

HARTSFIELD-JACKSON ATLANTA INTERNATIONAL AIRPORT SECURITY APPLICATION



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

Section 1 | Biographic Information [COMPLETE ALL APPLICABLE SECTIONS. INCOMPLETE FORMS WILL BE REJECTED]

Last Name _____ First Name _____
Middle Name _____ Social Security Number - - _____
Date of Birth _____ Sex _____ Height _____ Feet _____ Inches _____
Weight (lbs) _____ Eye Color _____ Hair Color _____

US Citizens

US State of Birth _____

US Citizens Born Abroad

Country of Birth _____

Supporting Documents [REQUIRED] _____

Non-US Citizens

Country of Birth _____

Country of Citizenship _____

Supporting Documents [REQUIRED] _____

Current Residence

Home Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Alias Names [Maiden, Previous Names, Nicknames, etc.]

Alias Last Name _____ Alias First Name _____ Alias Middle Name _____

Section 2 | Badge Information

New

Renewal

Upgrade

Downgrade

Lost/Stolen

Damaged

BORN/NOV

Reactivation



Section 2 | Badge Information (con't)

Access Type [Select Only One]

SIDA	NON-SIDA/STERILE AREA	PUBLIC
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Designations

Escort	Zone 1 (Black) Seal	Zone 2 (Red) Seal	Law Enforcement Officer
Non-Movement Area Driver	Emergency Response	Authorized Signatory	

Should the applicant fail to meet the requirements at the time of service, they will be issued a badge without the specified designation.

Aircraft Operator Fingerprint Certification

Aircraft operator certification that the individual has successfully undergone a CHRC in accordance with the requirements of 49 CFR Section 1544.229 or 1544.230 that did not disclose a disqualifying conviction. A copy of the Privacy Act Notice, from the TSA web board on HSIN, was provided to the individual.

CHRC Case #	Date Received	Date Submitted
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Authorized Signatory Certification

A specific need exists for providing the individual applicant with unescorted access authority. The individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a). I hereby certify that all conditions of TSA regulation 49 CFR, parts 1540, 1542, 1544 and 1546 have been met. I further certify that the organization that I represent assumes responsibility for all fines or other penalties imposed by the TSA upon the City of Atlanta Department of Aviation for any violation(s) by this applicant. I understand that any intentionally fraudulent or false statements in any application for any security program, access medium, or identification badge are a violation of TSR 1540.103 and U.S. Code Title 18, Section 1001. I may be personally subject to federal civil penalties and criminal prosecution.

Company	Phone Number
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Authorized By [LEGAL NAME]	Title
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Signature	Date
WET INK SIGNATURE ONLY. NO DIGITAL SIGNATURES.	VALID FOR 60 DAYS FROM THIS DATE

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

Section 3 | Badge Holder Terms and Conditions

Employee Responsibilities

1. 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.
7. 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 a security identification 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.

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-1 80 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:

Airport 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 training online at <https://atl.iet-ls.com>

Airport ID:

BADGING OFFICE USE ONLY

Fingerprint Date	Fingerprinted By	FP Receipt #
Amount 50 0	☐ ON ACCOUNT ☐ CREDIT CARD ☐ CHECK/MONEY ORDER ☐ NON-REVENUE	
CHECK/MONEY ORDER #		

Badge Issuance Date	Badge #	Agent
Amount 60 30 0	☐ BILLED ☐ ON ACCOUNT ☐ CREDIT CARD ☐ CHECK/MONEY ORDER ☐ NON-REVENUE	
Receipt #	CHECK/MONEY ORDER #	

Lost Badge

Date	Agent	Badge #
Company	Receipt #	
☐ CREDIT CARD	☐ CHECK/MONEY ORDER	☐ MEMO

Applicant Rejected

Date	Agent	Reason
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Section 5 | Fingerprint Section

Company	Last Name
First Name	Middle Name
Country of Birth [SELECT STATE IF BORN IN U.S.]	
U.S. State of Birth	
Country of Citizenship	

Aircraft Operator Fingerprint Certification

Aircraft operator certification that the individual has successfully undergone a CHRC in accordance with the requirements of 49 CFR Section 1544.229 or 1544.230 that did not disclose a disqualifying conviction. A copy of the Privacy Act Notice, from the TSA web board on HSIN, was provided to the individual.

CHRC Case #	Date Received	Date Submitted
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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:

1. I may receive a copy of any criminal history record received from the FBI upon written request to the ASC.
2. 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.
5. 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 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 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 or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314			Treason
		Improper transportation of a hazardous material; 49 U.S.C.46312			Rape or aggravated sexual abuse
		Interference with flight crew members or flight attendants; 49 U.S.C. 46504			Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
		Interference with air navigation; 49 U.S.C. 46308			Misdemeanor and felony weapon convictions
		Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306			Armed or felony unarmed robbery
		Aircraft piracy; 49 U.S.C. 46502			Extortion
		Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506			Distribution of, or intent to distribute, a controlled substance
		Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505			Felony arson
		Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b)			Felony involving—
		Lighting violations involving transporting controlled substances; 49 U.S.C. 46315			I. Willful destruction of property;
		Conveying false information and threats; 49 U.S.C. 46507			II. Importation or manufacture of a controlled substance;
		Destruction of an aircraft or aircraft facility; 18 U.S.C. 32			III. Burglary
		Violence at international airports; 18 U.S.C. 37			IV. Theft
		Murder			V. Dishonesty, fraud, or misrepresentation
		Assault with intent to murder			VI. Possession or distribution of stolen property
		Espionage			VII. Aggravated assault
		Sedition			VIII. Bribery
		Kidnapping or hostage taking.			IX. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
					Conspiracy or attempt to commit any of the criminal acts listed in this paragraph

Unescorted access authority will not be granted to individuals that have been arrested and/or is awaiting judicial proceedings for any crimes listed in Title 49 CFR 1542.209, or any felony, during the ten (10) years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority.

INITIALS

The Airport Security Coordinator has the right to disqualify an applicant at anytime for having a security identification badge at his or her discretion.

INITIALS

All applicants with criminal records are subject to review and the Airport Security Coordinator reserves the right to confiscate and/or revoke a security identification badge and/or deny a Fingerprinting and Badging Application for any criminal activity.

INITIALS

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.

YES NO

Are you currently on felony parole or probation?

YES NO

Have you been charged and/or convicted of a crime on ATL Airport property?

The Airport Security Coordinator may deny issuance of a security identification 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 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).

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

Social Security Number - -

Employee Name

Date of Birth - -