



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 _____

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.

Will the applicant require Escort privilege? _____

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 _____	Vehicle Tags (AOA Hanger Tenants Only) # of tags _____ Tag # ____/____/____
Badge ID Number _____ Badge Exp Date _____	
Card Number _____	

Identification Verification Date: _____	<input type="checkbox"/> Driver's License _____	<input type="checkbox"/> Social Security Card
	<input type="checkbox"/> US Passport _____	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Foreign Passport _____	<input type="checkbox"/> Certificate of Birth Abroad (Form FS-545 or DS- 1350) _____
	<input type="checkbox"/> Alien Registration _____	<input type="checkbox"/> Other _____
	<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.

(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.	(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— (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
--	---

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: 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 NGI. 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.

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: 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.

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. I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010."

SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area

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. I understand Airport Identification badges are issued to support my duties and responsibilities at the Airport, and should only be used for official business unless otherwise authorized by the Airport Security Coordinator. If I use my badge in violation of these guidelines, 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) _____

Signature _____