



BOISE AIR TERMINAL APPLICATION FOR SIDA ACCESS



Revised November 2018

	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
			DATE		INIT
Verify the Training Date for the Company Signatory Individual. (Within 1 Year)			SIDA Training/Test		
Fingerprint Requested			Driver's Training/Test		
			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. _____	

SENSITIVE SECURITY INFORMATION

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

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, 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 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. 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

Privacy Notice for Collection of Secure Flight Passenger Data

The Transportation Security Administration of the U.S. Department of Homeland Security requires us to collect information from you for purposes of watch list screening, under the authority of 49 U.S.C section 114, and the Intelligence Reform and Terrorism Prevention Act of 2004. Providing this information is voluntary; however, if it is not provided, you may be subject to additional screening or denied transport or authorization to enter a sterile area. TSA may share information you provide with law enforcement or intelligence agencies or others under its published system of records notice. For more on TSA Privacy Policies, or to view the system of records notice and the privacy impact assessment, please see TSA’s Web site at www.tsa.gov.

I have read and understand the Privacy Notice for Collection of Secure Flight Passenger Data

Date: _____

Printed Name

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.”

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: _____

Parent/Guardian Signature: _____

To SIDA and SAAB access media holders:

The Boise Airport has the primary responsibility for maintaining security in the SIDA and sterile areas of the Boise Airport to include establishing and maintaining access control policies and procedures, random credential inspections and a challenge program.

The Boise Airport currently has a requirement directed by 49 CFR §§ 1540,1542 and Security Directive 1542-06-01 to conduct random inspections of individuals and accessible property entering the sterile area at entry points other than the security checkpoint to:

1. Verify that they have the appropriate valid unescorted access media.
2. Determine if they are carrying prohibited items other than those required for operational needs.

49 CFR §1540.107 states that *“No individual may enter a sterile area without submitting to the screening and inspection of his or her person and accessible property in accordance with the procedures being applied to control access to that area.”*

To meet this requirement, the Boise Airport will conduct random inspections of persons and accessible property at access points to the sterile area and SIDA.

CONSENT FOR INSPECTION

Upon receipt of a Boise Airport Sterile Area Access Badge (SAAB) or Security Identification Display Area (SIDA) access media, I understand, acknowledge, and consent to random inspection (both of myself and my property) at sterile area or SIDA entry points or within the sterile area or SIDA.

I have read and understand the above statements and agree to inspection of unescorted access media assigned to me and accessible property.

Name _____

Signature _____ Date _____

SECTION II – ACCESS INVESTIGATION INFORMATION

(Please Print Legibly)

I _____ certify that during the past ten (10) years, I have not been convicted 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
1.	Forgery of certificates, false marking of aircraft, and other aircraft registration violations; 49 U.S.C 46306	
2.	Interference with air navigation; 49 U.S.C. 46308	
3.	Interfering or destruction of air navigation facilities; I.S.C. 21-702	
4.	Improper transportation of a hazardous material; 49 U.S.C. 46312	
5.	Aircraft piracy; 49 U.S.C. 46502	
6.	Aircraft hijacking; I.S.C. 18-7502	
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	
10.	Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505	
11.	Carrying weapons aboard an aircraft; I.S.C. 18-7503	
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	
16.	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	
17.	Destruction of an aircraft or aircraft facility; 18 U.S.C. 32	
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 Chapters 15 and 61	
26.	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	
34.	Felony involving burglary	
35.	Felony involving theft	
36.	Felony involving dishonesty, fraud or misrepresentation	
37.	Felony involving possession or distribution of stolen property	
38.	Felony involving aggravated assault	

SECTION II (Continued) - ACCESS INVESTIGATION

39.	Felony involving bribery	
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	

“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 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) current 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 <u>any</u> 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.	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: 1 st lost card: \$50.00 – Required to retake the computer based training. 2 nd lost card: \$75.00 – Required to retake the computer based training accompanied by the employee’s supervisor. 3 rd lost card: \$100.00 – 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.	
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 Security Program may result in suspension, revocation and/or denial of a SIDA badge.	
12.	**I understand that I am prohibited by 49 CFR 1540.111 from carrying a concealed weapon in the 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.	

SENSITIVE SECURITY INFORMATION

LIST OF ACCEPTABLE DOCUMENTS

Two original forms of unexpired identification are required when submitting the application. Each identification must be from a different list. Please Note: Photocopies of documents are not accepted.

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).

LIST A	OR	LIST B	OR	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 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 (Form I-197)
		6. Military dependent's ID Card		6. ID Card For use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by DHS (other than those listed under List A)
		8. Native American tribal document		
6. TSA Credentials plus TSA Exemption Letter		9. Driver's license issued by a Canadian government authority		8. TSA Exemption Letter
		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		

SECTION IV – SIGNATORY

- | | |
|-----------|--|
| 1. | I certify that a specific need exists for providing the individual applicant with unescorted access authority. The individual applicant has been advised of the rules governing the issuance, display, and surrender of the SIDA identification ID as outlined in the Airport Security Program for the airport. The individual applicant acknowledges they will have security responsibilities under 49 CFR 1540.105(a) when issued access media. |
| 2. | If required, I certify that the applicant has been instructed in the operation of Ground Equipment in accordance with the Boise Airport rules and regulations. |
| 3. | I understand that the company named in this application accepts responsibility to IMMEDIATELY NOTIFY Airport Operations (208-972-8420) 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 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 TSA for these violations.
<small>(COMPANY NAME)</small>
<small>(COMPANY NAME)</small> |
| 5. | I certify that, as the Signatory Authority for _____, I have received Training, within the last 12 months.
<small>(COMPANY NAME)</small> |

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

SIGNATURE: _____ **Date:** _____

(Note 1: The above signature MUST be on the companies Signature Letter which is on file with Airport Credentialing 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, and
3) indicates whether or not the individual will be getting an airport driver’s license and if so what type.

Airport Credentialing reserves the right to refuse to process the application if these requirements are not met.)

SENSITIVE SECURITY INFORMATION

(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.