

INSTRUCTION SHEET FOR FILLING OUT THE BOISE AIRPORT SIDA APPLICATION (Revised 1 October 2010)

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

NOTE: The applicant must bring the application to the Airport Badging 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. If you will be driving on airport property, you must also bring in a current state issued driver's license. **In addition, Non US citizens must present an Alien Registration Number or the I-94 Arrival/Departure Form Number. US citizens who were born abroad must provide either a US passport number, Certificate of Naturalization Number or a Certification of Birth Abroad (DS-1350).**

NOTE: All fee's, deposits, etc., must be paid in advance to the Airport Accounting office PRIOR to coming to the Badging Office. Contact Airport Accounting for questions regarding fees, etc. Office hours are between 8am and 4:30pm, Monday through Friday.

FIRST STEP: Fill out the Billing Information Form

- a. Legibly print your full legal name, i.e., First Name, Middle Name, Last Name.

- b. Legibly print your Company's name (if they are paying for the badge, or leave blank if you are paying for the badge).

- c. If you are paying for the badge, complete the following: If not, skip to the next section.
 1. Name, i.e., First Name, Middle Initial, Last Name
 2. Address. This should be where you get your mail.
 3. City, State, Zip. Self Explanatory
 4. Home Phone Number. Please include the area code.
 5. Cell Phone Number. Please include the area code.
 6. Email address: This will be our primary method to contact you in the event of a problem.

- d. If your Company is paying for the badge, complete the following:
 1. Company Name
 2. Address
 3. City, State, Zip
 4. Company Phone Number
 5. Company Fax Number

This form will be taken to **and left in** the accounting office along with the required fees, prior to going to the badging office.

FILLING OUT THE APPLICATION – PAGE 1

COMPANY: Name of the company you will be working for at the airport

SKIP DOWN TO SECTION I.

SECTION I - EMPLOYEE DATA

NAME: Please print your **FULL LEGAL** name, 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 countries.

ALIASES/NICKNAME: 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, country if not born in the United States

SOCIAL SECURITY NO: Self explanatory.

RACE: No, not auto, formula one or motorcycle. Enter Cauc., Hisp., African American, Indian, etc.

SEX: Don't just say yes. Enter your gender, i.e., Male or Female.

HEIGHT: Enter height in feet and inches.

WEIGHT: Enter weight in pounds. (Rounding down to the nearest 5 lbs is acceptable)

EYES: Enter your natural eye color.

HAIR: Enter your hair color. (If you don't have hair, "Bald" is acceptable)

DRIVER'S LICENSE STATE: Enter the state who 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 operations.

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, 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
- B. **FOR APPLICANTS GETTING AN AIRPORT DRIVER'S LICENSE**
 - a. Read and initial statements 1, 2 & 3. This means there are three statements and you should have written your initials THREE (3) times.

- b. A copy of your current state driver's license is required to be in your file if you are driving on airport property. Make sure that if you are getting an airport driver's license, you bring your state issued driver's license with you.

FILLING OUT THE APPLICATION – PAGE 6

PAGE SIX (6) IS A 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 Badging Office prior to your appointment. Due to Homeland Security constraints, if the appropriate documents establishing Identity and Employment Eligibility are not brought in, Badging Office personnel will not be able to process the application.

FILLING OUT THE APPLICATION – PAGE 6

SECTION IV - SIGNATORY

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

1. Read and understand items 1-5.
2. Print the company name in both places in item #4 and one place in item #5.
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, 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.

NOTE FOR THE EMPLOYER: Make sure you read and comply with the notes at the end of this section.

NOTE: If you have made it to the end of the instruction sheet, you will have completed the application the way it is supposed to have been filled out. Now, one last bit of instruction! This instruction sheet is for you to complete the application. We in the Badging Office DO NOT need to have it returned with the application. Therefore, please detach the instruction sheets and properly dispose of it. This will also indicate to us that you have indeed read and followed these instructions.

BILLING INFORMATION FORM

FIRST NAME MIDDLE INITIAL LAST NAME

COMPANY NAME (If Applicable) _____

TYPE OF BADGE (Please Circle One) **SIDA** **STERILE** **GA VNDR**

I AM PAYING FOR THIS BADGE, AND MY BILLING INFORMATION IS AS FOLLOWS: (PLEASE PRINT LEGIBLY)

NAME: _____
FIRST MI LAST

ADDRESS: _____
STREET APT

CITY ST ZIP

MY CONTACT INFORMATION:

HOME PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____

EMAIL: _____

MY COMPANY WILL BE PAYING FOR THIS BADGE AND ITS BILLING INFORMATION IS AS FOLLOWS: (PLEASE PRINT LEGIBLY)

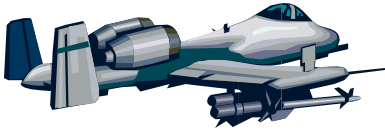
COMPANY: _____

ADDRESS: _____
STREET STE

CITY ST ZIP

COMPANY PHONE NUMBER: _____ - _____ - _____

COMPANY FAX NUMBER: _____ - _____ - _____



BOISE AIR TERMINAL APPLICATION FOR SIDA ACCESS



Revised 1 Oct 2010

BADGE NUMBER	Company: _____	DRIVERS LICENSE		
		No L	NM	M

FOR OFFICE USE ONLY

	DATE	INIT		SENT	INIT
Accounting Form Received & Reviewed			Fingerprint Received		
Received/ Reviewed Application			Security Threat Assessment		Received
Appropriate Forms of Identification (As per the "List of Acceptable Documents")	NOTIFICATION				
			Name	Date	Init
Verify the Training Date for the Company Signatory Individual. Within 1 Yr			SIDA Training/Test		
No Fly List/Selectee List Checked			Driver's Training/Test		
Fingerprint Requested			Driver's Practical Training		

FOLLOW THE INSTRUCTIONS AND PRINT CLEARLY OR THE APPLICATION WILL BE REJECTED AND RETURNED

SECTION I - EMPLOYEE DATA

NAME _____ <small>(LAST NAME) (FIRST NAME) (MIDDLE NAME)</small>						HOME PHONE: (____) - _____ <small>Area Code</small>	
ADDRESS _____ <small>(NUMBER) (STREET) (APT)</small>						WORK PHONE: (____) - _____ <small>Area Code</small>	
CITY _____ ST _____ ZIP _____						EMPLOYMENT POSITION/TITLE: _____	
CITIZENSHIP : _____ <small>(COUNTRY)</small>						DATE OF BIRTH _____ <small>MONTH DAY YEAR</small>	
ALIASES/NICKNAMES: _____						PLACE OF BIRTH (State or Country) _____	
Race _____	Sex _____	Height _____	Weight _____	Eyes _____	Hair _____	SOCIAL SECURITY NO. _____	
DRIVER'S LICENSE STATE _____				DRIVER'S LICENSE NUMBER _____		SOCIAL SECURITY NO. _____	

Approved by Homeland Security:

Date: 27 October 2010

Signature: Signature on File with Airport Admin
 Andrew Coose

Passport Information – US or Foreign National		US Citizens , Non-US Country of Birth	
Issuing Country	_____	Certificate of Naturalization Number (former ARN)	_____
Passport Number	_____	Certification of Birth Abroad (Form DS-1350)	Attached Yes <input type="checkbox"/> No <input type="checkbox"/>
INFORMATION TO BE FILLED OUT BY FOREIGN NATIONALS			
Alien Registration Number (if applicable)	_____		
Non-Immigrant Visa Number (if applicable)	_____		
I-94 Arrival/Departure Form Number	_____		

Privacy Act Notice

Authority: 49 U.S.C.§114 authorizes the collection of this information.

Purpose: Department of Homeland Security (DHS) will use this information to conduct a security threat assessment on airport employees and other personnel or applicants who work in or have unescorted access to the Airport Operations Area (AOA), secured area, sterile area, Security Identification Display Area (SIDA), or any area for which the airport has issued a personnel identification media.

Routine Uses: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to aviation security. Additionally, DHS may share the information with facility operators, law enforcement or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the completion of your security threat assessment, which may prevent your access to the AOA, secured area, sterile area, SIDA, or other area or purpose for which personnel identification media are issued.

I have read and understand the Privacy Act Notice.

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-19)/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.”

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

Printed Name

Signature

SECTION II (Continued) - ACCESS INVESTIGATION

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	

I certify that the answers on this form are true and correct. I understand that answering any of these questions falsely and that making any false oral or written statement or exhibiting any false or misrepresented identification with respect to this application is a crime punishable as a felony. I understand that if I knowingly make a false written statement or exhibit false or misrepresented identification in connection with this application, I could be prosecuted for violations of Title 18, United States Code, Section 1001, or any other applicable federal criminal statute.

Printed 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										
1.	I understand that with this application, I will be subject to a criminal history records check (via 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 SIDA identification ID.											
2.	I understand that at the time this application is submitted, I must present two (2) forms of personal 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.											
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 security identification display 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 SIDA identification ID to Airport Operations.											
5.	The SIDA Badge is issued for my individual use only and I will not, under any conditions, allow another person to use my badge.											
6.	Badges allowing access to the secured areas surrounding the terminal and air cargo buildings must be worn on an outer garment, above the waist, and visible at all times while within those areas.											
7.	This badge will not be attached with any other form of identification, i.e., airline identification, parking access cards, etc.											
8.	All badges remain the property of the Boise Air Terminal and must be returned to Airport Operations upon demand of Airport Operations or upon my resignation, termination or at any other time access is no longer required.											
9.	<p>If my badge is lost or stolen, I will immediately notify Airport Operations and apply for a replacement. Replacement Fee for a lost SIDA Badge is as follows:</p> <p style="margin-left: 40px;">1st lost card: \$25.00 – Required to retake the computer based training.</p> <p style="margin-left: 40px;">2nd lost card: \$50.00 – Required to retake the computer based training accompanied by the employee’s supervisor.</p> <p style="margin-left: 40px;">3rd lost card: \$75.00 – Required to retake the computer based training, accompanied by the employee’s supervisor.</p> <p>NOTE: Monies are payable <u>prior</u> to issuance of a new card.</p>											
10.	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 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 Master Security Plan may result in suspension, revocation and/or denial of a SIDA badge.											
12.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Do You Have a Concealed Weapons Permit?</td> <td style="padding: 5px; text-align: center;">YES</td> <td style="padding: 5px; width: 40px;"></td> <td style="padding: 5px; text-align: center;">NO</td> <td style="padding: 5px; width: 40px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"></td> <td></td> <td style="text-align: center;"></td> <td></td> </tr> </table>	Do You Have a Concealed Weapons Permit?	YES		NO							
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.											

FOR APPLICANTS GETTING AN AIRPORT DRIVER’S LICENSE

1.	Applicant agrees to comply with the Driver’s License Rules and Regulations in the Boise Airport Drivers Manual. (Hard copy of this manual is available upon written request.)	
2.	Applicant understands that failure to comply with Boise Airport Driver’s License Rules and Regulations may result in fines being imposed by the Federal Aviation Administration in addition to any enforcement action taken under the provisions of the enforcement section of Boise Airport Driver’s Manual.	
3.	My signature above certifies that I agree to the language stated above and have been provided information and training in accordance with FAA Regulation Part 139, Vehicle Ground Safety Control at the Boise Airport.	

LIST OF ACCEPTABLE DOCUMENTS

LIST A	OR	LIST B	AND	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 (<i>other than a card stating it is not valid for employment</i>).
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 (<i>Form FS-545 or Form DS-1350</i>)
3. An unexpired foreign passport 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 contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration Card		4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (<i>Form I-197</i>)
6. TSA Credentials plus TSA Exemption Letter		6. Military dependent's ID Card		6. ID Card For use of Resident Citizen in the United States (<i>Form I-179</i>)
		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)
		8. Native American tribal document		8. TSA Exemption Letter
		9. Driver's license issued by a Canadian government authority		
		For persons under the age of 18 who are unable to present a document listed above.		
		1. School record or report card		
		2. Clinic, doctor, or hospital record		
		3. Day-care or nursery school record		

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

SECTION IV – SIGNATORY

1. I certify that the applicant has been advised of the rules governing the issuance, display, and surrender of the SIDA identification ID as outlined in the Master Security Plan for the airport.
2. I certify that the applicant has been instructed in the operation of Ground Equipment in accordance with the Boise Airport rules and regulations. (If required)
3. I understand that the company named in this application accepts responsibility to **IMMEDIATELY NOTIFY** Airport Operations (208-383-3110) 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 employment . . . is terminated and does not notify the operator of the airport . . . within 24 hours . . . shall be liable to the government for a civil penalty not to exceed \$10,000.” In addition, the airport will assess a \$100 fee for each badge that isn’t returned.
4. I understand that _____ is responsible for any and all violations of
(COMPANY NAME)
49 CFR 1542 involving the wear and use of SIDA identification ID’s and that
 _____ is liable for any and all fines levied by the FAA for these violations.
(COMPANY NAME)
5. I certify that, as the Signatory Agent for _____, I have received Signatory
(COMPANY NAME)
Training, within the last 12 months.

SIGNATORY NAME _____ **Position/Title** _____
FIRST NAME MIDDLE NAME LAST NAME

SIGNATURE: _____ **Date:** _____

(Note 1: The above signature MUST be on the companies Signature Letter which is on file with Airport Badging Office.)
(Note 2: This section IS NOT signed by the company Signatory UNTIL he/she reviews the application and ensures that 1) it is legible, 2) complies with all requirements as indicated by the attached instruction sheet, 3) indicates whether or not the individual will be getting an airport driver’s license and if so what type. Airport Badging reserves the right to refuse to process the application if these requirements are not met.)

(For Organization Driver’s Training Instructors Use Only)

I certify that the above named applicant has received additional practical training and can drive safely and responsibly on the BOI Aircraft Operating Area. _____

Signature of Organizational Driver’s Trainer

Organization Driver’s Trainer Name (Please Print)

Date Completed ***

*****NOTE:** If the in-house practical training is not accomplished within ten (10) working days from the date of issue of the individual’s SIDA badge, it will be turned off and remain off until the required training is accomplished and documented.