



# SECURITY IDENTIFICATION DISPLAY AREA (SIDA) AND STERILE AREA ACCESS (SAAB) APPLICATION

**BADGE HOLDER INFORMATION:** PRESENT THIS APPLICATION WITH TWO (2) FORMS OF IDENTIFICATION (REFER TO I-9 LIST OF ACCEPTABLE DOCUMENTS) TYPE OR PRINT LEGIBLY AND COMPLETELY USING BLUE OR BLACK INK ONLY. INCOMPLETE/ILLEGIBLE APPLICATION WILL NOT BE ACCEPTED.

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

## ALIAS OR OTHER NAMES USED (include all previous names including maiden, nickname or aliases)

ALIAS: \_\_\_\_\_ ALIAS: \_\_\_\_\_  
LAST FIRST MIDDLE LAST FIRST MIDDLE

ALIAS: \_\_\_\_\_ ALIAS: \_\_\_\_\_  
LAST FIRST MIDDLE LAST FIRST MIDDLE

## CONTACT INFORMATION

MAILING ADDRESS: \_\_\_\_\_  
NUMBER STREET APT/UNIT

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PERSONAL INFORMATION

SOCIAL SECURITY # : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
STATE, COUNTRY

DRIVER'S LICENSE STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

## CRIMINAL HISTORY RECORDS CHECK INFORMATION

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

WEIGHT (LBS): \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

## IDENTIFICATION INFORMATION

PASSPORT ISSUING COUNTRY: \_\_\_\_\_ PASSPORT # : \_\_\_\_\_

CERTIFICATE OF NATURALIZATION # : \_\_\_\_\_ CERTIFICATE OF BIRTH ABROAD # : \_\_\_\_\_

ALIEN REGISTRATION # : \_\_\_\_\_ NON-IMMIGRANT VISA # : \_\_\_\_\_ I-94 ARRIVAL/DEPARTURE FORM # : \_\_\_\_\_

"I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.

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.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZED SIGNATORY**

**BADGE TYPE:**  SIDA       SAAB

**AIRPORT DRIVING PRIVILEGES SIDA APPLICANTS ONLY**

NO DRIVING       NON-MOVEMENT DRIVING       MOVEMENT DRIVING

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/SAAB 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.

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.

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.

I understand that \_\_\_\_\_ is responsible for any and all violations of 49 CFR  
COMPANY NAME  
1542 involving the wear and use of SIDA/SAAB identification ID’s and that \_\_\_\_\_  
COMPANY NAME  
is liable for any and all fines levied by the TSA for these violations.

AUTHORIZED SIGNATORY PRINTED NAME: \_\_\_\_\_

AUTHORIZED SIGNATORY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATORY TRAINING DATE: \_\_\_\_\_

NOTE: 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 application requirements are not met.

## PRIVACY ACT NOTICE

**AUTHORITY:** 6 U.S.C § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 503a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, §1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, § 1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

**PURPOSE:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, your fingerprints and associated information 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 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 Automated Biometrics Identification System (IDENT).

DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 522a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information 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:** Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

I have read and understand the Privacy Act Statement.

PRINTED NAME: \_\_\_\_\_

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

## 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](http://www.tsa.gov).

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

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SOCIAL SECURITY AUTHORIZATION STATEMENT

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](http://www.tsa.gov).

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

SIGNATURE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**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 PRINTED NAME: \_\_\_\_\_

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

# SCREENING NOTICE

**ANY EMPLOYEE HOLDING A CREDENTIAL GRANTING ACCESS TO A SECURITY IDENTIFICATION DISPLAY AREA MAY BE SCREENED AT ANY TIME WHILE GAINING ACCESS TO, WORKING IN, OR LEAVING A SECURITY IDENTIFICATION DISPLAY AREA.**

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.”

## 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.

PRINTED NAME: \_\_\_\_\_

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

## DISQUALIFYING CRIMINAL OFFENSES

I, \_\_\_\_\_, certify that during the past ten (10)  
FIRST NAME LAST NAME

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:

	INITIAL
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	

DISQUALIFYING CRIMINAL OFFENSES CON'T	INITIAL
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	
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, completed correctly 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 NAME: \_\_\_\_\_

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.**

BOISE AIR TERMINAL SECURITY PERMIT	INITIAL
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/SAAB 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 TSA's list of acceptable documents.	
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/SAAB identification ID to Airport Operations.	
5. The SIDA/SAAB Badge is issued <b>FOR MY INDIVIDUAL USE ONLY</b> and I will not, under <b>ANY</b> 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. <b>ALL BADGES REMAIN THE PROPERTY OF THE BOISE AIR TERMINAL</b> 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. The Airport may assess \$100 fee for each badge that isn't returned.	
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/SAAB Badge is as follows: 1st lost card: \$50.00 – Required to retake the computer-based training. 2nd lost card: \$75.00 – Required to retake the computer-based training accompanied by the employee's supervisor. 3rd lost card: \$100.00 – Required to retake the computer-based training, accompanied by the employee's supervisor. NOTE: Monies are payable prior to issuance of a new card.	
10. Any changes made to the initial issuance of the SIDA/SAAB badge will result in a badge change fee of \$25. This will include badges that have escort privileges added, driver's license added, etc.	
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/SAAB badge.	
12. <b>I UNDERSTAND THAT I AM PROHIBITED BY 49 CFR 1540.111 FROM CARRYING A CONCEALED WEAPON IN THE AIRPORT.</b>	

"The information I have provided is true, completed correctly 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 NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANTS APPLYING FOR AN AIRPORT DRIVER'S LICENSE	INITIAL
1. Applicant agrees to comply with the airport driver's rules and regulations in the Boise Airport Drivers Handbook. (Hard copy of this manual is available upon written request.)	
2. Applicant understands that failure to comply with Boise Airport driver's rules and regulations may result in fines being imposed by the Federal Aviation Administration in addition to any enforcement action taken by the airport.	
3. My signature above certifies that I agree to the language stated above and will be provided information and training in accordance with FAA Regulation Part 139, Vehicle Ground Safety Control at the Boise Airport.	