#### INSTRUCTIONS FOR FILLING OUT THE BOISE AIR TERMINAL - APPLICATION FOR STERILE AREA ACCESS BADGE (Revised March 16, 2016)

**NOTE**: The application **must be filled out legibly and completely**. If not, the application will not be processed and will be returned to the applicant.

**NOTE**: The applicant must bring the application to the Airport Credentialing Office along with identification which establishes identity and employment eligibility. See the "List of Acceptable Documents" (page 6), one of which must be a government issued photo ID. In addition, <u>Non US citizens</u> must present an Alien Registration card or the I-94 Arrival/Departure Form. US citizens who were born abroad must provide either a US passport, Certificate of Naturalization or a Certification of Birth Abroad (DS-1350).

### FILLING OUT THE APPLICATION – PAGE 1

EMPLOYER: Who will you be working for at the airport?

#### **SECTION I - EMPLOYEE DATA**

NAME: Please print your <u>FULL LEGAL NAME</u>, i.e., Last Name, First Name, Middle Name. NOTE: If you don't have a middle name, print "NMI".

ADDRESS: Print full street address to include Apt Number if applicable. PO Boxes are not acceptable.

CITY, ST, ZIP: Self-explanatory.

**CITIZENSHIP:** You are a citizen of what country? If dual citizenship, indicate both.

ALIASES or NICKNAMES: Print all aliases or nicknames, if none, enter "NONE".

**HOME PH:** Include the area code.

**WORK PH:** Include the area code. (This is the company phone number for whom you will be working at the Airport.)

EMPLOYMENT POSITION/TITLE: Self-explanatory.

**DATE OF BIRTH:** Be sure to put the month first followed by the day and year. (Example: 5/2/76 or May 2 1976)

PLACE OF BIRTH: Indicate the State where you were born or the country if not born in the United States.

SOCIAL SECURITY NO: Self explanatory.

**RACE:** Self-explanatory.

**SEX:** Self-explanatory.

**HEIGHT:** Enter height in feet and inches.

**WEIGHT:** Enter weight in pounds.

**EYES:** Enter your natural eye color.

HAIR: Enter your hair color.

**DRIVER 'S LICENSE STATE:** Enter the state that issued you your driver 's license.

**DRIVER 'S LICENSE NUMBER:** Ensure you enter the correct number.

### **FILLING OUT THE APPLICATION – PAGE 2**

#### Passport Information – US or Foreign National

**ISSUING COUNTRY:** Self explanatory

PASSPORT NUMBER: Self explanatory

#### US Citizens, Non-US Country of Birth

You must provide one of the following if you are a US Citizen but were born abroad:

- 1. US Passport Number
- 2. Certificate of Naturalization Number (Former Alien Registration Number)
- 3. Certification of Birth Abroad (Form DS-1350)

Note: We must physically see these forms, so bring them in if this is applicable to your situation.

#### **INFORMATION TO BE FILLED OUT BY FOREIGN NATIONALS**

You must provide one of the following if you are not a US Citizen:

- 1. ALIEN REGISTRATION NUMBER: If applicable, enter this number, otherwise enter "N/A"
- 2. NON-IMMIGRANT VISA NUMBER: If applicable, enter this number, otherwise enter "N/A"
- 3. I-94 Arrival/Departure Form
- Note: We must physically see the form, so bring it to the Credentialing Office.

PRIVACY ACT INFORMATION: Print your name, date and sign it

SS AUTHORIZATION STATEMENT: Print your name, date and sign it

## **FILLING OUT THE APPLICATION – PAGE 3** SECTION II - ACCESS INVESTIGATION INFORMATION

- A. Legibly print your first, middle and last name. If no middle name, print (NMI).
- B. Read and initial each of the 45 statements. Failure to do so could cause your application to be rejected.

## **FILLING OUT THE APPLICATION – PAGE 4**

- C. At the bottom of page 4,
  - 1. Please print your FULL name, i.e., First Name, Middle Name, and Last Name. NOTE: If you don't have a middle name, print (NMI).
  - 2. Sign and date the application.

### **FILLING OUT THE APPLICATION – PAGE 5**

#### SECTION III - BOISE AIR TERMINAL SECURITY PERMIT

A. Parts 1 - 11, 13: Read, understand and initial each of the twelve (12) statements regarding your security permit.

a. Part 12 -- Please be sure to check whether or not you have a Concealed Weapons Permit

# **FILLING OUT THE APPLICATION – PAGE 6**

#### PAGE SIX (6) IS THE TABLE THAT HAS A LIST OF ACCEPTABLE DOCUMENTS

This table is used to determine which documents are needed in order to establish Identity and Employment Eligibility. If you have any question as to what you need to bring, please call the Credentialing Office before coming in. Due to Homeland Security constraints, if the appropriate documents establishing Identity and Employment Eligibility are not brought in, The Credentialing Office personnel will not be able to process the application.

# **FILLING OUT THE APPLICATION – PAGE 7**

## **SECTION IV - SIGNATORY**

NOTE: This section is to be filled out by the applicant 's employer.

- 1. Read and understand items 1-4.
- 2. Print the company name in both places in item #2 and one place in item #3.
- 3. Print the full name of the company's signatory agent who will sign the application and His or Her Position/Title.
- . NOTE: You must be on the company signature letter and have had "Signatory Training" within in the last year in order to sign the application for the company.
- 4. Please print your FULL name, i.e., First Name, Middle Name, and Last Name. NOTE: If you don't have a middle name, print (NMI).
- 5. Indicate your Position/Title.
- 6. Sign and date on the appropriate lines.



# BOISE AIR TERMINAL APPLICATION FOR SAAB ACCESS



		Rev	ised Marci	n 16, 2016			
BADGE NUMBER	Employon				TYPE- S	mart Card	
	<b>Employer:</b>						
		For	Office U	Use Only			
		DATE	INIT		DATE	INIT	
Accounting Form Received & Reviewed				Fingerprint Received			
<b>Received/ Reviewed Application</b>				Security Threat Assessment			
Appropriate Forms of Identification				NOTIFICATION			
(As per the "List of Acceptable Documents")				NAME	DATE	INIT	
No Fly List/Selectee List Checked					DATE	INIT	
Verify the Training Date for the Com- pany Signatory Individual. Within 1 Yr				SIDA Training/Test			
Fingerprint Requested							

FOLLOW THE INSTRUCTIONS AND <u>PRINT CLEARLY</u> OR THE APPLICATION WILL BE REJECTED AND RETURNED

SECTIO	ON I - EN	<b>APLOYE</b>	E DATA	L		
NAME						HOME PHONE:
					DDLE NAME)	()
ADDRESS	(NUMBER)	(STREET)			(APT)	WORK PHONE:
CITY		ST		ZIP		()
						EMPLOYMENT POSITION/TITLE:
CITIZENSI	HIP :		(COUNTRY)			
ALIASES/N	JICKNAMES	5:				DATE OF BIRTH
				1		MONTH DAY YEAR
Race	Sex	Height	Weight	Eyes	Hair	PLACE OF BIRTH (State or Country)
DRIVER'S	S LICENSE S	STATE	DRIVER'S	S LICENSE N	NUMBER	SOCIAL SECURITY NO.

Passport Information – US or Foreign National		US Citizens , Non-US Country of Birth			
Issuing		Certificate of Naturalization			
Country		Number (former ARN)			
Passport		<b>Certification of Birth Abroad</b>	Attached Yes 🗌 No 🗌		
Number		(Form DS-1350)			
INI	FORMATION TO BE FI	LLED OUT BY FOREI	GN NATIONALS		
Alien Regsitration Number (if applicable)					
Non-Immigrant Visa Number (if applicable)					
I-94 Arriva	l/Departure Form Number				

# **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 to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 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 pellinent 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. For as long as your fingerprint's and associated information/biometrics 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:** 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.

I have read and understand the Privacy Act Statement.

Printed Name

Date

Signature

# SOCIAL SECURITY AUTHORIZATION STATEMENT.

"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-10)/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."

I have read and understand the SS Authorization Statement. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name

Signature

# PARENTAL CONSENT

If under 18 years of age, your parent/guardian must consent to the fingerprint based Criminal History Records Check and the Department of Homeland Security, Transportation Security Administration, Security Threat Assessment.

Parent/Guardian Print Name: Date:
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Parent/Guardian Signature:

### **SECTION II (Continued) - ACCESS INVESTIGATION**

	× .				
40.	Felony involving illegal possession of more than one (1) year	of a controlled substance punishable by a maximum term of imprisonment			
41.	Violence at international airports;	18 U.S.C. 37			
<b>1</b> 2.	Conspiracy or attempt to commit	any of the criminal acts listed in this paragraph			
<ul> <li>Disqualifying criminal offenses. An individual has a disqualifying criminal offense if the Individual has been convicted, or found not guilty of by reason of insanity, have charges pending, been placed on probation or</li> <li>parole, have paid a fine, or any other disposition not amounting to an acquittal of any of the Disqualifying crimes listed in this section in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority</li> </ul>					
44.	I do not have a disqualifying crim				
<ul> <li>I understand that Federal regulations under 49 CFR 1542 impose a continuing obligation to disclose to the</li> <li>airport operator within 24 hours if I am charged or convicted of any disqualifying criminal offense that occurs while I have unescorted access authority</li> </ul>					
pro	vided in good faith. I underst	d is true, complete correct to the best of my knowledge and belief and that a knowing and willful false statement can be punished by tion 1001 of Title 18 of the United States Code)."			
pro or i	vided in good faith. I underst	and that a knowing and willful false statement can be punished b			
pro or i	vided in good faith. I underst mprisonment or both (see Sec	and that a knowing and willful false statement can be punished by tion 1001 of Title 18 of the United States Code)."			

NOTE: This is to advise you that a copy of any criminal history record received from the FBI will be made available to you if you submit a written request for it.

# SECTION III – BOISE AIR TERMINAL SECURITY PERMIT

		INIT
	I understand that with this application, I will be subject to a criminal history records check (via	
1.	fingerprinting) and any convictions during the previous ten (10) year period of the crimes listed in Section	
	II of this application will disqualify the applicant from obtaining a SAAB identification ID	
2.	I understand that at the time this application is submitted, I must present two (2) forms of personal	
2.	identification, in accordance with the "list of acceptable documents" provided with this application.	
3.	I understand that falsification of any portion of this application is a violation of 49 CFR 1542	
	SELF DISCLOSURE: I understand that in accordance with 49 CFR 1542, if at any time during which I am	
	authorized unescorted access to the Sterile area, I am arrested for or convicted of any of the crimes listed in	
4.	Section II of this application, I will, within 24 hours, report the conviction and surrender the SAAB	
	identification ID to Airport Operations	
_	This badge is issued for my individual use only and I will not, under any conditions, allow another	
5.	person to use my badge.	
(	Badges allowing access to the sterile areas within the terminal <b>and</b> visually displayed, <b>must be worn on</b>	
6.	an outer garment, above the waist, and visible at all times.	
7.	This badge will not be attached with any other form of identification, i.e., airline identification,	
/.	parking access cards, etc.	
	All badges remain the property of the Boise Air Terminal and must be returned to Airport Operations	
8.	upon demand of Airport Operations or upon my resignation, termination or at any other time access is no	
	longer required	
	If the badge is lost or stolen, I will immediately notify Airport Operations and apply for a replacement.	
	Replacement Fee for a lost SAAB Badge are as follows:	
	1 <sup>st</sup> lost card: \$25.00 - Required to retake the computer based training	
9.	2 <sup>nd</sup> lost card: \$50.00 - Required to retake the computer based training accompanied by the employee's	
	supervisor. 3 <sup>rd</sup> lost card: \$75.00 - Required to retake the computer based training accompanied by the employee's	
	supervisor.	
	supervisor.	
	NOTE: Monies are payable <u>prior</u> to issuance of a new card	
	Any changes made to the initial issuance of the SIDA badge will result in a Badge Change Fee of \$25.	
10	This will include badges that have escort privileges added, driver's license added, etc. In other	
10.	words, anything changed, that is within control of the badge holder/employer, will be assessed the	
	fee.	
11.	Any violation of the Airport Rules and Regulations or the Airport Security Program may result in	
11.	suspension, revocation and/or denial of a SAAB permit	
12.	Do You Have a Concealed Weapons Permit? YES NO	
13.	I understand that if I have a Concealed Weapons Permit, I am prohibited by 49 CFR 1542, from carrying a	
	concealed weapon in an airport.	

## LIST OF ACCEPTABLE DOCUMENTS

LIST A	OR	LIST B	AN	
1. U.S. Passport (unexpired)	is po pi pi su ge	river's license or ID card sued by a State or outlying ossession of the United States rovided it contains a hotograph or information ich as name, date of birth, ender, height, eye color, and ldress.		1. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment).
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	St aş cc in of	D card issued by Federal, tate, or local government gencies or entities, provided it ontains a photograph or formation such as name, date birth, gender, height, eye blor, and address.		2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. An unexpired foreign pass- port with a temporary I-551 stamp.		chool ID card with a hotograph		3. Original or certified copy of a birth certificate issued by a State, county, municipal authority, or outlying possession of the United States bearing an official seal.
4. An unexpired Employment Authorization Document that	4. V	oter's registration Card		4. Native American tribal document
contains a photograph (Form I-766, I-688, I-688A, I-688B)		.S. Military card or draft cord		5. U.S. Citizen ID Card (Form I-197)
5. An unexpired foreign pass- port with an unexpired	6. M	lilitary dependent's ID Card		6. ID Card For use of Resident Citizen in the United States (Form
Arrival-Departure Record, Form I-94, bearing the same name as the passport and		.S. Coast Guard Merchant [ariner Card		<i>I-179</i> )
containing an endorsement of the alien's nonimmigrant		ative American tribal ocument		7. Unexpired employment authorization document issued by
status, if that status a authorizes the alien to work for the employer.	C	river's license issued by a anadian government uthority		DHS (other than those listed under List A)
6. TSA Credentials plus TSA Exemption Letter		r persons under the age of 18 who are unable to present a document listed above.		8. TSA Exemption Letter
	1. S	chool record or report card		
		linic, doctor, or hospital ecord		
		ay-care or nursery school ecord		

**In addition**, <u>Non-US citizens</u> must present an Alien Registration Number or the I-94 Arrival/Departure Form Number. <u>US citizens who were born abroad</u> must provide either a US passport number, Certificate of Naturalization Number or a Certification of Birth Abroad (DS-1350).

	SECTION IV SIGNATODY
	SECTION IV – SIGNATORY
1.	I certify that the applicant has been advised of the rules governing the issuance, display, and surrender of the SAAB identification ID as outlined in the Master Security Plan for the airport.
2	I understand that the company named in this application accepts responsibility to <b>IMMEDIATELY</b> <b>NOTIFY</b> Airport Operations (208-424-5670) when the applicant terminates employment with the company. In accordance with Public Law 110-161, "any employer who employs an employee to whom an airport security badge or other identifier used to obtain access to a secure area of an airport is issued before, on, or after the date of enactment of this paragraph and who does not collect or make reasonable efforts to collect such badges from the employee on the date that the employmentis terminated and does not notify the operator of the airportwithin 24 hoursshall be liable to the government for a civil penalty not to exceed \$10,000." In addition, the airport will assess a \$100 penalty for each badge that isn't returned.
3.	I understand that is responsible for any and all violations of
	49 CFR 1542 involving the wear and use of SAAB identification ID's and that
	4) Of K 1542 involving the wear and use of Strikb Identification 1D 5 and that
	is liable for any and all fines levied by the FAA for these violations.
	(COMPANY NAME)
	I certify that, as the Signatory Agent for, I have received Signatory,
4.	Training, within the last 12 months.
SIG	NATORY NAME Position/Title
SIG	NATURE: Date:
	1: The above signature MUST be on the companies Signature Letter which is on file with the Airport Badging Office.
	2: This section IS NOT signed by the company Signatory <u>UNTIL</u> he/she reviews the application and ensures that: s legible, and
	omplies with all requirements as indicated by the attached instruction sheet,
Airpo	ort Badging reserves the right to refuse to process the application if these requirements are not met.