

Section I – Applicant/Employee Information **Applicant must fill out Section I and Section III**
 To be completed by the applicant/employee. You must bring in the completed Airport Identification Badge Application Form AND two (2) forms of unexpired Government issued identification (one to establish identity AND one to establish employment authorization) to the Airport Public Safety Office.

Name (Last, First, Middle) _____

Other Legal Names/Aliases (ex. Maiden/Previous Married name) _____

Social Security Number _____ Submission is voluntary, although failure to provide it may delay or prevent completion of the security threat assessment

Street _____
 City _____ State _____ Zip _____
 Email _____ Phone (____) _____ - _____

Hair Color Black Blonde Brown Red Gray White Bald
 Eye Color Black Blue Brown Gray Green Hazel
 Race/Ethnicity Asian Black Caucasian/Latino Native American Other _____
 Gender Male Female Height ____ Ft. ____ In. Weight _____ lbs.
 Date of Birth ____ / ____ / ____ Country of Citizenship _____ Alien Registration #: _____
 Place of Birth (City, State, Country) _____
 If you are born outside the United States, you must provide one of the following: Alien Registration number, Non Immigrant Visa, I94 Arrival/Departure number, DS1350 Certificate of Birth Abroad, or US Passport

Section II – Applicant/Employee Badge Type and Privileges
 To be completed by the Company's Authorized Signatory.

Company Name/Hangar _____
 Phone (____) _____ - _____ EMAIL _____
 Street _____
 City _____ State _____ Zip _____

As the Authorized Signatory for my company, I certify that upon the employee's termination or loss of the ID Badge or key, it is my responsibility to notify the Airport Public Safety Department IMMEDIATELY at (319) 731-5722. My Company/Agency will reimburse The Eastern Iowa Airport Commission for any TSA fines levied against The Eastern Iowa Airport which are caused by the failure of the applicant and/or this company to adhere to The Eastern Iowa Airport Security Program. My signature is on file with The Eastern Iowa Airport Public Safety Department and I am authorized to request Airport identification that allows unescorted access to secured areas of the airport on behalf of my company/agency. I have met all requirements for being granted unescorted access to areas of the airport in accordance with TSA regulations (CHRC, STA, training, badging). I certify the required access investigation and/or CHRC, in accordance with TSA regulations, has been satisfactorily completed when not completed by the airport. I request that the applicant be issued unescorted access identification.

Authorized Signatory Name (Print) _____ Signature _____
 Date ____ / ____ / ____ Contact Number/Email _____

TEIA USE ONLY

BADGE TYPE _____ ESCORT PRIVILEGES _____ DRIVING PRIVILEGES _____
 Applicant/Employee DL Number _____ State _____ Exp Date ____ / ____ / ____

STA Date _____ CHRC _____ Badge ID Number _____ Badge Exp Date _____ No Fly/Selectee Number and Date _____	I certify that the applicant has successfully completed the SIDA training in accordance with a TSA approved curriculum in The Eastern Iowa Airport Security Program. Trainer's Initials _____ Date ____ / ____ / ____
Identification Verification Date: _____	<input type="checkbox"/> Driver's License _____ <input type="checkbox"/> US Passport _____ <input type="checkbox"/> Foreign Passport _____ <input type="checkbox"/> Alien Registration _____ <input type="checkbox"/> Other _____
	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Birth Abroad (Form FS-545 or DS- 1350) _____ <input type="checkbox"/> Other _____

Section III – Disqualifying Criminal Offences and Responsibilities/Certifications

To be completed by applicant/employee from Section I

By Signing where indicated below, I certify that I have reviewed the list of disqualifying criminal offenses listed below on this application, and I certify that I have not been convicted of, or found not guilty by reason of insanity, of any of the disqualifying criminal offenses listed below within the past ten (10) years. I acknowledge that Federal regulations under 49 CFR 1542.209 (I) impose a continuing obligation to disclose to the Airport within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. If I have any questions or would like to request a copy of my fingerprint results, I will contact the Airport Security Coordinator.

<ul style="list-style-type: none">(1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation(2) Interference with air navigation(3) Improper transportation of a hazardous material(4) Aircraft piracy(5) Interference with flight crew members or flight attendants(6) Commission of certain crimes aboard aircraft in flight(7) Carrying a weapon or explosive aboard aircraft(8) Conveying false information and threats(9) Aircraft piracy outside the special aircraft jurisdiction of the United States(10) Lighting violations involving transporting controlled substances(11) Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements(12) Destruction of an aircraft or aircraft facility(13) Murder.(14) Assault with intent to murder.(15) Espionage.(16) Sedition.(17) Kidnapping or hostage taking.(18) Treason.(19) Rape or aggravated sexual abuse.	<ul style="list-style-type: none">(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) Felony involving a threat.(26) Felony involving—<ul style="list-style-type: none">(i) Willful destruction of property;(ii) Importation or manufacture of a controlled substance;(iii) Burglary;(iv) Theft;(v) Dishonesty, fraud, or misrepresentation;(vi) Possession or distribution of stolen property;(vii) Aggravated assault;(viii) Bribery; or(ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.(27) Violence at international airports(28) Conspiracy or attempt to commit any of the aforementioned criminal acts
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APPLICANT/EMPLOYEE RESPONSIBILITIES AND 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 punishable by fine or imprisonment or both (see Section 1001 of Title 18 United States Code).

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 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 the 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 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.

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-10)/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 my SSN is correct. I know that if I make any representation that I know if false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

CERTIFICATIONS/RESPONSIBILITIES

I understand I am required to display my Airport Identification badge at all times during working hours and/or conducting business at the Airport. I understand it is an offense to use my badge to bypass security and board an aircraft. If I use my badge in such a way, my badge will be suspended or revoked and I could face criminal charges. My Airport Identification badge must be displayed on my outermost garment waist level or above, and I will present it when challenged by another airport employee. I understand I am responsible for challenging any individual who is not properly displaying an Airport Identification badge. I should immediately contact Airport Public Safety if I encounter any person who cannot produce a valid Airport Identification badge. I understand it is an offense to lend, borrow, duplicate, or make alterations to any Airport Identification badge and these offenses are subject to revocation of restricted area access privileges and confiscation. I will notify the Airport Public Safety immediately if my Airport badge is lost or stolen. I understand the Airport Identification badge (and key) is the property of The Eastern Iowa Airport Commission and I will surrender it to The Eastern Iowa Airport upon request. I agree to abide by The Eastern Iowa Airport ground vehicle operating regulations. I understand that I am subject to fines and revocation of driving and/or badging privileges for violating regulations enforced by The Eastern Iowa Airport.

Date ____/____/____ Applicant/Employee Name (print) _____

Applicant/Employee Signature _____