

NEW RENEWAL

ID Badge Number _____

Badge Color: Red Green Blue Purple Yellow Orange R/W/B Customs Seal: Yes No Date Approved: _____

Fingerprint Date: _____ (Security Tech _____) STA #: _____ (Security Tech _____)

Fingerprint Case #: _____ (Security Tech _____) STA Approval Date: _____ (Security Tech _____)

Fingerprint Approved Date: _____ (Security Tech _____) Certification Official Yes No

**Metropolitan Washington Airports Authority
Airport Identification Badge Application**

Ronald Reagan Washington National Washington Dulles International

Section I – Applicant Information

This Section Must be Typed

Security Tech: _____

Full Legal Name

Last: _____ First: _____ Middle: _____

Other Names Used (Aliases): _____

Per TSA requirements, you must provide a Social Security Number. Failure to provide it may delay or prevent completion of a Security Threat Assessment by the Transportation Security Administration. Social Security Number: _____

Current Residency Address

Street: _____ City/State/ZIP: _____

Phone: _____

Biographical Data

Height: _____ feet; _____ inches Weight: _____ pounds Gender: Male Female

U.S. State or Country of Birth: _____ Country of Citizenship: _____

Race: _____ Hair Color: _____ Eye Color: _____ Date of Birth: _____
(MM/DD/YYYY)

Employer Information

Company: _____ Division (if any): _____

Job Title: _____ Hire Date: _____
(MM/DD/YYYY)

This Section Must be Typed

(MM/DD/YYYY)

Section II – Identification and Work Authorization

Security Tech: _____

- (1) Every Applicant must present two forms of unexpired identification issued by a government authority and at least one of which must have a photo. Acceptable forms of identification are those listed in the table below.
- (2) For U.S. Citizens, two forms of ID as described in sentence (1) above; if no ID is provided from List A, you must provide one ID from List B and one ID from List C in the table below.
- (3) For U.S. Citizens born abroad or naturalized U.S. Citizens, have at least one of the following: (i) U.S. Passport, (ii) Certification of Naturalization, or (iii) Certificate of Birth Abroad (Form DS-1350 or Form FS-545).
- (4) For Individuals who hold a non-immigrant visa, provide the visa control number.
- (5) For Individuals who are not U.S. Citizens, have at least one of the following: (i) Permanent Resident Card or Alien Registration Receipt Card (Form I-551), (ii) Arrival-Departure Record (Form I-94) when presented with an unexpired foreign passport bearing the same name and containing an endorsement of the individual's non-immigrant status.

List A	List B	AND	List C
<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> State Driver's License		<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	<input type="checkbox"/> State Walker's ID		<input type="checkbox"/> Original or Certified Copy of Birth Certificate
<input type="checkbox"/> Foreign Passport with I-551 Stamp	<input type="checkbox"/> School ID with Photo		<input type="checkbox"/> Dept. of State Certification of Birth (FS-545)
<input type="checkbox"/> Foreign Passport and Form I-94 or Form I-94A	<input type="checkbox"/> Voter's Registration Card		<input type="checkbox"/> Dept. of State Report of Birth (DS-1350)
<input type="checkbox"/> Employment Authorization Document with Photo (Form I-766)	<input type="checkbox"/> U.S. Military Card or draft card		<input type="checkbox"/> Native American Tribal Document
	<input type="checkbox"/> U.S. Military Dependent's ID		<input type="checkbox"/> U.S. Citizen ID Card (Form I-197)
	<input type="checkbox"/> USCG Merchant Mariner Card		<input type="checkbox"/> Resident Citizen ID Card (Form I-179)
	<input type="checkbox"/> Native American Tribal Document		<input type="checkbox"/> Employment authorization issued by DHS
	<input type="checkbox"/> Canadian Driver's License		
	<input type="checkbox"/> Other _____		

Section III – Applicant’s Security Responsibility Agreement

49 CFR Part 1540 holds each individual responsible for their actions as they may pertain to airport security. Following is a summary of those responsibilities and obligations as contained in the applicable Orders and Instructions applicable to my possession of an Identification Badge:

1. I will not allow anyone else to use my Identification Badge or SIDA/Secure Area/Sterile Area/AOA access key.
2. I will wear my Identification Badge on my outermost garment at all times SIDA/Secure Area/Sterile Area/AOA.
3. I will ensure proper closing and locking of SIDA/Secure Area/Sterile Area/AOA doors and/or vehicle gates.
4. I will immediately report the theft or loss of my Identification Badge or key to Airport Operations.
5. I will challenge and report any individual who is not displaying an Identification Badge in the SIDA/Secure Area/AOA.
6. I will immediately report any security violation I witness to Airport Operations or Airport Police.
7. I will submit to searches of my person, property, bags, and/or vehicle at any time entering or within the SIDA/Secure Area/Sterile Area/AOA.
8. I understand that if I am convicted or found not guilty by reason of insanity of any of the crimes on the Fingerprint Application in the future, I must report such a conviction or finding of not guilty by reason of insanity to the Airport Security Coordinator within 24 hours.
9. I understand and will comply with the following security requirement: All badge holders are required to be screened by TSA at a passenger screening checkpoint prior to boarding a flight. If, after you have been screened, you exit the sterile or secured areas of the airport you must be re-screened. Using your badge to circumvent screening is a serious violation and will result in revocation of the badge for up to one year. In addition, TSA will pursue civil penalties as it deems appropriate.

I certify that I have read, understand, and will comply with the above security procedures as well as the Orders and Instructions applicable to my possession of an Identification Badge, and been provided the opportunity to have my questions answered. I acknowledge my security responsibilities under 49 CFR 1540.105(a). I further understand that failure to comply with any applicable security procedure may result in revocation of my Identification Badge or key(s) which means, I will lose access to security controlled areas of the airport and I may not be escorted. **Applicant’s Initials:** _____

Section IV – Criminal History

Public Law 107-71 (49 USC 44936) and 49 CFR 1542.209 forbids anyone who has been convicted or found not guilty by reason of insanity within the previous 10 years of the crimes listed on the fingerprint application from being granted unescorted access to the airport’s Security Identification Display Area (SIDA). The person cannot be given an identification badge. All applicants must submit fingerprints that will be used to check the criminal history. A copy of your CHRC sent by the FBI may be obtained from the Airport Security Coordinator by submitting a written request. If you contest the accuracy of the information you may directly contact the agency that reported the disqualifying conviction to correct your record.

Air Carrier Criminal History Record Check Certification (For Air Carriers Only)

Security Tech: _____

I certify that a fingerprint-based CHRC has been conducted for this applicant in accordance with TSR 1544.229 or 1544.230 and verify that a copy of the Privacy Act Notice on Page 4 of this application has been provided to the applicant. I further certify that an fingerprint-based CHRC has been processed according to the following dates:

_____ Date of Submission of the fingerprint-based CHRC. Fingerprint Case Number: _____
(Must be less than 45 calendar days prior to badge expiration)

_____ Date Results Received and Certified that the applicant does not have a disqualifying criminal offence in accordance with TSR 1544.229 or 1544.230.

For ID renewals, if the CHRC results have not been received and certified as of the date of application; I certify and attest that I will provide such certification no later than 45 calendar days from the Date of Submission of the fingerprint-based CHRC.

Rap Back Enrollment: Yes No -----> If Yes, Provide Rap Back No. _____

By checking “YES” I am certifying enrollment of the applicant into the FBI Rap Back Program as managed through the Air Carrier identified below. If enrolled in the FBI Rap Back Program, I certify and attest that I will provide notification of any disqualifying criminal offence as listed in TSR 1544.229 or 1544.230 related to the applicant to the Pass and ID Office or Airport Operations within 24 hours of discovery.

Air Carrier: _____ Certification Official Name (Print): _____

Certification Official Signature: _____

Title: _____ Date: _____

The Transportation Security Administration requires the Airports Authority to include the following statement on this application and to have each applicant sign and date the statement in order to be issued an Identification Badge: **“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 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)”**

Applicant’s Signature: _____ **Date:** _____

Section V – Company Information and Certification

Security Tech: _____





Company/Sponsor _____ Employer (if other than Sponsor) _____

Street: _____ City/State/ZIP: _____




Phone: _____ Fax: _____ E-Mail: _____

I hereby request that the applicant be granted the following access badge type and/or privileges on their Identification Badge


DCA Badge Type Requested

-  Blue – Unescorted access to the SIDA, Secured Area, and Sterile Area.
-  Yellow – Unescorted access to the Sterile and security controlled areas, except air carrier operation areas.
-  Orange – Unescorted access to the Sterile Area through the passenger-screening checkpoint only.
-  R/W/B – Unescorted access to the SIDA, Secured Area, and Sterile Area for TSA senior staff members.

IAD Badge Type Requested

-  Blue - Unescorted access to the AOA, SIDA, Sterile Area, and Secured Area with Command Post
-  Green - Unescorted access to the AOA, SIDA, Sterile Area, and Secured Area.
-  Red - Unescorted access to the Sterile Area.

Joint Use DCA and IAD Badge – Restricted availability

-  Purple - Unescorted access to DCA and IAD's AOA, SIDA, Secured Area, Sterile Area

Special Endorsements:

- Gate Agent – Required for jet bridge door timed override for enplaning and deplaning operations. Yes No
- Escort Authority - Required to escort un-badged individuals inside the security fence line. Yes No
- Customs – Required for access into the areas controlled by U. S. Customs and Border Patrol. Yes No
- Command Post – A designation restricted to those individuals approved by Airport Operations. Yes No

***Endorsement Justification for Escort / Command Post Request:

<u>Airfield Driving Privileges</u>	<u>DCA</u>	<u>IAD</u>
Non-Movement Area (Basic driver permit required for all persons driving inside the security fence line)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Movement Area (Advanced Permit required for all persons requesting access to runways or taxiways)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify and attest that the individual applicant i) has a specific need for unescorted access authority; and ii) acknowledges their security responsibilities under 49 CFR 1540.105(a).

Certification Official Name (Print): _____ Title: _____

Certification Official Signature: _____ Date: _____

Section VI – Training Endorsements

Security Tech: _____

This Applicant has successfully completed the following training:

- DCA Security/SIDA (Required for all badge holders) Yes No Date: _____ By: _____
- IAD Security/SIDA (Required for all badge holders) Yes No Date: _____ By: _____
- Certification Official (Required to sign badge applications for company) Yes No Date: _____ By: _____

Driver Training Completed For: _____ DCA IAD DCA / IAD

Non-Movement Area Yes Yes No Date: _____/_____/_____ By: _____
 Training video required for all persons driving inside the security fence line.

Advanced Movement Area Yes Yes No Date: _____/_____/_____ By: _____
 Training class provided by Airport Operations required for initial training of all persons requesting access to runways or taxiways.

Movement Area Yes Yes No Date: _____/_____/_____ By: _____
 Training video required for Initial and recurrent training of all persons requesting access to runways or taxiways.

METROPOLITAN WASHINGTON AIRPORTS AUTHORITY USE OF INFORMATION

The U.S. Department of Homeland Security (DHS), Transportation Security Administration (TSA) requires the Metropolitan Washington Airports Authority to collect the information on these application forms (with a few, minor exceptions) for every person applying for a badge. This application and other records relating to it are kept confidential by the Airport Security Coordinator at each airport and only used by the Airports Authority and its agents in administering airport security and the access control system, in particular. The only exception is that the TSA may examine the Airports Authority’s files at any time and the TSA requires the information to be submitted to it periodically. TSA also requires the Airports Authority to provide the following notice:

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 Recommendation of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); and Executive Order 9397, as amended.

Purposes: 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.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. For as long as your fingerprints and associated information/biometrics 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: Furnishing the information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media. If you choose to furnish your SSN, TSA also requests you to authorize TSA and SSA to verify your SSN by signing the following statement:

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 22202.

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.

FULL LEGAL NAME

Last: _____ First: _____ Middle: _____

DATE OF BIRTH: _____ SSN: _____

SIGNATURE: _____ DATE SIGNED: _____