

## SECURITY IDENTIFICATION BADGE APPLICATION

**-USE BLACK OR BLUE INK ONLY OR TYPE-**

**ITEMS 1 THRU 6 MUST BE COMPLETED BY THE AUTHORIZED SIGNATORY AND ARE REQUIRED**

<b>1. REASON FOR APPLICATION:</b> (Must check one only)	<input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> LOST/STOLEN <input type="checkbox"/> UPGRADE/DOWNGRADE
<b>2. BADGE TYPE REQUESTED:</b> (Must check one only)	<input type="checkbox"/> SIDA <input type="checkbox"/> SECURE <input type="checkbox"/> STERILE <input type="checkbox"/> PUBLIC AREA ONLY
<b>3. DRIVERS TRAINING:</b> (Must check one only)	DRIVERS TRAINING REQUESTED   YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>4. SIGNATORY TRAINING:</b> (Authorized Signatories only)	AUTHORIZED SIGNATORY ANNUAL TRAINING REQUIRED   YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>5. ESCORT:</b> (Must check one only)	ESCORT PRIVILAGES   YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>6. COMPANY/ JOB TITLE:</b>	

**ITEMS 7 THRU 28 MUST BE COMPLETED IN THE PRESENCE OF THE AUTHORIZED SIGNATORY AND ARE REQUIRED FOR PROCESSING. PLEASE PRINT CLEARLY.**

<b>7. LAST NAME</b>							
<b>8. FIRST NAME</b>				<b>9. MIDDLE NAME</b>			
<b>10. ALIAS/MAIDEN NAME</b>				<b>11. SOCIAL SECURITY #</b>			
<b>12. STREET ADDRESS</b>							
<b>13. CITY</b>				<b>14. STATE</b>		<b>15. ZIP CODE</b>	
<b>16. COUNTRY</b>				<b>17. TELEPHONE NUMBER</b>			
<b>18. HEIGHT</b>	<b>FT.</b>	<b>IN.</b>	<b>19. WEIGHT</b>	<b>LBS.</b>	<b>20. GENDER</b>	<b>21. DATE OF BIRTH</b>	
<b>22. EYE COLOR</b>		<b>23. HAIR COLOR</b>		<b>24. DRIVERS' LICENSE OR STATE I.D. NUMBER</b>			
<b>25. DRIVERS LICENSE OR STATE I.D. ISSUING STATE</b>				<b>26. DRIVERS LICENSE OR STATE I.D. EXPIRATION</b>			
<b>27. COUNTRY OF CITIZENSHIP</b>				<b>28. PLACE OF BIRTH</b>			

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**FINGERPRINT CERTIFICATION**

THIS APPLICANT HAS SATISFACTORILY COMPLETED A FEDERAL BUREAU OF INVESTIGATIONS FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK (TSR 1542.209).

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ COMPANY: \_\_\_\_\_

**AUTHORIZED SIGNATORY**

I HEREBY CERTIFY THAT ALL CONDITIONS OF TSA REGULATION 49CFR, PARTS 1540,1542,1544, & 1546 HAVE BEEN MET, AND THE APPLICANT HAS A DEMONSTRATED A SPECIFIC NEED FOR THE DESIGNATED ACCESS LEVEL REQUIRING UNESCORTED ACCESS TO THE JMAA SIDA, AOA, OR STERILE AREA. I FUTHER CERTIFY THAT THE APPLICANT ACKNOWLEDGES THEIR SECURITY RESPONSIBILITIES UNDER 49CFR PART 1540.105(a), AND THE ORGANIZATION I REPRESENT ASSUMES RESPONSIBILITY FOR ALL FINES OR OTHER PENALTIES IMPOSED BY THE TSA UPON THE JACKSON MUNICIPAL AIRPORT AUTHORITY FOR ANY VIOLATION(S) BY THIS APPLICANT. I UNDERSTAND THAT ANY INTENTIONALLY FRADULENT OR FALSE STATEMENTS IN ANY APPLICATION FOR ANY SECURITY PROGRAM OR ACCESS CONTROL MEDIA IS A VIOLATION OF TSR 1540.103 AND UNITED STATES CODE TITLE 18, SECTION 1001. I MAY BE PERSONALLY SUBJECT TO FEDERAL CIVIL PENALTIES AND CRIMINAL PROSECUTION.

COMPANY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

AUTHORIZED BY (print): \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**SIDA TRAINING**

THIS APPLICANT HAS SATISFACTORILY COMPLETED AN APPROVED SECURITY AWARENESS TRAINING PROGRAM (TSR 1542.213).

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_ COMPANY: \_\_\_\_\_

**AIRPORT DRIVERS SAFETY TRAINING**

ANY PERSON REQUIRED TO OPERATE A MOTORIZED VEHICLE OR MOTORIZED EQUIPMENT ON THE AIR OPERATIONS AREA (AOA) MUST COMPLETE THE NON-MOVEMENT DRIVERS COURSE. THE CLASS\_1 STAMP INDICATES THE INDIVIDUAL HAS SATISFACTORILY COMPLETED AN APPROVED DRIVERS COURSE.

DATE COMPLETED: \_\_\_\_\_ JMAA STAFF: \_\_\_\_\_

**AUTHORIZED SIGNATORY ANNUAL TRAINING**

THIS AUTHORIZED SIGNATORY HAS SUCCESSFULLY COMPLETED THE APPROVED AUTHORIZED SIGNATORY ANNUAL TRAINING (TSR SD 1542-04-08 series).

DATE COMPLETED: \_\_\_\_\_ STAFF: \_\_\_\_\_ COMPANY: \_\_\_\_\_

## SECURITY IDENTIFICATION BADGE APPLICATION (PAGE 3 OF 5)

### RULES AND REGULATIONS

1. No holder of a JMAA-issued Identification Badge/Access Media or Personal Identification Number may permit or allow any other person to use the JMAA-issued Identification Badge/Access Media or Personal Identification Number. Personal Identification Numbers may not be communicated to any other person.
2. Each person issued an Identification Badges/Access Media must safeguard the Identification Badge/Access Media. Any person issued a Personal Identification Number must keep the Personal Identification Number confidential. An Identification Badge/Access Media or Personal Identification Number may only be used to access the specific areas authorized.
3. The Identification Badge/Access Media must be worn and properly displayed at all times while in any restricted area of the Airport. Proper display of Identification Badge/Access Media means that the Identification Badge/Access Media is in plain view.
4. No person may tamper with or mutilate any JMAA-issued Identification Badge or Access Media in any manner.
5. Any lost or stolen JMAA-issued Identification Badge or Access Media must be reported to JMAA Operations Division or Airport Police immediately upon discovery, including completion of a lost/stolen report at that time.
6. Any authorized representative of JMAA is authorized to inspect a JMAA-issued Identification Badge/Access Media for identification/authorization purposes.
7. Each Identification Badge/Access Media remains the property of JMAA at all times. Any person issued an Identification Badge/Access Media must surrender/return the JMAA-issued Identification Badge/Access Media to JMAA immediately upon termination of employment, including voluntary termination (quit), involuntary termination (firing or layoff). In addition, each Identification Badge/Access Media must be returned to JMAA on or before the expiration date indicated on the Identification Badge/Access Media.
8. Each person possessing an Identification Badge/Access Media or Personal Identification Number must challenge and immediately report to the JMAA Operations Department or Airport Police any unauthorized person(s) found within a restricted area not displaying a JAN Identification Badge/Access Media or displaying a JAN Identification Badge/Access Media with wrong access color code.
9. Secure and Sterile Area media holders traveling as passengers at JAN must access the Sterile Area through a TSA screening checkpoint point (including KCM checkpoints) with any accessible property they intend to carry onboard the aircraft: and remain in the Sterile Area after entering.
10. 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.
11. Each Applicant must disclose whether he or she has been convicted of any of the following crimes within the last ten years (mark each as appropriate).
12. Employee initials \_\_\_\_\_

### CRIMINAL OFFENSES STATEMENT

1. Forgery of certificates, false marking of aircraft, and other registration violation.
2. Interference with air navigation.
3. Improper transportation of a hazardous material.
4. Aircraft piracy.
5. Interference with flight crew members or flight attendants.
6. Commission of certain crimes aboard aircraft in flight.
7. Carrying a weapon or explosive aboard aircraft.
8. Conveying false information and threats.
9. Aircraft piracy outside the special aircraft jurisdiction of the United States.
10. Lighting violations in connection with transportation of controlled substances.
11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements.
12. Destruction of an aircraft or aircraft facility.
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.

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**CRIMINAL OFFENSES STATEMENT CONTINUED**

26. A felony involving:

- A. Willful destruction of property
- B. Importation or manufacture of a controlled substance
- C. Burglary
- D. Theft
- E. Dishonesty, fraud, or misrepresentation
- F. Possession or distribution of stolen property
- G. Aggravated assault
- H. Bribery
- I. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year, or any other crime classified as a felony that the administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money.

27. Violence at international airports

28. Conspiracy or attempt to commit any of the aforementioned criminal acts.

**PRIVACY ACT NOTICE STATEMENT**

The Privacy Act of 1974

5 U.S.C. 552a(e)(3)

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.

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**APPLICANT CERTIFICATION STATEMENT**

This certifies that I understand that the Identification Badge/Access Media issued by JMAA remains, at all times, the property of JMAA, and may be reclaimed by JMAA at any time.

I further understand and agree to abide by all rules and regulations, including those issued by JMAA, concerning airport safety and security.

I certify that the information I have provided in 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 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 not been convicted of any of the above listed criminal offenses in the past ten years. I acknowledge that by signing this application that I have a continuing obligation to disclose to JMAA, within 24 hours, if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority as provided by this application.

I agree to a fingerprint-based criminal history record check (CHRC) and a driver's history check by JMAA for the purposes of granting unescorted access and or an Air Operations Area (AOA) driver's permit.

Further, 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.

PRINT NAME:

SIGNATURE:

Date of Birth:

SSN and Full  
Name:

DATE: