



# FINGERPRINT/ID BADGE APPLICATION



(Please Print Clearly)

## Sponsoring Company Name:

Request for:	<input type="checkbox"/> Sterile Area	<input type="checkbox"/> Terminal SIDA	<input type="checkbox"/> Cargo SIDA	<input type="checkbox"/> Contractor	<input type="checkbox"/> General Aviation
<input type="checkbox"/> New ID	<input type="checkbox"/> Renewal ID	<input type="checkbox"/> Lost/Stolen/ID Replacement	<input type="checkbox"/> and OAA is authorized to bill company - YES		<input type="checkbox"/> Initials:

As an authorized representative of the Sponsoring Company identified above, I confirm the need for the Applicant identified below to have a fingerprint-based criminal history record check and/or an STA for the purpose of determining qualification for unescorted access. 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.

**I understand that knowingly and deliberately making false statements on this application may result in a fine or imprisonment or both.** (See Section 1001 of Title 18 United States Code).

Authorized Signers Printed Name:	Signature:	Date:
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## Applicant Information

(Full LEGAL Name is required)

Last Name:		Address:			
First Name:		City:			
Middle Name:		State:			
Date of Birth (mm/dd/yyyy):		Zip:			
Social Security #:		Home/Mobile Phone:			
Driver License #:	State:	Work Phone:			
State ID Card #:	State:	Other Names Used:			
Race:	Sex:	Height:	Weight:	Hair Color:	Eye Color:
Country of Birth:	State/Province/ Region of Birth:			Email:	
I am a United States Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> (If No) Indicate Country of Citizenship:					
Passport Country:	Passport Number:	Expiration Date:			
Alien Registration Number:	Expiration Date:				

Employer:	Job Position/Title:		
Employer Address:	City:	State:	Zip:

## 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 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 (November 22, 1943), as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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 NGL. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). DHS will also maintain a national, centralized revocation database of individuals who have had airport-or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [aviation.workers@tsa.dhs.gov](mailto:aviation.workers@tsa.dhs.gov).

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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.

**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 United States Code). I have reviewed the above Privacy Notice.**

Applicant Signature: _____	Date: _____
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## Criminal History Record Check (CHRC) Certification

I certify that a fingerprint-based criminal history record check was conducted for the Applicant in accordance with applicable Federal law and/or TSA regulations and that the criminal history record check did **NOT** disclose a disqualifying criminal conviction.

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:

## Driver Training

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.

Taxi Qualified Movement Training (TQM) Checklist

completed and retained in OAA file:

Check box:

OAA Non-Movement Area Driver Application Checklist

Completed and retained in tenant company personnel file:

Check box:

Certified Trainer's Printed Name:

Certified Trainer's Signature:

Date:

## ID Badge Acceptance

Applicant must initial each statement to indicate acceptance and understanding.

\_\_\_\_\_ I acknowledge that I have received training related to SIDA, Sterile Areas and AOA security requirements; or training relating to SIDA/AOA and 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, an expired badge is not valid and will incur a fee.

\_\_\_\_\_ 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 Eppley Airfield, I may be screened/inspected at any time while gaining access to, working in, leaving or while in Eppley Airfield parking lots.

Badge #:

Applicant Signature:

Date:

## Badging Office Use Only

Training Provided:	Version Date:	Training Date:	Trainer Initial:	Training Provided:	Version Date:	Training Date:	Trainer Initial:
<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)			

FP Date:	Fingerprinted by:	SON Used:	BA10:	CRD Vetted:
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## OAA Approving Official as Applicable

Printed Name:	Signature:
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TSA Security Threat Assessment Approval (STA) Date:	Badge Type:
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## Record Audit/Review History

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