
SECTION C: Contractor Information (if applicable)

Contractor Name: _____

Contractor Phone: _____

Contract Start Date: _____

Contract End Date: _____

Contracting Tenant: _____

Type of Work: _____

TO BE COMPLETED BY CONTRACTING TENANT:

By signing here, I verify that the contract company and/or employee has a need to access secured/sterile areas of the Lancaster Airport, and that all checks required by CFR 1542.29 have been completed.

Signature of Contracting Tenant: _____

Date: _____

SECTION D: Applicant Certification

By my signature below and/or on the reverse, I certify that I have not been convicted or found innocent by reason of insanity, any of the disqualifying crimes specified on this form, during the ten (10) years prior to the date of this application. I further certify that all the information I have provided on this Airport Identification Badging 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. (See section 1001 of Title 18 of the United States Code.) Falsification of any portion of this badging application will result in the immediate revocation of the employee's access to secured areas of the airport. If lost or stolen, I understand that I must notify the Lancaster Airport Authority immediately. Failure to turn in this Airport ID badge upon separation from the employing company or by termination of a lease agreement may result in civil action taken against me and will result in loss of Lancaster Airport access privileges with any other Airport Tenant. I understand that I must disclose to the Lancaster Airport Authority or my employer (as applicable) within 24 hours if I am convicted of any of the disqualifying criminal offenses listed on the back of this form while I have unescorted access authority to Sterile, Secured, or SIDA areas at the Lancaster Airport.

DISQUALIFYING FELONY CRIMES

1. Forgery of certificates, false marking of aircraft and other aircraft registration violation, 49 U.S.C. 46306
2. Interference with air navigation, 49 U.S.C. 46308
3. Improper transportation of a hazardous material, 49 U.S.C. 46312
4. Aircraft piracy, 49 U.S.C. 46502
5. Interference with flight crew members or flight attendants, 49 U.S.C. 46504
6. Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506
7. Carrying a weapon or explosive aboard aircraft, 49 U.S.C. 46505
8. Conveying false information and threats, 49 U.S.C. 46507
9. Aircraft piracy outside the special aircraft jurisdiction of the United States, 49 U.S.C. 46502(b)
10. Lighting violations involving transporting controlled substances, 49 U.S.C. 46315
11. 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
12. Destruction of an aircraft or aircraft facility, 18 U.S.C. 32
13. Murder
14. Assault with intent to murder
15. Espionage (spying)
16. Sedition (incitement of resistance to, or insurrection against, lawful authority)
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. Any felony involving a threat
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 possess of a controlled substance punishable by a maximum term of imprisonment of more than one year
27. Violence at international airports, 18 U.S.C. 37
28. Conspiracy or attempt to commit any of the aforementioned criminal acts.

Signature _____ Date _____

SECTION E: 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, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/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 Full Name _____ SSN _____ - - Date of Birth ____ / ____ / ____

Signature _____ Date _____

NOTICE: See Privacy Act Notice on back of page

SECTION F: Authorized Signatory (if required)

By signing this document, I agree all of the above information is correct. I have completed and passed all of the requirements for either an STA (Security Threat Assessment for AOA Access) or a CHRC (Criminal History Records Check for SIDA Access).

Authorized Signatory Name (Print)

Company/Organization

Signature of Authorized Signatory

AOA SIDA

Privacy Act Notice

Authority: 49 U.S.C §§114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. 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.

Disclosure: Furnishing this 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.

TO BE COMPLETED BY THE LANCASTER AIRPORT AUTHORITY

Date Approved _____ Badge ID No. _____ Access Level _____

Dr.'s License Provided: Yes No Section B Identification Form Provided: Yes No

Date Rescinded _____ Reason Rescinded _____ Date Returned _____