHOUT A BADGE OR PROPERLY DISPLAYED BADGE (ABOVE THE WAIST AND ON THE OUTERMOST GARMENT AT ALL TIMES)
- LOANING MY AIRPORT ISSUED ID BADGE TO ANOTHER PERSON
- ALLOWING AN INDIVIDUAL TO FOLLOW ME OR FOLLOWING ANOTHER INDIVIDUAL THROUGH A GATE OR DOOR WITHOUT A VALID CARD SWIPE (PIGGYBACK VIOLATION)
- BLOCKING OR LEAVING A DOOR OPEN AND UNATTENDED THAT LEADS TO A RESTRICTED AREA
- BYPASSING THE PASSENGER SCREENING PROCESS WHEN TRAVELING AS A PASSENGER
- LEAVING A VEHICLE OR PEDESTRIAN GATE/DOOR OPEN AND UNATTENDED
- CONDUCTING AN IMPROPER ESCORT

Initials X _____

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).

Signature _____

Date _____

TRAINING TRACKER

COURSE	DATE	SIGNATURE OF APPLICANT	AIRPORT TRAINER
STC SIDA TRAINING			
SIGNATORY AUTHORITY			
DRIVER'S TRAINING			

****** AIRPORT ADMINISTRATION USE ONLY ******

STA DATE	STA PASS / FAIL / EXEMPT	TA SUBMITTING DATA FOR STA (INITIALS/DATE)	
CHRC RESULTS DATE	CHRC CASE NUMBER	CHRC RECEIVED (DATE) BY (TA INITIALS)	
TA ISSUING BADGE (INITIALS/DATE)	RECEIVED BY: X	DATE: X	
BADGE NUMBER	BADGE TYPE SIDA/STERILE	EXPIRATION	BADGE RETURN (INITIALS/DATE)

I, _____, do hereby abide by the following security requirements:

§1540.105 Security responsibilities of employees and other persons.

(a) 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.

(b) The provisions of paragraph (a) of this section do not apply to conducting inspections or tests to determine compliance with this part or 49 U.S.C. Subtitle VII authorized by:

(1) TSA, or

(2) The airport operator, aircraft operator, or foreign air carrier, when acting in accordance with the procedures described in a security program approved by TSA.

A failure to do so may result in loss of badge privileges or possibly a fine.

Badge holders who are traveling as passengers must:

1. Access the Sterile Area through a TSA screening checkpoint (including KCM Checkpoints) with any accessible property they intend to carry onboard the aircraft; and
2. Remain in the Sterile Area after entering.

Failure to do so may result in loss of badge privileges or possibly a fine.

Sensitive Security Information (SSI)

Some of the information you have received through the badge application process, including the information presented during AOA or SIDA training, is designated as SSI and is protected under 49 CFR Part 1520. There are restrictions on divulging SSI material. Any material designated as SSI is protected as follows:

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.

Signed

Date