DANE COUNTY REGIONAL AIRPORT
SECURITY BADGE APPLICATION

IMPORTANT: SECTION I **must** be reviewed and completed prior to completing SECTIONS II through V.
If you have been convicted or found "not guilty by reason of insanity" of any of the crimes listed in SECTION I,you cannot be granted unescorted access to airport restricted areas and will not be issued an airport ID.

Reason for Request: *(Please Check One)* ☐ **New Issue** ☐ **Renewal** ☐ **Replacement**

SECTION I: CRIMINAL HISTORY DECLARATION

Disqualifying Crimes as defined by CFR Part 1542.209. A Conviction (within the last 10 years) involving:

- Forgery of certificates, false marking of aircraft and other aircraft registration violations
- Interference with air navigation
- Improper transportation of hazardous material
- Aircraft piracy
- Interference with flight crew members or flight attendants
- Commission of certain crimes aboard aircraft in flight
- Carrying a weapon or explosive aboard aircraft
- Conveying false information and threats
- Aircraft piracy outside the special aircraft jurisdiction of the US
- Lighting violations involving transporting controlled substances
- Unlawful entry into an aircraft or airport area that serves air carriers orforeign air carriers contrary to established security requirements
- Destruction of an aircraft or aircraft facility
- Murder or assault with intent to murder
- Espionage, Sedition or Treason
- Kidnapping or hostage taking
- Rape or aggravated sexual abuse
- Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon
- Extortion
- Armed or felony unarmed robbery
- Distribution of or intent to distribute a controlled substance
- Felony arson
- Felony involving a threat
- Felony involving: burglary, theft, bribery, willful destruction of property, importation or manufacture of a controlled substance, dishonesty, fraud or misrepresentation, possession or distribution of stolen property, aggravated assault and illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year
- Violence at international airports
- Conspiracy or attempt to commit any of these criminal acts

I certify that in the last 10 years I have not been convicted of any of the above named disqualifying offenses. I further certify that I will notify the Dane County Regional Airport within 24 hours of a conviction of any of the above offenses. I will disclose to the airport within 24 hours if convicted of any qualifying that occurs while I have unescorted accessauthority.

Applicant's Name (Printed):_____Signature:_____Date:_____

SECTION II: APPLICANT INFORMATION

Full Last Name		Full First Name			Full Middle Name	
Maiden Name, Name Changes, or Aliases (if applicable)					Social Security Number	
Current Mailing Address		City			State	Zip Code
Phone Number		E-Mail Address				Country of Birth
State or Territory of Birth	Country of Citizenship	Driver's License Number			State	Expiration (MM/YY)
Date of Birth (MM/DD/YYYY)	Height (ft/in)	Weight (lbs)	Sex	Hair Color	Eye Color	Race
Employer/Affiliation		**If born outside of the United States or its territories, you must provideassociated documentation numbers applicable to the following below:**				
Alien Registration Number			*Non-Immigrant VISA and Control Number*			
I-94 Arrival/Departure Number			*Certificate of Naturalization Number*			
Certification of Birth/Birth Abroad			*Certification of U.S Citizenship*			

SECTION III: ID RULES & REQUIREMENTS

1. I will comply with the access control system in place and use my ID each time I enter a restricted area. While I am in a restricted area, I will display my ID on my outermost garment above the waist.
2. I will challenge those persons found in restricted areas that are not displaying proper identification and will immediately report such individuals to the Dane County Sheriff Deputy or Airport Operations Department.
3. I will not permit unauthorized persons to enter restricted areas without challenging those persons and notifying the DaneCounty Sheriff Deputy or Airport Operations Department.
4. I will not permit others to enter/"piggyback" through doors and gates I have accessed unless they are under my escort.
5. I will not escort any person who has been issued a Dane County Regional Airport SIDA or AOA badge.
6. I will ensure that persons under my escort in restricted areas remain within my sight and control at all times.
7. I will not leave any open or unsecured gate unattended.
8. I will not leave any door or gate unsecured after use.
9. I will enter only those areas I am authorized to enter.
10. I will not use my ID to bypass TSA screening when departing on flights from the Dane County Regional Airport terminal.
11. I will not permit other persons to use or wear my ID.
12. Should my SIDA, Sterile area, Secured or AOA badge become lost, stolen, or mutilated, I will make a report immediately to my supervisor and the Airport Operations Department.
13. Expired IDs are required to be immediately returned to the Airport ID Badging Office either for renewal or surrender as appropriate.
14. The ID badge is the property of the Dane County Regional Airport and I will surrender it to the airport operator on demand or termination.
15. I understand all of these rules, those covered in my airport security class, and that violation of one or more of these rules may lead to fines or criminal charges and/or suspension or revocation of my ID.
16. I will comply with all federally issued Security Directives (SD) and failure to comply may result in monetary fines and/or suspension/ revocation of my ID.
17. All individuals who have successfully completed a CHRC to obtain an airport-issued ID, will be added to the Centralized Revocation Database (CRD) for a period of 5 years if their ID media has been revoked due to a violation of Aviation Security Requirements.
18. 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.

Applicant's Name (Printed):_____ Signature:_____ Date: _____

SECTION IV: CERTIFICATION

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 1001or Title 18 of the United States Code). 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 Dr, Springfield, VA 22150. I am the individual to whom the information applies and 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.

Applicant's Name (Printed):_____ Signature:_____ Date: _____

Birth Date:_____ Social Security Number: _____

NOTE: A copy of the criminal record received from the FBI will be provided to you upon receipt of a written request to the Airport Security Coordinator. Please write for all inquiries and questions about CHRC results:

49 CFR Part 1542 Employees (Non-Air Carrier):
Airport Security Coordinator
Dane County Regional Airport
4000 International Lane
Madison, WI 53704

49 CFR Part 1544 Employees (Air Carrier):
Notify your Air Carrier

SECTION V: AUTHORIZED SIGNATORY

Company/Affiliation/Hangar	Signatory's Name	Phone Number

Address (Street, City, State, Zip Code)

Badge Type:

- ☐ SIDA (BLUE)
- ☐ SECURED (GREEN)
- ☐ CARGO SIDA (PURPLE)
- ☐ AOA (ORANGE)
- ☐ STERILE (RED)

Other Information

- ☐ Escort Authority Required
- ☐ Is the Authorized Signatory

Driver Training Types: ☐ None ☐ Non-Movement Area ☐ Movement Area

I certify that this applicant is actively affiliated with the above listed entity, and requires unescorted access to the Security Identification Display Area (SIDA), Secure, Sterile Area or AOA at Dane County Regional Airport. This individual applicant acknowledges the security responsibilities under 49 CFR 1540.105(a). I understand that the applicant's Airport Identification Media will be returned promptly upon request, termination, or when access is no longer needed.

Name (Printed):_____ Authorized Signature:_____ Date:_____

FOR OFFICE USE ONLY

ID Number:	P.I.N.	Rap Back (*If Applicable)*	Rap Back Valid To: ___/_____/_____

Fingerprint Record Transmitted/Taken:

I.D. Verification/Authorization to Work: Type #1:_____ Type#2:_____

Signature:_____ Date:_____

Second Check of Paperwork: _____

Fingerprint Response Received: ☐ Approved ☐ Denied Initials:_____ Date:_____ CHRC# _____

TSA Threat Assessment Received: ☐ Approved ☐ Denied Initials:_____ Date:_____

Notification of Authorization: ☐ Approved ☐ Denied Initials:_____ Date:_____

I certify that the listed applicant satisfactorily completed airport security training.

Signature:_____ Date: _____

I certify that the listed applicant has completed the above selected Dane County Regional Airport driver's training.

Signature:_____ Date: _____

Badge Issued:

Date Issued: _____ Issued By: _____ Expiration: _____

Date Returned:_____ Received By:_____ Date Lost: _____

Reason for Badge Returned: _____

The Privacy Act of 1974
5 U.S.C. 522 a(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 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 system 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. 522 a(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 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 will 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 have read and understand this Privacy Act Notice.

Name (Printed): _____

Signature:_____ Date: _____