



# OUTAGAMIE COUNTY REGIONAL AIRPORT AIRPORT ACCESS MEDIA APPLICATION



**IMPORTANT – PLEASE READ:** SECTION I *must* be reviewed and completed prior to completing SECTIONS II through IV. If you have been convicted or found “not guilty by reason of insanity” of any crimes listed in SECTION I, within the last ten (10) years, you cannot be granted unescorted access to airport restricted areas and will not be issued an airport ID.

## SECTION I: CRIMINAL HISTORY DECLARATION

### Disqualifying Crimes as defined by 49 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 a hazardous material
- Aircraft piracy (including outside U.S. jurisdiction)
- 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
- Lighting violations involving transporting controlled substances
- Unlawful entry into an aircraft or airport area that serves air carriers or foreign 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
  - 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 hereby certify that I have not been convicted or found not guilty by reason of insanity for any of the above listed crimes and I agree to notify Public Safety within 24 hours if I am convicted or found not guilty by reason of insanity of any of these crimes. I hereby give permission to Outagamie County Regional Airport officials to conduct an FBI criminal history records check (SIDA applicants) and/or a TSA Security Threat Assessment (SIDA and AOA applicants). The information I have provided on this application 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.)

**Applicant's Name (PRINTED):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECTION II: APPLICANT INFORMATION

<b>Name of Applicant (Last, First, Middle)</b>				<b>Aliases or Nicknames</b>		<b>Email Address</b>	
<b>Current Address (Street, City, State, Zip Code)</b>						<b>Daytime Phone Number</b>	
<b>Place of Birth (State/Country)</b>		<b>Citizenship Country</b>			<b>Driver's License Number / State Where Issued</b>		
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Race</b>	<b>Height Ft/in</b>	<b>Weight lbs.</b>	<b>Sex</b>	<b>Social Security Number</b>	<b>Hair Color</b>	<b>Eye Color</b>
<b>Passport Country (if applicable)</b>				<b>Passport Number (if applicable)</b>			
<b>Certificate of Naturalization Number (if applicable)</b>				<b>Certification of Birth Abroad, Form DS-1350 (if applicable)</b>			
<b>Alien Registration Number (if applicable)</b>				<b>Non-Immigrant Visa Number (if applicable)</b>			
<b>I-94 Arrival/Departure Form Number (11 digits, no dashes) (if applicable)</b>							

**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  
Outagamie County Regional Airport  
W6390 Challenger Drive Suite 201  
Appleton, WI 54914

**49 CFR Part 1544 Employees (Air Carrier):**

Notify your Air Carrier

**SECTION III: Company/Employer Information**

Employer/Company/Affiliate	Supervisor's Name (If applicable)	Phone Number
Employer/Company Address (Street, City, State, Zip Code)/Hangar Number/Letter		Date of Employment

I certify that this applicant is actively employed by the above listed employer/company or is a current OCRA tenant, and requires unescorted access to the Security Identification Display Area (SIDA) or Airport Operations Area (AOA) at the Outagamie County Regional Airport.

Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: ID RULES & REQUIREMENTS**

- 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.
- I will challenge those persons found in restricted areas that are not displaying proper identification and will immediately report such individuals to the Outagamie County Sheriff Deputy or Airport Public Safety.
- I will not permit unauthorized persons to enter restricted areas without challenging those persons and notifying the Outagamie County Sheriff Deputy or Airport Public Safety.
- I will not permit others to enter ("piggyback") through doors and gates I have accessed unless they are under my escort.
- I will not escort any person who has been issued an Outagamie County Regional Airport SIDA badge.
- I will ensure that persons under my escort in restricted areas remain within my sight and control at all times.
- I will not leave any open or unsecured door unattended.
- I will not leave any door or gate unsecured after use.
- I will enter only those areas I am authorized to enter.
- I will not use my ID to bypass passenger screening when departing on flights from the Outagamie County Regional Airport terminal.
- I will not permit other persons to use or wear my ID.
- Should my Airport ID badge become lost, stolen, or mutilated, I will make a report immediately to my supervisor and Airport Public Safety.
- The ID badge is the property of the Outagamie County Regional Airport and I will surrender it to the proper authority on demand or termination.
- I understand all of these rules, and those covered in my 49 CFR Part 1542.213(b) SIDA class (SIDA applicants) or my Part 1542.213(c) AOA awareness training (AOA applicants), and that a violation of one or more of these rules may lead to fines or criminal charges, and suspension or revocation of my ID.
- I will comply with all federally issued Security Directives (SD), failure to comply may result in monetary fines or suspension/revocation of my ID.

**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).**

**Applicant's Name (PRINTED):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ID Number:

**\*FOR OFFICE USE ONLY\***

ID Color:  RED (SIDA)  BLUE (SIDA)  GREEN (AOA)  LIGHT BLUE (GULF)

Company ID Code: \_\_\_\_\_

Date ID Issued: \_\_\_\_\_

Issued By: \_\_\_\_\_

Date ID Returned: \_\_\_\_\_

Received By: \_\_\_\_\_

ID Expiration Date: \_\_\_\_\_

Date Lost: \_\_\_\_\_

I certify that the listed applicant satisfactorily completed 49 CFR Part 1542.213(b) SIDA / (c) AOA training, on \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the listed applicant has completed the following type(s) of Outagamie County Regional Airport driver's training instruction.

\_\_\_\_\_ NMA \_\_\_\_\_ MA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fingerprint Record Processed:**  YES  NO Tag #: \_\_\_\_\_

I.D. Verification: Type #1: \_\_\_\_\_ Type #2: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fingerprint Response Received:**  Approved  Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_ CHRC #: \_\_\_\_\_

**TSA Threat Assessment Received:**  Approved  Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Assessment #: \_\_\_\_\_

Invoicing:

Fingerprinting  Badge/STA

Invoice to Accounting:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



# Privacy Act Notice



**Authority:** 49 U.S.C. §§114, 44936 authorizes the collection of this information.

**Purpose:** The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

**Routine Uses:** This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

**Disclosure:** Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

## Certification

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-19)/Aviation Worker Program, 601 South 12<sup>th</sup> Street, Arlington, VA 20598.

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.

**Signature:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_