

Rev-01

BADGE TYPE
SIDA(Movement Area)
SIDA (Non-Movement Area)
SIDA LEO (Armed)
AOA (Movement Area)
AOA (Non-Movement Area)
SACE (With Escort/Without
☐ Escort)

APPLICANT INFOR	MATION (Please '	Type ALL information)		L Escort)	
Last Name	William (Tieuse	First Name	<i>,</i>	Middle	e Name	
List All Aliases and/or Ni	cknames (Include l	Maiden Names)		Teleph	one Number	
		•				
Residential Address (Inc	·ludino Street Numbe	er. Unit Number. City. Sta	ite. and Ziti Code)			
residential radiess (1770	in the state of th	or, children cor, chily, chi	ite, unu zip coue)			
Mailing Address (If diffe	mant than Davidantia	d. In duding Chant Namb	an II.it Namban C	itu Stata aud 7	in Codo)	
Mailing Address (If diffe	rent tnan Kesiaentia	u: Incluaing Street Numbo	er, Unit Number, C	ity, State, ana Zi	p Coae)	
					C	Control of the contro
Social Security Number	Driver's License/I	Exp. Date/State/IDNumb	er Dat	e of Birth	Country of Birth	State of Birth
Citizenship (Country)	Ethnic C	Origin	Eye Color		Hair Color	
Height W	eight	Sex	Work Authoria	zation & Citizens	ship Document Numb	er(s)
					,	
Employer/Sponsor			Job Title			
			Jos IIII			
		TERMS & CO				
Badge shall be imme the area(s) authorize Badges revalidated a render all previous s considered LOST an Badge is for official u Badge holder agrees manner consistent w Badge holder agrees areas. If a badge is lost or st If a badge is lost, stol Fingerprint-based C date results are rece- As applicable, appli SCREENING NOTI access to, working i SBD Int'l Airport in institution/facility; those entities to rele No person shall know	diately returned to Airp ed. Expiration dates are efter the expiration, but ecurity clearances null dall associated fees will use by authorized person to abide by all applicabl with procedures outlined to display the badge on be colen, or damaged (due to a criminal History Recor- ived by the Airport Secur cant cannot perform an ICE: Any employee hold in, or leaving a Security hay contact any past em- or any person, who has ease this information to wingly or willfully allow		ort Ops or Airport Seceny (2) two years and not a late fee, NO EXCI is must be repeated with a rules and regulations are and/or Airport Const garment above wait a replacement fee. It is green to replacement fee in the replacement or Authorized Signers until CHRC is cleared as to a Security Identical, any Local, State, or try, criminal records, tional Airport Authoronon-public restrict	urity upon demand hay be revalidated repTIONS. Badges rhall associated fees while in authorized extification Manual st level at all times whort Law Enforceme advance. CHRC reamay be subject to feel. Iffication Display Affederal law enforce education, medical rity.	no earlier than 30 days prievalidated after 30 days of EXPIRED badges NOTF darea(s) and to conduct the hile in the SIDA/Secured, ent or Airport Operations. Esults are valid for thirty ees related to the resubmistra may be screened at any ment agency; any public/history, or whereabouts; e airport identification ba	or to this date. f expiration will RETURNED will be neir activities in a safe Sterile, or restricted (30) days from sion process. v time while gaining private medical and I authorize ddge.
464		AM DRIVING			IRC	
AOA		NM DRIVING		COLLECTION	ON	
SIDA		M DRIVING		CH TRANSA	IRC	
BADGE	INFORMATION (A.	IRPORT ONLY)			RMATION (AIRPORT	TONLY)
SBD ID # ENCODED #		ISSUE DATE ISSUED BY EXPIRATION		STA RESULT SELECTE	'S	

NO FLY



San Bernardino International Airport Authority Fingerprint/Badge Application

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)

	n of insa	anity of any of the following offenses?	ry Records Check (CHRC). Within the past to	en years	, have y	you been convicted or found not guilty by
Yes		Forgery of certificates, false marking o violations (49 U.S.C. 46306)	of aircraft, and other aircraft registration	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 hazardon	,	Yes	No	Assault with intent to murder
Yes	No	Violence at International Airports (49	,	Yes	No	Espionage
Yes	No	, ,	s or flight attendants (49 U.S.C. 46504)	Yes	No	Sedition
Yes	No		d an aircraft in flight (49 U.S.C. 46506)	Yes	No	Kidnaping or hostage taking
Yes	No	Carrying a weapon or explosive aboa	, , , , , , , , , , , , , , , , , , ,	Yes	No	Treason
Yes	No	Conveying false information and three	,	Yes	No	Rape or aggravated sexual abuse
Yes	No		stribution or manufacture of an explosive or	Yes	No	Extortion
Yes	No	•	ng controlled substances (49 U.S.C 46315)	Yes	No	Felony arson
Yes	No		ort area that serves air carriers or foreign air	Yes	No	Distribution of, or intent to distribute, a controlled substance
Yes	No	Destruction of an aircraft or aircraft fa		Yes	No	Armed or felony unarmed robbery
Yes	No		craft jurisdiction of the United States (49	Yes	No	Felony involving dishonesty, fraud, or misrepresentation
Yes	No	Felony involving possession or distrib	oution of stolen property	Yes	No	Felony involving a threat
Yes	No	Felony involving wilful destruction of		Yes	No	Felony involving aggravated assault
Yes	No	Felony involving importation or manu		Yes	No	Felony involving bribery
Yes	No	Felony involving burglary		Yes	No	Felony involving theft
Yes	No	, , , ,	f a controlled substance punishable by a re than 1 year.	Yes	No	Conspiracy or attempt to commit any of the aforementioned criminal acts
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Regulation that occur	ons under ers while	r 49 CFR 1542.209 (d)(I) impose a continuing	ason of insanity, for any of the disqualifying crimes list sobligation to disclose to the airport operator within 2 APPLICANT ACKNOWLEDGMI SIGNATURE OF APPLICANT	24 hours if	I am co	
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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 informationin 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 to 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.

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SIGNATURE :	
DATE OF BIRTH :	
SSN and FULL NAME:	

Airport Use Only

Printed Name

Badge	
Signature	Date
	Badge Signature

Signature

Date