



San Bernardino International Airport Authority

Fingerprint/Badge Application

Rev-01

BADGE TYPE	
<input type="checkbox"/>	SIDA (Movement Area)
<input type="checkbox"/>	SIDA (Non-Movement Area)
<input type="checkbox"/>	SIDA LEO (Armed)
<input type="checkbox"/>	AOA (Movement Area)
<input type="checkbox"/>	AOA (Non-Movement Area)
<input type="checkbox"/>	SACE (With Escort/Without Escort)

APPLICANT INFORMATION (Please Type ALL information)

Last Name		First Name		Middle Name	
List All Aliases and/or Nicknames (Include Maiden Names)				Telephone Number	
Residential Address (Including Street Number, Unit Number, City, State, and Zip Code)					
Mailing Address (If different than Residential: Including Street Number, Unit Number, City, State, and Zip Code)					
Social Security Number		Driver's License/Exp. Date/State/ID Number		Date of Birth	Country of Birth
Citizenship (Country)		Ethnic Origin		Eye Color	Hair Color
Height	Weight	Sex	Work Authorization & Citizenship Document Number(s)		
Employer/Sponsor			Job Title		

TERMS & CONDITIONS

Badge remains the sole property of the San Bernardino International Airport and is non-transferable.

Badge shall be immediately returned to Airport Law Enforcement or Airport Ops or Airport Security upon demand and/or upon termination of need of access to the area(s) authorized. Expiration dates are determined no more than every(2) two years and may be revalidated no earlier than 30 days prior to this date. Badges revalidated after the expiration, but within 30 days will be assessed a late fee, NO EXCEPTIONS. Badges revalidated after 30 days of expiration will render all previous security clearances null and void and badging process must be repeated with all associated fees. EXPIRED badges NOT RETURNED will be considered LOST and all associated fees will apply.

Badge is for official use by authorized personnel only.

Badge holder agrees to abide by all applicable federal, state, and City laws, rules and regulations while in authorized area(s) and to conduct their activities in a safe manner consistent with procedures outlined in the Airport Security Program and/or Airport Certification Manual.

Badge holder agrees to display the badge on his/her person on the outermost garment above waist level at all times while in the SIDA/Secured, Sterile, or restricted areas.

If a badge is lost or stolen or otherwise unaccounted for the holder shall immediately notify Airport Law Enforcement or Airport Operations.

If a badge is lost, stolen, or damaged (due to abuse) the holder will be charged a replacement fee.

Fingerprint-based Criminal History Records Check (CHRC) processing fees must be paid in advance. CHRC results are valid for thirty (30) days from date results are received by the Airport Security Coordinator. Applicants or Authorized Signers may be subject to fees related to the resubmission process.

As applicable, applicant cannot perform any security related functions until CHRC is cleared.

SCREENING NOTICE: Any employee holding 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

SBD Int'l Airport may contact any past employer; education institution, any Local, State, or Federal law enforcement agency; any public/private medical institution/facility; or any person, who has knowledge of my work history, criminal records, education, medical history, or whereabouts; and I authorize those entities to release this information to the San Bernardino International Airport Authority.

No person shall knowingly or willfully allow unauthorized persons access to non-public restricted areas by use of the airport identification badge.

VIOLATIONS OF AIRPORT IDENTIFICATION BADGE TERMS AND CONDITIONS MAY RESULT IN IMMEDIATE REVOCATION OF THE BADGE

AOA	<input type="checkbox"/>	NM DRIVING	<input type="checkbox"/>	CHRC COLLECTION	<input type="checkbox"/>
SIDA	<input type="checkbox"/>	M DRIVING	<input type="checkbox"/>	CHRC TRANSMIT	<input type="checkbox"/>

BADGE INFORMATION (AIRPORT ONLY)

SBD ID #	<input type="text"/>	ISSUE DATE	<input type="text"/>
ENCODED #	<input type="text"/>	ISSUED BY	<input type="text"/>
		EXPIRATION	<input type="text"/>

STA INFORMATION (AIRPORT ONLY)

STA RESULTS	<input type="checkbox"/>	<input type="checkbox"/>
SELECTEE	<input type="checkbox"/>	<input type="checkbox"/>
NO FLY	<input type="checkbox"/>	<input type="checkbox"/>



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Airport Authority
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To schedule fingerprint, training, or other badging related appointments, please visit www.sbdairport.com/airport-badging

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MANDATORY CRIMINAL QUESTIONNAIRE ("Yes" or "No" MUST be checked for each item listed)

You are subject to a fingerprint-based Criminal History Records Check (CHRC). Within the past ten years, have you been convicted or found not guilty by reason of insanity of any of the following offenses?

Yes	No	Forgery of certificates, false marking of aircraft, and other aircraft registration violations (49 U.S.C. 46306)	Yes	No	Aircraft piracy (49 U.S.C. 46502)
Yes	No	Interference with air navigation (49 U.S.C. 46308)	Yes	No	Murder
Yes	No	Improper transportation of a hazardous material (49 U.S.C. 46312)	Yes	No	Assault with intent to murder
Yes	No	Violence at International Airports (49 U.S.C. 37)	Yes	No	Espionage
Yes	No	Interference with flight crew members or flight attendants (49 U.S.C. 46504)	Yes	No	Sedition
Yes	No	Commission of certain crimes aboard an aircraft in flight (49 U.S.C. 46506)	Yes	No	Kidnaping or hostage taking
Yes	No	Carrying a weapon or explosive aboard an aircraft (49 U.S.C. 46505)	Yes	No	Treason
Yes	No	Conveying false information and threats (49 U.S.C. 46507)	Yes	No	Rape or aggravated sexual abuse
Yes	No	Unlawful possession, use, sale or distribution or manufacture of an explosive or weapon	Yes	No	Extortion
Yes	No	Lighting violations involving transporting controlled substances (49 U.S.C. 46315)	Yes	No	Felony arson
Yes	No	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)	Yes	No	Distribution of, or intent to distribute, a controlled substance
Yes	No	Destruction of an aircraft or aircraft facility (49 U.S.C. 32)	Yes	No	Armed or felony unarmed robbery
Yes	No	Aircraft piracy outside the special aircraft jurisdiction of the United States (49 U.S.C. 46502(b))	Yes	No	Felony involving dishonesty, fraud, or misrepresentation
Yes	No	Felony involving possession or distribution of stolen property	Yes	No	Felony involving a threat
Yes	No	Felony involving willful destruction of property	Yes	No	Felony involving aggravated assault
Yes	No	Felony involving importation or manufacture of a controlled substance	Yes	No	Felony involving bribery
Yes	No	Felony involving burglary	Yes	No	Felony involving theft
Yes	No	Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.	Yes	No	Conspiracy or attempt to commit any of the aforementioned criminal acts

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both. (See section 1001 of Title 18 United States Code). By signing this application, I am stating that I have not been convicted or found not guilty by reason of insanity, for any of the disqualifying crimes listed above (49 CFR 1542.209(d)). Furthermore, Federal Regulations under 49 CFR 1542.209 (d)(1) impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.

*******APPLICANT ACKNOWLEDGMENT*******

FULL NAME OF APPLICANT (Please Print) **SIGNATURE OF APPLICANT** **DATE**

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A copy of the criminal record received from the FBI will be provided to the individual, if requested in writing. Questions regarding the fingerprinting process or correspondence may be directed to Jonathan Galvan, Airport Security Coordinator.

AUTHORIZED SIGNER INFORMATION

I hereby certify that the aforementioned individual is approved to be processed to receive a SIDA, Non-SIDA, or SACE badge in accordance with all applicable provisions of 49 CFR 1542.209 and 49 CFR 1544.229. I understand that the applicant must submit to a fingerprint based "Criminal History Records Check" (CHRC) and must be cleared to receive the SIDA, Non-SIDA or SACE badge. I agree to pay for all fees associated with the processing of the badge and/or fingerprints, as applicable, including lost, stolen, or damaged badges. I agree to provide immediate notification to the Airport when the badgeholder's access authority has been revoked or limited, or the badgeholder's access medium has been lost or stolen. My signature below also certifies that the information contained on this application is true and correct to the best of my knowledge.

NAME OF AUTHORIZED SIGNER **AUTHORIZATION SIGNATURE** **DATE**

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<input type="checkbox"/> Initials indicate approval for applicant to drive on Ramp/AOA	<input type="checkbox"/> Initials indicate approval for applicant to operate Loading Bridges (Applicant must have training)	<input type="checkbox"/> Initials indicate applicant has approval for escort authority
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AIRPORT USE ONLY

BADGE STATUS	<input type="text"/>	DATE RETURNED	<input type="text"/>
PROCESSED BY	<input type="text"/>	DATE REPORTED REVOKED	<input type="text"/>



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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 biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to the other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor system 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 your fingerprints for enrollment into US-VISIT Automated Biometric 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 records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C 522a(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: 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 a security threat assessment.

"I authorize the Social Security Administration to release my Social Security Number and full name to the the Transportation Security Administration, Enrollment Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010

"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.

SIGNATURE :

DATE OF BIRTH :

SSN and FULL NAME:

Airport Use Only

TA 1: Collected and transmitted biographical and biometric information used in a CHRC and STA

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Printed Name

Signature

Date

TA 2: Authorized the issuance of Badge

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Printed Name

Signature

Date

TA 3: Issued the Badge

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Printed Name

Signature

Date