



(Please Print Clearly)

Gdcbgcf]b['7 ca dUbmBUa Y.

Requesting Badging For: Sterile Area Terminal SIDA Cargo SIDA Contractor General Aviation

New ID Renewal ID Lost/Stolen ID Replacement and OAA is authorized to bill company - YES Initials:

As an authorized representative of the Sponsoring Company identified above, I confirm that the Applicant identified below is an employee, or an employee of a contractor of the Sponsoring Company, and has undergone an employment investigation consistent with reasonable employment practices and applicable Federal Law. I attest the individual applicant listed below, acknowledges their security responsibilities under 49 CFR 1540.105 (a).

I further verify that the Applicant is authorized to work in the United States, and that the ID badge being requested is necessary in the performance of the Applicant's assigned duties at Eppley Airfield.

ii bXYfgHbX'h Uh_bck]b[`mUbX'XY]VYfUH'mia U_]b['ZJgY'ghUH'Ya YbHg'cb'h]g'Udd`]WU]cb`WUb'fYgi `h]b`Z]b'Y'cf]a df]gcba YbHcf`VcH`" (See Section 1001 of Title 18 United States Code).

5i h cf]nYX'G] bYfg`

Df]bhX'BUa Y.

G] bUf fY.

8 UH.

5 dd`]WUbh-bZfa U]cb

(Full LEGAL Name is required)

Form with fields for Last Name, First Name, Middle Name, Date of Birth, Social Security#, Driver License #, State ID Card #, Race, Sex, Height, Weight, Hair Color, Eye Color, Country of Birth, State/Province/ Region of Birth, and Citizenship information.

Form with fields for Employer, Job Position, Employer Address, City, State, and Zip.

Df]j UWn5 W]Bch]W

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. 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. 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.

H Y]bZfa U]cb =\ Uj Y dfc]]XYX']g' f]i YZVca d'YH' UbX' WffYWhc'h Y VYghcZa m_bck `YX[Y UbX' VY]YZUbX']g' dfc]]XYX']b[' ccX' ZU]H` " =i bXYfgHbX'h UhU_bck]b[`UbX']' z` 'ZJgY'ghUH'Ya YbHUb' VY'di b]g] YX' Vm]Z]b'Y'cf]a df]gcba YbHcf`VcH` "fBY'Y'GW]cb` %\$%cZH]iY`% ' 1 b]nYX' G]UH]g' 7 cXYE` =\ Uj Y'fYj]Yk YX'h Y'Uvcj Y Df]j UWn5 W]Bch]W`

5 dd`]WUbhG] bUf fY. _____ 8 UH. _____

7 f]a]bU' <]ghcfmF YW&fX'7\ YW' f7 < F7 L'7 Yfh]ZVU]cb'

I certify that a fingerprint-based criminal history record check was conducted for the above named Applicant in accordance with applicable Federal law and/or TSA regulations and that the criminal history record check did **BCH** disclose a disqualifying criminal conviction.

This Applicant is Exempt as an employee/contract employee of a Federal, State, or Local Government agency who has undergone a criminal history record check.

Authorized Signer's Printed Name: _____

Authorized Signer's Signature: _____ Date: _____

8 f]j Yf' HfU]b]b[

Applicant received training and was shown all applicable non-movement area boundary markings as indicated on the Non-Movement Area Driver Application initial training form BA9.

Certified Trainer's Printed Name: _____

OAA Non-Movement Area Driver Application Checklist completed and retained in tenant company personnel file. Check Box

Certified Trainer's Signature: _____ Date: _____

8 6 UX[Y'5 VVWdHUbWV

Applicant must initial each statement to indicate they have read and understand it.

_____ I acknowledge that I have received training related to SIDA and AOA security requirements; or training relating to sterile area workers, as applicable.

_____ I understand that I have a personal responsibility under Federal regulation to comply with all security measures in place under the Airport Authority Security Program. I agree to abide by all Airport Authority Rules and Regulations.

_____ I understand that I must renew the ID badge prior to its expiration and that an expired badge is not valid.

_____ I understand this ID badge is the property of the Omaha Airport Authority and must be surrendered upon request; or upon termination of my employment or ID media access is no longer needed.

_____ I understand that I must immediately report the loss, theft, or termination of the ID badge to the Badging Office; or after hours to the Airport Communications Center.

_____ I understand that as an employee holding a credential granting access to a SIDA area, I may be screened at any time while gaining access to, working in, or leaving a SIDA.

6 UX[Y' . 5 dd']VUbhG] bUh fY. 8 UY.

6 UX[]b['CZ]WV' I gY'Cb`m

HfU]b]b['Dfcj]XYX.	JYfg]cb' 8 UY.	HfU]b]b[8 UY.	HfU]bYf' -b]h]U.	HfU]b]b['Dfcj]XYX.	JYfg]cb' 8 UY.	HfU]b]b[8 UY.	HfU]bYf' -b]h]U.
<input type="checkbox"/> SIDA/AOA				<input type="checkbox"/> West Side Driver Training (Non-Movement Area)			
<input type="checkbox"/> Sterile Area Worker				<input type="checkbox"/> East Side Driver Training (Non-Movement Area)			
<input type="checkbox"/> Active Shooter				<input type="checkbox"/> Both Sides Driver Training (Non-Movement Area)			
<input type="checkbox"/> Other Training/Briefing				<input type="checkbox"/> Entire Area Driver Training (Excluding-Movement Area)			

C55 '5 ddfcj]b['CZ]WV' Uq'5 dd']WUV Y

Printed Name: _____ Signature: _____

HG5 'GYW f]]miH fYUhi5 ggYgga Ybli

TSA Threat Assessment Approval _____ Date: _____ Badge Type: _____

F YW&fX'5i X]Hf Y] jYk' <]ghcfm

Record Audited/Reviewed By: _____	Date Audited/Reviewed: _____
Record Audited/Reviewed By: _____	Date Audited/Reviewed: _____
Comments/Notes: _____	