



APPLICATION FOR AOA ACCESS/ID MEDIA AT MOT

PRIVACY NOTICE:

Please see the attached document regarding The Privacy Act of 1974.

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.

30-DAY NOTICE:

This application is good for 30 days. If after 30 days from receiving a favorable background check you still have not received an airport badge, you will need to fill out another application and begin again. Additional fees may apply.

SECTION 1: TO BE COMPLETED BY BADGE APPLICANT

LEGAL NAME: _____
(LAST) (FIRST) (MIDDLE)

PREVIOUS NAME: _____
(if applicable) (LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: _____
(if different from above) (STREET) (CITY) (STATE) (ZIP)

DAYTIME PHONE: _____ COUNTRY OF CITIZENSHIP: _____

COUNTRY OF BIRTH: _____ STATE OF BIRTH: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

RACE: _____ GENDER: MALE FEMALE

WEIGHT: _____ HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

EMAIL ADDRESS: _____
Please provide a valid, current email by which we can contact you for badge audits.

NON-U.S. CITIZENS

ALIEN REGISTRATION NUMBER: _____

I-94 ARRIVAL/DEPARTURE FORM NUMBER: _____

NON-IMMIGRANT VISA HOLDERS

VISA CONTROL NUMBER: _____

U.S. CITIZENS BORN ABROAD OR NATURALIZED U.S. CITIZENS

U.S. PASSPORT NUMBER: _____

CERTIFICATE OF BIRTH ABROAD, FORM DS-1350 (10 DIGIT DOCUMENT NUMBER OR CERTIFICATE OF NATURALIZATION NUMBER (ARN or INS#): _____

BADGEHOLDER RESPONSIBILITIES

THE ABOVE PERSON AGREES TO FOLLOW THE ACCESS CONTROL RULES AND REGULATIONS SET BY THE TRANSPORTATION SECURITY ADMINISTRATION AND/OR MINOT INTERNATIONAL AIRPORT AND AMENDMENTS THERETO, AS FOLLOWS:

1. **IMMEDIATE NOTIFICATION** TO AIRPORT MANAGEMENT OF LOST OR STOLEN KEYS OR I.D. MEDIA
2. KEY OR I.D. MEDIA ARE THE PROPERTY OF THE CITY OF MINOT AND ARE NON-TRANSFERABLE. KEY OR I.D. MEDIA **MUST BE RETURNED UPON TRANSFER OR TERMINATION OF EMPLOYMENT**. MINOT INTERNATIONAL AIRPORT RESERVES THE RIGHT TO RECALL KEYS OR I.D. MEDIA. **FAILURE TO RETURN MAY RESULT IN CRIMINAL PENALTY NDCC 12.1-23.-5.**
3. KEYS OR I.D. MEDIA **MAY NOT BE LOANED TO OTHER PERSONS**. TO DO SO IS A VIOLATION OF FEDERAL LAW.
4. **ACCESS MUST BE CONTROLLED** WHILE GATE/DOOR IS OPEN. GATE/DOOR MUST BE CLOSED AFTER ENTERING OR EXITING THE AREA **(STOP AND WAIT PROCEDURE)**.
5. **ANY PERSON WHOSE ACT OR FAILURE TO ACT RESULTS IN A FINE OR PENALTY BEING ASSESSED** AGAINST THE AIRPORT OF THE CITY OF MINOT BY ANY FEDERAL, STATE, OR LOCAL GOVERNMENTAL AGENCY HAVING JURISDICTION **SHALL BE FULLY LIABLE FOR THE PAYMENT OR REIMBURSEMENT TO THE AIRPORT OF SUCH FINE OR PENALTY**. THIS LIABILITY WOULD EXTEND TO AND INCLUDE THE COSTS ASSOCIATED WITH THE RESTITUTION, MODIFICATION, REPAIR, OR CLEAN-UP OF CONDITIONS RESULTING FROM SUCH VIOLATIONS INCLUDING ATTORNEY FEES. THESE SITUATIONS MAY INCLUDE SECURITY, SAFETY, ENVIRONMENTAL, AERONAUTICAL, HEALTH, OR ANY OTHER AIRPORT RELATED ISSUES.
6. VIOLATION OF ACCESS CONTROL RULES MAY RESULT IN FINES OR REVOKING OF KEY OR I.D. MEDIA.
7. **ALL EMPLOYEES RECEIVING KEYS AND/OR I.D. MEDIA WILL BE REQUIRED TO COMPLETE SECURITY TRAINING** FOR ACCESS ONTO THE SECURITY IDENTIFICATION DISPLAY AREA (SIDA) OR AIRCRAFT OPERATING AREA (AOA). WHILE IN THE SIDA OR AOA, I.D. MEDIA MUST BE DISPLAYED ON THE OUTER GARMENT AT ALL TIMES. CHALLENGE PROCEDURES MUST BE ADHERED TO.
8. IT IS UNLAWFUL FOR ANY PERSON TO MAKE A FALSE STATEMENT OR FALSE REPRESENTATION, ORALLY OR IN WRITING, TO A DESIGNATED AIRPORT OFFICIAL IF THAT FALSE STATEMENT ALLOWS THAT PERSON TO ACCESS OR ENTER THE SIDA, AOA, OR ANY OTHER SECURED AREA AT THE AIRPORT.

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 KNOWINGLY AND WILLFULLY FALSE STATEMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH. (See Section 1001 of Title 18 of the United States Code)

(SIGNATURE OF APPLICANT)

(DATE)

SOCIAL SECURITY VERIFICATION STATEMENT

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, INTELLIGENCE AND ANALYSIS (IA), ATTENTION: AVIATION PROGRAMS (TSA-19)/AVIATION WORKER PROGRAM, 601 SOUTH 12TH STREET, ARLINGTON VA 20598. I AM THE INDIVIDUAL TO WHOM THE INFORMATION APPLIES AND I WANT THIS INFORMATION RELEASED TO VERIFY THAT MY SSN IS CORRECT. I KNOW THAT IF I MAKE ANY REPRESENTATION THAT I KNOW IS FALSE TO OBTAIN INFORMATION FROM SOCIAL SECURITY RECORDS, I COULD BE PUNISHED BY A FINE, OR IMPRISONMENT, OR BOTH.

(SIGNATURE OF APPLICANT)

(DATE)

WARNING: THIS RECORD CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER 49 CFR PARTS 15 AND 1520. NO PART OF THIS RECORD MAY BE DISCLOSED TO PERSONS WITHOUT A "NEED-TO-KNOW", AS DEFINED IN 49 CFR PARTS 15 AND 1520, EXCEPT WITH THE WRITTEN PERMISSION OF THE ADMINISTRATOR OF THE TRANSPORTATION SECURITY ADMINISTRATION OR THE SECRETARY OF TRANSPORTATION. UNAUTHORIZED RELEASE MAY RESULT IN CIVIL PENALTY OR OTHER ACTION. FOR U.S. GOVERNMENT AGENCIES, PUBLIC DISCLOSURE IS GOVERNED BY 5 U.S.C. 552 AND 49 CFR PARTS 15 AND 1520.

SECTION 2: TO BE COMPLETED BY SIGNATORY AUTHORITY (EMPLOYER)

EMPLOYER: _____ CONTACT PERSON: _____

EMPLOYER ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ EMAIL: _____

EMPLOYEE NAME: _____ DATE OF EMPLOYMENT: _____

DOES THIS EMPLOYEE REQUIRE ESCORT AUTHORITY: YES NO
(circle)

REASON FOR ESCORT AUTHORITY: _____

I hereby certify that the above named applicant will abide by TSA and Minot International Airport security regulations. I further certify that the organization I represent assumes all responsibility for all fines, or other penalties imposed by the TSA upon the Minot International Airport for any violation(s) by this applicant. Furthermore, if movement area access is requested, I certify that the applicant has received the appropriate training as it relates to ground vehicle operation regulations and in relation to the level of job responsibilities that they will perform. I certify that I will collect the access identification media from the employee immediately upon termination of his/her employment and return the badge to Airport Administration within 5 days.

EMPLOYER PRINTED NAME: _____ DATE: _____

EMPLOYER SIGNATURE: _____

SECTION 3: TO BE COMPLETED BY AIRPORT TRUSTED AGENTS

ID VERIFICATION: _____ (initials, copies attached) DATE: _____

TSC Enrollment Date: _____ STA Received Date: _____ RESULT: _____

Disqualifying Reason: _____ (NOTE: FSD Notification Required)
(if applicable)

MOT ADMINISTRATION APPROVED or DENIED _____ (initials) DATE: _____

SECURITY/AOA TRAINING: _____ (date) BY: _____ (initials)

ACCESS GRANTED: YES NO LEVEL OF ACCESS: AOA SIDA SECURE STERILE CARGO-SIDA
(circle) (circle all that apply)

ID MEDIA INFORMATION

ID MEDIA NAME: _____

ID MEDIA NUMBER: _____

ID MEDIA EXPIRATION: _____

ID MEDIA COLOR: _____

ID MEDIA EMPLOYER: _____

ID ISSUED BY: _____ **DATE:** _____



SECURITY DIRECTIVE SD 1542-04-08Q**ATTACHMENT A**

The Privacy Act of 1974

5 U.S.C. § 552a(e)(3)

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 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). 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: 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.