



**Syracuse Hancock International Airport
ID/Access Media Application**

1000 Col. Eileen Collins Blvd,
Syracuse, NY 13212
Email: Officecb@syrairport.org

Applicant

Last Name:

First Name:

Middle Name:

List all Alias/Maiden Names:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL ADDRESS:

Male Female

US STATE WHERE BORN:

CITIZENSHIP:

RACE:

COUNTRY OF BIRTH:

PHONE #:

Date of Birth:

HAIR COLOR:

EYE COLOR:

HEIGHT:

WEIGHT:

SCREENING NOTICE: Any employee holding a credential granting access to the SIDA are subject to screening at any time for unauthorized weapons, explosives, or incendiaries while gaining access to, working in, or leaving the SIDA. Non-Compliance with the SYR aviation worker screening policy could result in penalties, which may include confiscation of their SYR SIDA ID media and/or revocation of unescorted access authority.

Social Security Number Certification

"I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollment Services and Vetting Program, 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.

Full Name Printed:

Date of Birth:

Signature:

SSN:

AUTHORIZED SIGNATORY SECTION

Reason for Badge: New Renewal

Additional Badge Privileges Requested: Escort Driving

I attest, as an authorized Signatory, that all information contained herein is true, and that the applicant is currently employed and does so require unescorted access authority to the areas checked below. The individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a). If I submit an air carrier case number and date or as a condition of employment with a federal, state or local government I certify in accordance with the TSR 1542.209 and 1544.229, we have conducted the appropriate Fingerprint based Criminal History Records Check required to grant unescorted access to this individual and have determined that this individual meets all the requirements of the regulations and there were no disqualifying offenses. This individual is eligible for a badge permitting unescorted access pending airport approval. If this applicant no longer requires unescorted access to any or all areas of the airport, I will immediately notify the SYR Airport Security Coordinator.

NAME:

COMPANY:

SIGNATURE:

DATE:

Criminal History: List of Disqualifying Criminal Offenses

49 CFR Parts 1542 and 1544 and Public Law #106-528 prohibit anyone who has been convicted or found not guilty by reason of insanity within the previous 10 years of the following crimes from being granted unescorted access to the airport's Security Identification Display Area (SIDA), Sterile Area and Air Operations Area (AOA). That is, that person may not be given/issued an airport badge. All applicants must submit fingerprints which will be used to check the person's criminal history records. The list below is from 49 U.S.C 44936(b)(1)(B) United States Code and 49 C.F.R. 1542.209.

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| 1. Forgery of certificated, false marking of aircraft, and other aircraft registration violations | 11. Unlawful entry into an aircraft or airport area that serves carriers of foreign air carriers contrary to established security requirements | 24. Felony arson |
| 2. Interference with air navigation | 12. Destruction of an aircraft or aircraft facility | 25. A felony involving a threat |
| 3. Improper transportation of a hazardous material | 13. Murder | 26. A felony involving: |
| 4. Aircraft Piracy | 14. Assault with intent to murder | A. Willful destruction of property; |
| 5. Interference with flight crew members or flight attendants | 15. Espionage | B. Importation or manufacture of a controlled substance; |
| 6. Commission of certain crimes aboard aircraft in flight | 16. Sedition | C. Burglary; |
| 7. Carrying a weapon or explosive aboard an aircraft | 17. Kidnapping or hostage taking | D. Theft; |
| 8. Conveying false information and threats | 18. Treason | E. Dishonesty, fraud, or misrepresentation; |
| 9. Aircraft Piracy outside the special aircraft jurisdiction of the United States | 19. Rape or aggravated sexual abuse | F. Possession or distribution of stolen property |
| 10. Lighting violations involving transporting controlled substances | 20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon | G. Aggravated assault; |
| | 21. Extortion | H. Bribery; |
| | 22. Armed or felony unarmed robbery | I. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year |
| | 23. Distribution of, or intent to distribute, a controlled substance | 27. Violence at international airports |
| | | 28. Conspiracy or attempt to commit any of the aforementioned criminal acts |

The Airport Security Coordinator keeps confidential criminal history records obtained from the FBI and uses them only for determining whether to issue an airport badge. You may get a copy of your criminal history records sent to the FBI to the Airport Security Coordinator by submitting a written request within 30 days of being advised that your criminal history disqualifies you from being issued an airport badge. If you believe that any information is inaccurate, you may directly contact the agency that reported the disqualifying conviction to correct your record.

I have read the list of Disqualifying Criminal Offenses and certify that I have not been convicted or found not guilty by reason of insanity of any of these offenses in the 10 years preceding the date of this application. A conviction means any finding of guilt, plea of guilty, or plea of nolo contendere.

I understand that if I am convicted or found not guilty by reason of insanity of any of the crimes listed above in the future, I must report such a conviction or finding of not guilty by reason of insanity to the Airport Security Coordinator within 24 hours.

The information that I have provided 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 of the United States Code).

Applicants Name (Print):

Signature:

Date:

TSA PRIVACY ACT STATEMENT

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 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 your fingerprints for enrollment into 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.

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. § 552a(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 will 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.

Security Office Use Only**ALL AREAS:** Yellow**AOA ONLY:** Green**STERILE ONLY:** White

FP Date:		FP Case #:		FP Case # Verified By:	
STA: Pass <input type="checkbox"/> Fail <input type="checkbox"/>		STA Verified By:		TA who collected application/IDs:	
TA who sent FP/STA:		Date of SIDA Training:		Authorized By:	
Badge #:		PIN:		Date Badge Given:	
				Issued By:	

Documents Given in Accordance to the I-9 Form

List A:	Number:	EXP:	Verified:
List B:	Number:	EXP:	Verified:
List C:	Number:	EXP:	Verified:

TSA or Non-LEO Federal Employee Agency ID:	EXP:	Verified:
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The following information is to be completed if the applicant was born outside the US

ID GIVEN TO PROVE WORK AUTHORIZATION:	Number:	Verified By:
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