



TAMPA INTERNATIONAL AIRPORT Security Identification Badge Application

THIS SECTION TO BE COMPLETED BY THE EMPLOYER	
ACCESS REQUIREMENTS	BADGE TYPE
Check all of the following that apply:	Check ONLY one:
<input type="checkbox"/> New Applicant <input type="checkbox"/> Title Change <input type="checkbox"/> Renewal <input type="checkbox"/> Company Change <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Receiving Escort <input type="checkbox"/> Damaged <input type="checkbox"/> Name Change <input type="checkbox"/> Other	<input type="checkbox"/> Green (Baggage, Airsides, AOA) <input type="checkbox"/> Yellow (Construction) <input type="checkbox"/> Red (Baggage, Airside) <input type="checkbox"/> Black (Airsides — Sterile Area Only) <input type="checkbox"/> Blue (All Areas, TPA Approval Only) <input type="checkbox"/> Brown (General Aviation) Authorized Issuer's Code: _____ Suggested Expiration Date: _____
CRIMINAL HISTORY RECORDS CHECK (CHRC)	
Check ONLY one:	
<input type="checkbox"/> Results going to Airline <input type="checkbox"/> Results going to the Airport <input type="checkbox"/> Application contains Fingerprint Letter (Airlines ONLY)	
ADDITIONAL ENDORSEMENTS	
<input type="checkbox"/> Receiving FIS (Requires CBP Approval Letter to be used within 30 days) Escort Privileges: <input type="checkbox"/> YES <input type="checkbox"/> NO Authorized Issuer Initials: _____	

All areas must be completed upon submission and must be typed. The Tampa International Airport Badge Office will not accept this form if it is altered, torn, folded, bent, or otherwise defaced. This application must be processed within thirty days of the date it is signed by the Employer and Authorized Signatory.

SECTION I — APPLICANT INFORMATION							
First Name:		Middle Name:		Last Name:			
Address:			City:		State:	Zip:	
Phone:		E-mail:		Date of Birth (MM/DD/YYYY):		Social Security Number: (Required):	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race:		Height:	Weight:		Hair Color:	Eye Color:
State of Birth (or Country if not U.S.):			Country of Birth:		Country of Citizenship:		
Job Title:				Employer:			
Work Project: (Yellow Construction Badges ONLY):				Location: (Yellow Construction Badges ONLY):			

- (1) Every Applicant must present two forms of unexpired identification issued by a government authority and at least one of which must contain a photo. Acceptable forms of identification are those listed in the table below
- (2) 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 with a valid Driver's License and a Social Security Card, or (iii) Certificate of Birth Abroad with a valid Driver's License.
- (3) For individuals who are not U.S. Citizens, have at least one of the following: (i) Permanent Resident Card or Employment Authorization Card or (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.

BADGE OFFICE USE ONLY			
<input type="checkbox"/> U.S. Passport:	Exp: _____	<input type="checkbox"/> Naturalization Cert. #:	Date: _____
<input type="checkbox"/> Perm. Res. Card:	Exp: _____	<input type="checkbox"/> Certificate of Birth Abroad:	_____

SECTION II — APPLICANT’S CRIMINAL HISTORY

Must check YES or NO for each item listed

In accordance with Title 49 CFR Part 1542.209 or Part 1544.229, individuals requesting unescorted access to Security Identification Display Areas (SIDA) of the Airport are required to submit through the FBI a Fingerprint Based Criminal History Records Check (CHRC).

A copy of the criminal record received from the FBI will be provided to you, if requested in writing.

If the records check contains any disqualifying information causing denial of your authorization for the TPA SIDA access, you will be notified. You may contact the local jurisdiction responsible for the disqualifying information and the FBI to complete or correct the information contained in the record before any final access decision is made subject to the following conditions:

1. Within 30 days after being advised that the FBI criminal history record discloses a disqualifying criminal offense, the individual must notify the Aviation Authority, in writing, of his/her intent to correct any information believed to be inaccurate. If no notification is received, the Aviation Authority may make a final decision.
2. Upon notification by the individual that a record has been corrected, the Aviation Authority must obtain a copy of the revised FBI record prior to making a final access decision.

You will be notified by the Aviation Authority of the final decision once it is determined.

Have you ever pleaded guilty or nolo contendere (no contest), had adjudication withheld, been convicted or found not guilty by reason of insanity, in any jurisdiction, during the last 10 years, of any of the following crimes:					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Forgery of certificates, false marking of aircraft and other aircraft registration violations. Code 49 U.S.C. 46306	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rape or aggravated sexual abuse
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interference with air navigation. Code 49 U.S.C. 46308	<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	Improper transportation of a hazardous material. Code 49 U.S.C. 46312	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Extortion
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aircraft piracy. Code 49 U.S.C. 46502	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Armed or felony unarmed robbery
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interference with flight crew members or flight attendants. Code 49 U.S.C. 46504	<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	Commission of certain crimes aboard aircraft in flight. Code 49 U.S.C. 46506	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony arson
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Carrying a weapon or explosive aboard an aircraft. Code 49 U.S.C. 46505	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving a threat
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conveying false information and threats. Code 49 U.S.C. 46507	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving willful destruction of property
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aircraft piracy outside the special aircraft jurisdiction of the United States. Code 49 U.S.C. 46502(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving importation or manufacture of a controlled substance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lighting violations involving transporting controlled substances. Code 49 U.S.C.46315	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving burglary
<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. Code 49 U.S.C. 46314	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving theft
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Destruction of an aircraft or an aircraft facility. Code 18 U.S.C. 32	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving dishonesty, fraud, or misrepresentation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving possession or distribution of stolen property
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assault with the intent to murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving aggravated assault
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Espionage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving bribery
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sedition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving 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	Kidnapping or hostage taking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Violence at international airports. Code 18 U.S.C. 37
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treason	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conspiracy or attempt to commit any of the aforementioned criminal acts

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, 44953-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); 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 the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Individuals applying for SIDA media must include their SSN, or TSA will not process the application or conduct the STA. For individuals applying for air operations area (AOA) or sterile media access, providing the SSN is voluntary, but failure to provide it may prevent completion of the STA.

SECTION III — APPLICANT'S CERTIFICATION

I hereby submit to Tampa International Airport (TPA) this application for an ID Badge and agree to the following:

1. All ID Badges remain the property of HCAA and must be returned to the Aviation Authority upon my termination of employment or work assignment.
2. My ID Badge cannot be transferred to another individual or used for any purpose by another individual.
3. I will visibly display my ID Badge on my outermost garment, above my waist, with the photo clearly visible whenever I am in the SIDA.
4. I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas) nor will I otherwise breach, disobey or disregard any security directive, plan or program at TPA.
5. I acknowledge that in accordance with Title 49 CFR Part 1542.209 or Part 1544.229, I am obligated to disclose to TPA, within 24hours, if I am convicted of a disqualifying criminal offense and surrender my ID Badge.
6. I will immediately notify TPA if my ID Badge is lost, stolen or otherwise unaccounted for.
7. I acknowledge that only those individuals with the "Escort Privileges" notation on their ID Badge will be able to escort non-badged individuals in the sterile or secure areas of the TPA.
8. I acknowledge that all personnel, vehicles and accessible property entering, or present, in the Sterile Area, Secured Area, SIDA ramps, Baggage Sort or AOA are subject to inspection by TSA. An individual is considered to be entering a Sterile Area, Secured Area, SIDA ramps, Baggage Sort or AOA once they present their ID Badge access media to the card reader for verification. An individual refusing such inspection is in violation of the Airport Security Program and TSA regulations may be subject to TPA and/or TSA sanctions.
9. In addition to those listed above, I have agreed to comply with all rules and regulations according to TPA's Airport Security Program, the SIDA training and applicable TSA regulations. I acknowledge that I am subject to TPA and/or TSA sanctions.

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 acknowledge 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 SSA to release my SSN 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 22202.

I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records and could be punished by a fine or imprisonment or both.

Applicant's Name: _____ Date: _____
Typed Name

Applicant's Signature: _____ Date: _____
Signature

SECTION IV — MOVEMENT AREA DRIVER TRAINING ENDORSEMENT

Movement Area Driver Training Endorsement (MADT)

In accordance with the TPA Airport Rules and Regulations and Operating Directive D343.00.06, the applicant has successfully completed an initial/recurrent training program including all elements of the sample training curriculum provided in D343.00.06 and any additional requirements by Airport Operations, has demonstrated the ability to safely operate a vehicle on the movement and safety areas, and has an operational need for access into the Movement and/or Safety Areas, as established in the TPA Airport Certification Manual. Training records required by Operating Directive D343.00.06 shall be documented and maintained for at least 24 calendar months and shall be available to the Aviation Authority for inspection upon request.

Authorized MADT Endorser Name: _____ Date: _____
Typed Name

Authorized MADT Endorser Signature: _____ Date: _____
Signature

Date of Training for: ARFF: _____ TIAPD: _____ OPS: _____

Badging Office Completes: Restricted MAT Endorsement OR Unrestricted MAT Endorsement

SECTION V — EMPLOYER / AUTHORIZED ISSUER SECTION

I acknowledge that I have a regulatory responsibility to report lost, stolen or otherwise unaccounted TPA-issued Airport ID badges in a timely manner. I acknowledge that I have a regulatory requirement to notify the TPA when employees are terminated, resign or otherwise no longer need access. I acknowledge that this notification should take place at the “moment of awareness”, but not later than 24 hours past such time access is no longer authorized and that compliance with this notification process will ensure that the subject ID Badge is deactivated so it can no longer be used to gain access.

I acknowledge that Transportation Security Administration Regulations state that any employer who employs an employee to whom an airport security badge to a secure area of an airport is issued, who does not collect, or make reasonable efforts to collect, such badge from the employee on the date that the employment of the employee is terminated, and does not notify the operator of the airport of such termination within 24 hours of the date of such termination, shall be liable to the Government for a civil penalty. This regulation applies to ALL TPA-issued ID Badges (to include the Black “Sterile Area” only ID Badges). Areas defined as secure by this regulation would be any area of TPA that is controlled for security reasons, such as the “Security Identification Display Areas (SIDA)”, the “Secured Area”, “Air Operations Areas (AOA)” and all “Sterile Areas”.

I attest the individual who is receiving unescorted access to the AOA, SIDA, and Sterile Areas of TPA that: 1. A specific need exists for providing the individual applicant with unescorted access authority; and 2. The individual applicant acknowledges their security responsibilities under 49 CFR 1540.10S(a).

Furthermore, I acknowledge that I have a responsibility to inform the Airport if an individuals I-9 documents that establish identity and employment authorization have expired (for example, if a visa authorizing employment has expired).

The Authorized Issuer’s company will be held responsible and accountable for all ID Badges issued under their authorization including, but not limited to, the levy of monetary consideration for all unaccounted for ID Badges. The Authorized Issuer agrees to prompt payment for all fees associated with the issuance of applicant’s ID Badge to include fees related to the applicant’s CHRC.

Applicant’s Employer Signature: _____ Date: _____
Signature Application Expires 30 Days from this date

Authorized Issuer Signature: _____ Date: _____
Signature Application Expires 30 Days from this date

Typed Name and Company

SECTION VI — ID BADGE USE ONLY

SIDA Trainer Name: _____ MAT Trainer Name: _____

SIDA Training Date: _____ MAT Training Date: _____

Date of Activation:	New ID Badge #:	Previous ID Badge #:
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