



APPLETON INTERNATIONAL AIRPORT Access Media Demographics



Affiliate/Company/Employer Information

Name of Employer/Company/Affiliate	Supervisor's Name (Print)	Phone Number
Employer/Company/Affiliate Address		Email
I certify that this applicant is in the hiring process or is actively employed by the above listed Employer/Company/Affiliate or is a current ATW tenant, and requires unescorted access to the Security Identification Display Area (SIDA), Airport Operations Area (AOA), Secure Area, or Sterile Area of the Appleton International Airport. I attest the below listed applicant understands their security responsibilities under 49CFR 1540.105a, if this application is approved and an ATW Airport ID is issued to them.		Color of ID Requested <input type="checkbox"/> Red <input type="checkbox"/> Dark Blue <input type="checkbox"/> Green <input type="checkbox"/> Light Blue <input type="checkbox"/> Sheriff
Authorized Signatory's Name (Print)	Company	
Signatory's Signature	Date	

Disqualifying Crimes as defined by 49 CFR Part 1542.209

If you have been convicted or found "not guilty by reason of insanity" of any crimes listed, within the last ten (10) years, you cannot be granted unescorted access to the AOA, Sterile, SIDA, or Secure areas of ATW and will not be issued an airport ID.

- *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*

APPLICANT INFORMATION

Name of Applicant (Last, First, Middle)				Aliases or Nicknames		Email Address	
Address (Street)		City	State	Zip Code	Phone Number		
State of Birth		Country of Birth		Citizenship Country			
Date of Birth	Race	Height	Weight	Sex	Hair Color	Eye Color	Social Security #
Passport Country				Passport Number			
Certificate of Naturalization Number (if applicable)				Certification of Birth Abroad, Form DS-1350 (if applicable)			
Alien Registration Number (if applicable)				Non-Immigrant Visa Number (if applicable)			
I-94 Arrival/Departure Form Number (11 digits, no dashes) (if applicable)							

I hereby certify that I have not been convicted or found not guilty by reason of insanity for any of the above listed crimes. I hereby give permission to Appleton International Airport officials to conduct a TSA Security Threat Assessment and/or CHRC (as applicable). 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.)

Name (PRINTED): _____ **Signature:** _____ **Date:** _____

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.

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.

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 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, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10) /Aviation Worker Program, 601 South 12th 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.

Social Security Number: _____ **Date of Birth** _____

Name (Printed): _____

Signature: _____ **Date:** _____