

BOISE AIR TERMINAL APPLICATION FOR SAAB ACCESS



				Revised Septem	ber 12, 2016				
BADGE	NUMBER	<u> </u>					TVD	E- Smart Card	
	Employer:						111	E- Smart Caru	
			1	For Office \	Use Only	Т		T	
Accounting	Form Doggivo	. Ω.	DAT	E INIT			DATE	INIT	
Reviewed	Form Receive	u &			Fingerpri	nt Received			
Received/ F	Reviewed Appl	ication			Security Threat Assessment				
	e Forms of Ide					CATION			
(As per the Documents'	"List of Accep ')	table			NAME		DATE	INIT	
No Fly List/	Selectee List C	Checked					DATE	INIT	
	rify the Training Date for the Com- ny Signatory Individual. Within 1 SIDA Training/Test				ining/Test				
Fingerprint	Requested								
			•	•				•	
SECTIO	ON I - EM	IPLOY	EE DAT	A					
NAME	(LAST NAME)		(FIRST NAME)	(N	MIDDLE NAME)	HOME PHONE: ()			
ADDRESS						WORK PHONE:			
	(NUMBER)	(STREE	ET)		(APT)	()			
CITY			ST	ZIP		EMPLOYMENT	POSITION/	TITLE:	
	_								
CITIZENSI	HIP:								
			(COUNTR	Y)		DATE OF BIRTI	<u> </u>		
ALIASES/N	VICKNAMES:					DATE OF BIRT			
						MONTH DA	Y	YEAR	
Race	Sex	Height	Weight	Eyes	Hair	PLACE OF BIRT	ΓΗ (State or C	Country)	
DRIVER'S	LICENSE ST.	ATE	DRIVER'S	LICENSE N	UMBER	SOCIAL SECUR	AITY NO.		

$FOLLOW\ THE\ INSTRUCTIONS\ AND\ \underline{PRINT\ CLEARLY}\ OR\ THE\ APPLICATION\ WILL\ BE\ REJECTED\ AND\ RETURNED$

_	ort Information – US or Foreign National	US Citizens , Non-US Country of Birth				
Issuing		Certificate of Naturalization				
Country		Number (former ARN)				
Passport		Certification of Birth Abroad	Attached Yes No			
Number		(Form DS-1350)	Attached Tes 140			
IN	FORMATION TO BE FI	LLED OUT BY FOREI	GN NATIONALS			
Alien Regsi	itration Number (if applicable)					
Non-Immig	grant Visa Number (if applicable)					
I-94 Arriva	d/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 12th 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."

imprisonment of both.		
I have read and understand the SS Authorization Statement.	Date:	Date of Birth:
Printed Name		Signature
PARENTA	L CONS	ENT
If under 18 years of age, your parent/guardian must cor Check and the Department of Homeland Security, Tran Assessment.	-	•
Parent/Guardian Print Name:		Date:

Parent/Guardian Signature:

SECTION II – ACCESS INVESTIGATION INFORMATION _ certify that during the past ten (10) years, I have not been convicted Ι MIDDLE NAME LAST NAME) or found not guilty by reason of insanity, have charges pending, been placed on probation or parole, have paid a fine, or any other disposition not amounting to an acquittal, in any jurisdiction of a crime involving any of the following crimes: **INIT** Forgery of certificates, false marking of aircraft, and other aircraft registration violations; 49 U.S.C 46306 1. 2. Interference with air navigation; 49 U.S.C. 46308 Interfering or destruction of air navigation facilities; I.S.C. 21-702 3. 4. Improper transportation of a hazardous material; 49 U.S.C. 46312 5. Aircraft piracy; 49 U.S.C. 46502 Aircraft hijacking; I.S.C. 18-7502 6. 7. Attempted aircraft hijacking; I.S.C. 18-7502 8. Interference with flight crew members or flight attendants; 49 U.S.C. 46504 9. Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506 Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505 10. Carrying weapons aboard an aircraft; I.S.C. 18-7503 11. 12. Conveying false information and threats; 49 U.S.C. 46507 **13.** Threats against passengers/aircraft; I.S.C. 18-7504 14. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b) 15. Lighting violations involving transporting controlled substances; 49 U.S.C. 46315 Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to 16. established security requirements; 49 U.S.C. 46314 Destruction of an aircraft or aircraft facility; 18 U.S.C. 32 17. 18. Murder 19. Assault with intent to murder 20. **Espionage** 21. **Sedition** (incitement of rebellion against authority) 22. Kidnapping or hostage taking 23. **Treason** 24. Rape or aggravated sexual abuse 25. Any felony sexual offense defined in I.S.C. Title 18 Chapter 61 Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon 27. **Extortion** 28. Armed or felony unarmed robbery 29. Distribution of, or intent to distribute, a controlled substance **30.** Felony arson 31. Felony involving a threat 32. Felony involving willful destruction of property 33. Felony involving importation or manufacture of a controlled substance Felony involving burglary 34. 35. Felony involving theft **36.** Felony involving dishonesty, fraud or misrepresentation Felony involving possession or distribution of stolen property 37. 38. Felony involving aggravated assault Felony involving bribery

SECTION II (Continued) - ACCESS INVESTIGATION

INIT

40.	Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year					
41.	Violence at international airports; 18 U.S.C. 37					
42.	Conspiracy or attempt to commit any of the criminal acts listed in this paragraph					
43.	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 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					
44.	I do not have a disqualifying criminal offense					
45.	I understand that Federal regulations under 49 CFR 1542 impose a continuing obligation to disclose to the airport operator within 24 hours if I am charged or convicted of any disqualifying criminal offense that occurs while I have unescorted access authority					
pro	"The information I have provided is true, complete 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)."					
Printed	d FIRST NAME MIDDLE NAME LAST NAME					
	(APPLICANT'S SIGNATURE) (DATE)					

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						
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.							
4.	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 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 <u>any</u> conditions, allow another						
5.	person to use my badge.						
6.	Badges allowing access to the sterile areas within the terminal and visually displayed, must be worn on						
0.	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						
8.	Operations 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:						
	1st lost card: \$25.00 - Required to retake the computer based training						
9.	2 nd lost card: \$50.00 - Required to retake the computer based training accompanied by the employee's						
	supervisor. 3 rd lost card: \$75.00 - Required to retake the computer based training accompanied by the employee's						
	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. This will include badges that have escort privileges added, driver's license added, etc. In						
10.	other 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						
	suspension, revocation and/or denial of a SAAB permit						
12.	Do You Have a Concealed Weapons Permit? YES NO						
	I understand that if I have a Concealed Weapons Permit, I am prohibited by 49 CFR 1542, from						
13.	carrying a concealed weapon in an airport.						

LIST OF ACCEPTABLE DOCUMENTS

LIST A)R	LIST B	<u>AN</u> I	D_	LIST C
1. U.S. Passport (unexpired)		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.			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)		2. ID card issued by Federal, State, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, 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.		3. School ID card with a photograph			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. Voter's registration Card			4. Native American tribal document
contains a photograph (Form I-766, I-688, I-688A, I-688B)		5. U.S. Military card or draft record			5. U.S. Citizen ID Card (Form I-197)
5. An unexpired foreign pass- port with an unexpired Arrival-Departure Record, Form I-94, bearing the same		6. Military dependent's ID Card7. U.S. Coast Guard Merchant			6. ID Card For use of Resident Citizen in the United States (Form I-179)
name as the passport and containing an endorsement of the alien's nonimmigrant		Mariner Card 8. Native American tribal document			7. Unexpired employment authorization document issued by
status, if that status a authorizes the alien to work for the employer.		9. Driver's license issued by a Canadian government authority			DHS (other than those listed under List A)
6. TSA Credentials plus TSA Exemption Letter		For persons under the age of 18 who are unable to present a document listed above.			8. TSA Exemption Letter
		1. School record or report card			

2. Clinic, doctor, or hospital

3. Day-care or nursery school

record

record

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 – SIGNATO	DRY					
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 IMMEDIATELY						
_	NOTIFY Airport Operations (208-424-5670) when the applicant						
	company. In accordance with Public Law 110-161, "any employer who employes 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						
	of the airportwithin 24 hoursshall be liable to the government for	or a civil penalty not to exceed \$10,000."					
	In addition, the airport will assess a \$100 penalty for each badge that i	sn't returned.					
3.		responsible for any and all violations					
	of (COMPANY NAME)						
	49 CFR 1542 involving the wear and use of SAAB identification ID's and that						
	TO CIA 1572 involving the wear and use of SAAD identification ID's and that						
	is liable for any and all fines levied by the TSA for these violations.						
	(contract)						
	I certify that, as the Signatory Agent for	, I have received Signatory					
4.	Training, within the last 12 months.						
	114111119, 11711111111111111111111111111111						
SIGI	NATORY NAME	Position/Title					
FIRST NAME MIDDLE NAME LAST NAME							
SIGNATURE: Date:							
Note	1: The above signature MUST be on the companies Signature Letter which	ch is on file with the Airport Badging Office.					
	2: This section IS NOT signed by the company Signatory <u>UNTIL</u> he/she r	eviews the application and ensures that:					
 it is legible, and it complies with all requirements as indicated by the attached instruction sheet, 							
Airpo	Airport Badging reserves the right to refuse to process the application if these requirements are not met.						