

## **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, and 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 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.

# Charles M. Schulz – Sonoma County Airport SIDA Badge Request Form

## INSTRUCTIONS

1. To receive an ID badge with access to the SIDA area, please complete all fields below. Failure to include all necessary information will result in the delay or denial of an ID badge being issued.
2. An ID badge will be issued to one (1) individual per badge request.
3. Prior to receiving a SIDA badge, a fingerprint based Criminal History Records Check (CHRC) and an Employment History Record Form **or** Employment Certification Form must be completed.
4. Two forms of government issued ID are required at the time of the application to verify your identity. At least one ID must include your photograph.
5. For individuals who need to drive on a designated ramp area, a ramp driving endorsement, which must be displayed on the SIDA badge, is required. To obtain a ramp driving endorsement, individuals must complete drivers training and pass an oral and/or written exam.

**Do you need to drive on the ramp?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ \*If yes, see 5 above

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Note: If Non-U.S. born U.S. Citizen, please complete page 2

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

## SECURITY ADVISORY AND SIGNATURE

The Airport SIDA ID Badge issued to you is for your use only while in the performance of your official duties. This badge allows you unescorted access to the Security Identification Display Area (SIDA), the restricted area around the passenger terminal and the air carrier ramp. This badge is not transferrable. Allowing others to use your badge **WILL** result in the revocation of your SIDA badge and access to the SIDA. If you lose your badge, you **MUST** notify the Airport Manager's Office immediately. This badge must be worn at all times while in the SIDA and must be displayed above the waist on the outermost garment. If you see anyone in the SIDA without a proper ID badge, the individual must be challenged. If that (those) person(s) is (are) not authorized to be in the secure area, (i.e. No ID badge) Airport management and/or Law Enforcement must be notified immediately. While in the SIDA, you must follow all applicable Federal, State and Local laws, ordinances and regulations. Failure to comply may result in your access privileges being revoked and/or criminal or civil penalties. The SIDA ID badge is the property of the Charles M. Schulz – Sonoma County Airport and must be surrendered upon termination of your employment or on demand. A replacement fee is applied if the SIDA ID badge is lost, stolen or destroyed.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

---

## FOR OFFICIAL USE ONLY

AIRPORT ID #: \_\_\_\_\_ CARD #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_

CHRC COMPLETED: \_\_\_\_\_ or Airline Letter Attached, or TSA #: \_\_\_\_\_

STA Approved: \_\_\_\_\_ Exp: \_\_\_\_\_

APPENDIX 10, 6/18/10

## **Charles M. Schulz – Sonoma County Airport Criminal History Record Check Application**

I, \_\_\_\_\_, hereby request to have my fingerprints submitted to the Federal Bureau of Investigation (FBI) for Criminal History Records Checks (CHRC) against all available criminal records. I understand that submission of this information is voluntary, however, failure to submit fingerprints for a CHRC will result in denial of unescorted access privileges to the Charles M. Schulz - Sonoma County Airport Security Identification Display Area (SIDA).

An individual has a disqualifying criminal offense for unescorted access privileges to the Charles M. Schulz - Sonoma County Airport SIDA, if he or she has been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below in any jurisdiction during the 10 years before the date of the individual's application for unescorted access privileges, or while the individual has such privileges.

1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations; 49 United States Code (U.S.C.) 46306
2. Interference with air navigation; 49 U.S.C. 46308
3. Improper transportation of a hazardous material; 49 U.S.C. 46312
4. Aircraft piracy; 49 U.S.C. 46502
5. Interference with flight crew members or flight attendants; 49 U.S.C. 46504
6. Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506
7. Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505
8. Conveying false information and threats; 49 U.S.C. 46507
9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b)
10. Violations involving transporting controlled substances; 49 U.S.C. 46315
11. 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
12. Destruction of an aircraft or aircraft facility; 18 U.S.C. 32
13. Murder
14. Assault with intent to murder
15. Espionage
16. Sedition
17. Kidnapping or hostage taking
18. Treason
19. Rape or aggravated sexual abuse
20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
21. Extortion
22. Armed or felony unarmed robbery
23. Distribution of, or intent to distribute, a controlled substance
24. Felony arson

25. Felony involving a threat

26. Felony involving:

(i) Willful destruction of property;

(ii) Importation or manufacture of a controlled substance;

(iii) Burglary;

(iv) Theft;

(v) Dishonesty, fraud, or misrepresentation;

(vi) Possession or distribution of stolen property;

(vii) Aggravated assault;

(viii) Bribery; or

(ix) Illegal possession of a controlled substance punished by a maximum term of imprisonment of more than 1 year

27. Violence at international airports; 18 U.S.C. 37

28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph

---

I certify that I do not have a disqualifying criminal offense. \_\_\_\_\_

I understand that Federal regulations under 49 Code of Federal Regulations (CFR) 1542.209 (1) impose a continuing obligation on me to disclose to the Charles M. Schulz - Sonoma County Airport Security Coordinator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access privileges. \_\_\_\_\_

The information I have provided on this application is true, complete, and correct to the best of my knowledge and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by fine, imprisonment or both. (See section 1001 of Title 18 U.S.C.) \_\_\_\_\_

I hereby authorize release of this information and the results of the CHRC to be released to authorized representatives of my employer. I understand and agree that it is my responsibility to determine the identity of those individuals who have been designated as authorized to receive this information by my employer, and my signature below is my waiver of any objections to the acquisition and use of this data by authorized airport security personnel. If I have any concerns or objections to the individuals who are designated to receive this information, I will not sign below. \_\_\_\_\_

I further understand that a copy of any criminal records received from the FBI will be made available to me if I request it in writing. The Airport Security Coordinator is the point of contact if I have questions about the results of the CHRC. \_\_\_\_\_

---

Printed Name

Signature

Organization

Date

## **Privacy Certification – SSN Verification**

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 22202.

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: \_\_\_\_\_

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

SSN and Full Name:

---

### **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).

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

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