



APPLETON INTERNATIONAL AIRPORT Access Media Demographics



Affiliate/Company/Employer Information

Company / Affiliate / Hanger #	Signatory's Name (Print)	Signatory's Affiliation
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 acknowledges their security responsibilities under 49CFR 1540.105a, if this application is approved and an ATW Airport ID is issued to them.		
Signatory's Signature	Date	Signator's Phone #

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 (First, Middle, Last)				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 # <small>Optional for AOA</small>		
Passport Country					Passport Number					
If born outside the United States or its territories, you must provide associated documentation numbers applicable to the following;										
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: _____ **Signature:** _____ **Date:** _____
Printed

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.

Certification

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 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.

Full Name: _____ **Date of Birth:** _____
PRINTED

Signature: _____ **Social Security #:** _____
Optional for AOA

ATW ID MEDIA 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 SIDA area, I will display my ID on my outermost garment.
2. I will challenge those persons found in SIDA, AOA, and Secured Areas that are not properly displaying proper identification and will immediately report such individuals to the Outagamie County Sheriff Deputy or Airport Public Safety.
3. I will not permit unauthorized persons to enter restricted areas. I will challenge those persons and notifying the Outagamie County Sheriff Deputy or Airport Public Safety of the attempted intrusion.
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 an Appleton International Airport Access/Identification Media 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 door 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 passenger screening when departing on flights from the Appleton International Airport terminal.
11. I will not permit other persons to use or wear my ID.
12. Should my Airport ID badge become lost, stolen, or mutilated, I will make a report immediately to my supervisor and Airport Public Safety.
13. The ID badge is the property of the Appleton International Airport and I will surrender it to the proper authority on demand or termination.
14. I understand all of these rules, and those covered in my 49 CFR Part 1542.213(b) SIDA training and non-movement training (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.
15. I understand my airport-issued identification media revoked for non-compliance with aviation security requirements will promptly result in my information being listed in the CRD for five years from the date the violation occurred.
16. I will comply with all federally issued Security Directives (SDs); failure to comply may result in monetary fines or suspension/revocation of my ID.
17. I agree to notify ATW Public Safety within 24 hours if I am convicted or found not guilty by reason of insanity of any of the TSA disqualifying crimes.
18. As an employee holding a credential granting access to a Security Identification Display Area I may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

I have read and understand the rules and requirements of being issued this ATW ID and accept the responsibilities associated with it..

Name : _____ **Signature:** _____
PRINTED

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

Name : _____ Airport Affiliation : _____

ID # _____ ID Color: RED BLUE GREEN LIGHT BLUE LEO RED

PIN # _____ Issue Type: New Reissue Renewal Replacement Lost

Date ID Issued: _____ Expiration Date: _____ Processed By: _____

I.D. Verification: #1: _____ #2: _____ Verified By: _____

STA # _____ CHRC # _____ RAP # _____ RAP Expiration: _____ TELOS # _____

I certify that the listed applicant satisfactorily completed 49 CFR Part 1542.213; SIDA AOA Non-movement SEA training.

Signature of Trainer: _____