HARTSFIELD-JACKSON ATLANTA INTERNATIONAL AIRPORT SECURITY APPLICATION



THIS FORM MUST BE TYPED. PLEASE DO NOT BEND OR FOLD

| Section 1 | I Biogra | phic | Information [co | MPLETE A | LL APPLICABLE SECTIONS. INCO | OMPLETE FORMS WILL BE R | EJECTED] | | |
|------------|------------------------|-----------------------|-------------------------|----------|------------------------------|-------------------------|------------|------|--------------|
| New | Renewal | | Upgrade/Downgra | de | Lost/Stolen | Damaged | BORN/N | VC | Reactivation |
| Last Name | е | | | | First Name | 9 | | | |
| Middle No | ime | | | | Social Sec | urity Number | | | |
| Date of Bi | rth | | Gender | | | | Height | Feet | t Inches |
| Weight (Ib | os) | | Eye Color | | Hair Color | | _ | | |
| US Citizen | S | | | | | | | | |
| US State o | of Birth | | | | | | | | |
| US Citizen | s Born Abı | road | | | | | | | |
| Country o | f Birth | | | | | | _ | | |
| Supportin | g Docume | ents <mark>(</mark> R | | | | | _ | | |
| Non-US C | itizens | | | | | | | | |
| Country o | f Birth | | | | | | _ | | |
| Country o | f Citizensh | nip | | | | | _ | | |
| Supportin | g Docume | ents [_R | EQUIRED] Consular R | epor | t of Birth Abro | ad | _ | | |
| Current R | esidence | | | | | | | | |
| Home Ad | dress | | | | | | _ | | |
| City | | | | Sto | ite | | Zip | | |
| Phone Nu | mber | | Email Ac | Idres | S | | | | |
| Alias Nam | 1es [Maiden, Pi | revious | Names, Nicknames, etc.] | | | | | | |
| Alias Last | Name | | Alias Fir | st Na | me | Alias N | liddle Nar | ne | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Section 2 | Badge Information

| Access Typ | e [Select Only One] | | | | |
|--|---|---|---|---|---|
| | SIDA | N | ION-SIDA/STERILE AREA | | PUBLIC |
| Designatio | ns | | | | |
| Escort | Zone 1 (Bl | lack) Seal | Zone 2 (Red) Seal | La | w Enforcement Officer |
| Non-Mov | vement Area Dri | ver | Emergency Response | Αι | uthorized Signatory |
| Should the appli | cant fail to meet the rec | quirements at the tin | ne of service, they will be issued a badge | without the s | pecified designation. |
| Authorized | Signatory Certi | fication | | | |
| responsibilities un met. I further cen of Atlanta Depar application for a | nder 49 CFR 1540.105(a). rtify that the organizatio rtment of Aviation for ar | I hereby certify that n that I represent as ny violation(s) by this cess medium, or ider | vith unescorted access authority. The indiv all conditions of TSA regulation 49 CFR, po sumes responsibility for all fines or other p applicant. I understand that any intention ntification badge are a violation of TSR 154 ninal prosecution. | arts 1540, 1542 enalties impo ally fraudulent | , 1544 and 1546 have been sed by the TSA upon the City t or false statements in any |
| Company | | | | Phone Nu | umber |
| Authorized | By [legal name] | | | Title | |
| Signature | | | | Date | |
| WET INK SIGNATURE ONLY. NO DIGITAL SIGNATURES. | | | | VALID FOR 60 | D DAYS FROM THIS DATE |

SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT BADGING OFFICE.

Section 3 | Badge Holder Terms and Conditions

Employee Responsibilities

- I fully acknowledge my security responsibilities as outlined in TSR 1540.105(a), security responsibilities of employees and other persons, and will
 comply with all Airport security rules. I further understand that I may lose my access privileges or be subject to civil penalties for violating
 these rules.
- 2. My security identification badge remains the property of the City of Atlanta Department of Aviation
- 3. My security identification badge is not transferable to other individuals.
- 4. My security identification badge must, at all times, be visibly displayed on the outermost garment, waist high or above, while in the secure and/or sterile areas.
- 5. I must challenge individuals who are not displaying their security identification badge and/or report the observation to my supervisor, the Airport Police at 911 or Airport Communications at (404) 530-6800. I must ensure that the individual(s) is/are properly escorted from the area or released to the proper authority.
- 6. I must immediately notify my supervisor and Airport Security Access Control at (404) 274-0368, Airport Security Compliance and Enforcement at (404) 326-8495/ (404) 561-6416, or Airport Communications at (404) 530-6800 of the loss or theft of my security identification badge. In the event of the loss of my security identification badge, a badge replacement fee will be assessed and will be collected by Airport Security staff before a replacement security identification badge is issued.
- My security identification badge is issued to support my job duties and responsibilities at the Airport and should be used for official business purposes only. I will never use my security identification badge for personal or off-duty use.
- 8. I understand that the City of Atlanta Department of Aviation reserves the right to revoke the authorization of individuals with security identification badges where such actions are determined to be in the best interest of Airport Security.
- 9. I will return my security identification badge to my company or Airport Security within twenty-four (24) hours of when it is no longer required for the performance of my duties at ATL.
- 10. I must disclose to the Airport Security Coordinator and/or supervisor within twenty-four (24) hours if I am charged and/or convicted of any disqualifying criminal offense that occurs while I am in possession of an ATL badge.
- 11. All employees traveling as passengers must access the sterile area through a TSA screening checkpoint. Once screened, employees must remain in the sterile area with any accessible property until they board the aircraft. This requirement applies when traveling for all purposes (business, leisure, etc.) unless exempt by federal regulation.
- 12. I attest that the work I am submitting with the required training is solely my own and was developed during the training. Further, I understand that any breach of integrity found in my submission shall be grounds for responsive action including the revocation of Airport access privileges.

SIDA ID Media Application 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.

Americans with Disabilities Act

It is unlawful for airport operators and their lessees, tenants, concessionaires, and contractors to discriminate against any person because of race, color, national origin, sex, creed, or disability in public services and employment opportunities. Allegations of discrimination should be promptly reported to the Airport Office of Civil Rights or:

Federal Aviation Administration

Office of Civil Rights, ACR-180 Americans with Disabilities Act Independence Avenue, S.W. Washington, D.C. 20591

Federal regulations on unlawful discrimination and airport policies on reasonable accommodation and modification are available for review in the Airport Office of Civil Rights:

Aiport Office of Civil Rights 6000 N Terminal Parkway, Suite 4000 Atlanta, GA 30320 | 404-382-2280

Employee Certification Statement

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 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 Drive, Springfield, VA 20598-6010.

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.

Employee Signature Date of Birth Employee Name Social Security Number

Section 4 | Training

| Access Required | l trainina online | at https:/ | /atl.iet-ls.com | Airport ID: |
|------------------------|-------------------|------------|-----------------|-------------|
| | | | | |

| BADGING OFFICE USE | ONLY | | | |
|---------------------|------------------|---------------|-----------------------|---------------|
| Fingerprint Date | Fingerprinted By | | FP Receipt # | |
| <u>Amount 50 0</u> | ON ACCOUNT | CREDIT CARD | CHECK/MONEY ORDER | □ NON-REVENUE |
| Badge Issuance Date | Badge # | | Agent | |
| Amount 60 30 | | IT CREDIT CAR | D CHECK/MONEY ORDER | □ NON-REVENUE |
| Receipt # | | | _ CHECK/MONEY ORDER # | : |
| Lost Badge | | | | |
| Date | Agent | | Badge # | |
| CREDIT CARD | [| CHECK/MONEY | ORDER | |
| Applicant Rejected | | | | |
| Date | Agent | | Reason | |
| | | | | |
| | | | | |
| | | | | |

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Section 5 | Fingerprint Section

| Company | Last Name | |
|---|--|----------------|
| First Name | | |
| Country of Birth [select state if BORN IN | I U.S.] | |
| Country of Citizenship | | |
| Aircraft Operator Fingerprin | t Certification | |
| | vidual has successfully undergone a CHRC in accordance a disqualifying conviction. A copy of the Privacy Act Noti | |
| CHRC Case # | Date Received | Date Submitted |

Section 6 | Disclosures. Terms and Conditions

Disclosure

I understand that the City of Atlanta, Department of Aviation, and Airport Security Coordinator (ASC) will commence a FBI criminal history record check (CHRC) in accordance with Transportation Security Regulation, Part 1542.209 (Fingerprint-based Criminal History Records Checks). I further understand that:

- I. I may receive a copy of any criminal history record received from the FBI upon written request to the ASC.
- Prior to making a final decision to deny authorization for unescorted access, the ASC will inform me that the FBI criminal history record check disclosed information that would disqualify me from unescorted access and the ASC will provide a copy of the record, if requested in writing.
- 3. I may contact the local jurisdiction responsible for the information and the FBI to complete or correct the information contained in the record before any final access
 - a. Within 30 days after being advised of disqualifying information, I must notify the ASC, in writing, of my intent to correct any information believed to be inaccurate. If no notification is received within 30 days, the ASC may make a final access decision.
 - b. Upon my notification that a record has been corrected, the ASC must obtain a copy, or accept a copy from me, of the revised FBI record or a certified true copy of the information from the appropriate court, at no expense to the City of Atlanta, prior to making a final decision on access status.
- 4. Criminal history record information provided by the FBI will be used solely for the purposes of access investigation, and no person shall disseminate the results of a criminal history record check to anyone other than authorized representatives, the ASC and myself.
- The ASC will maintain a record of the FBI criminal history record check until 180 days after the termination of my authorization for unescorted access.
- 6. I must disclose to the airport security coordinator within twenty-four (24) hours if I am charged or convicted of any disqualifying criminal offense that occurs while I have unescorted access to any secured area of ATL Airport.

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. § 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.

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.

Disqualifying Criminal Offenses

Have you been convicted or found not guilty by reason of insanity of any of the disqualifying crimes listed below:

| YES | NO | | YES | NO | |
|-----|----|---|------|--------|--|
| | | Unlawful entry into an aircraft or airport area that serves air carriers | | | Treason |
| | | or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314 | | | Rape or aggravated sexual abuse |
| | | Improper transportation of a hazardous material; 49 U.S.C.46312 | | | Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon |
| | | Interference with flight crew members or flight attendants; 49 U.S.C. 46504 | | | Misdemeanor and felony weapon convictions |
| | | Interference with air navigation; 49 U.S.C. 46308 | | | Armed or felony unarmed robbery |
| | | Forgery of certificates, false marking of aircraft, and other | | | Extortion |
| | | aircraft registration violation; 49 U.S.C. 46306 | | | Distribution of, or intent to distribute, a controlled substance |
| | | Aircraft piracy; 49 U.S.C. 46502 | | | Felony arson |
| | | Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506 | Felo | ny inv | olving– |
| | | Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505 | | | I. Willful destruction of property; |
| | | Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b) | | | II. Importation or manufacture of a controlled substance; |
| | | Lighting violations involving | | | III. Burglary |
| | | transporting controlled substances; 49 U.S.C. 46315 | | | IV. Theft |
| | | Conveying false information and threats; 49 U.S.C. 46507 | | | V. Dishonesty, fraud, or misrepresentation |
| | | Destruction of an aircraft or aircraft facility; 18 U.S.C. 32 | | | VI. Possession or distribution of stolen property |
| | | Violence at international airports; 18 U.S.C. 37 | | | VII. Aggravated assault |
| | | Murder | | | VIII. Bribery |
| | | Assault with intent to murder | | | IX. Illegal possession of a controlled substance punishable by a |
| | | Espionage | | | of more than 1 year |
| | | Sedition | | | Conspiracy or attempt to commit any of the criminal acts listed in this paragraph |
| | | Kidnapping or hostage taking. | | | |

Do you have pending or unresolved judicial (court) proceedings for any felony crimes?

Any person applying for ID media who is charged and/or convicted of a felony crime will be denied issuance of an ATL Airport Security badge. Additional disqualifiers may include misdemeanor weapon charges, felony parole or probation, sex offenders, and active warrants. Are you currently on felony parole or probation? Have you been charged and/or convicted of a crime on ATL Airport property?

| nave you been charged and/or convicted of a chine of Are Airport property. | | |
|--|-----|----|
| The Airport Security Coordinator may deny issuance of a ATL Airport Security badge based on an applicant's charge and/ | | |
| or conviction for a non-disqualifying crime if the offense occurred on ATL Airport property and the offense interfered with or | VEC | |
| threatened the property, safety, comfort, efficiency or security of passengers, employees, or tenants, | YES | NO |

Employee Certification Statement

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 of the United States Code).

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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.

| Employee Signature | Social Security Number | | |
|--------------------|------------------------|--|--|
| Employee Name | Date of Birth | | |