

**SIDA BADGE APPLICATION
TRI-CITIES AIRPORT**

SECTION A – BADGEHOLDER INFORMATION (Must be completed by employee.)

Last Name	First	MI	ALIAS (other names used)		
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Current Home Address	City	State	Zip	Best Contact Phone Number	
Email Address		Date of Birth		Place of Birth	
		M / F			
Social Security Number	Height	Weight	Gender	Race	Eye Color Hair Color

CONVICTIONS: Have you been convicted of a felony or been sentenced to one or more years in a penal institution? YES NO If yes, please explain:

A. Background Release: By my signature below, I authorize all of my former employers up to ten years preceding the date below and any other person or agency, including law enforcement, to furnish to my present employer and the Port of Pasco or its contracted agent, written and oral information pertaining to my former employment. I hereby release such former employers, persons or agencies and the Port of Pasco from any and all liability which may be alleged to arise from the furnishing of such background information. Your application is the first step toward receiving a Tri-Cities Airport ID Badge and cannot be processed without the above information

B. Display: I promise to display my badge properly while on duty in restricted areas and to support my co-workers in doing the same. I will fully engage myself in my role as an important element of airport safety and security. I promise to be constantly vigilant to the possibility of safety and security risks and to report such risks and weaknesses to my supervisor.

C. Challenge: I promise to challenge (when in restricted areas) anyone not displaying a valid Tri-Cities Airport ID (badge) or displaying a valid badge without the color authorization appropriate for that area. I will report any person refusing to display or produce a valid badge. I understand my access to restricted airport areas is a privilege extended to me by the Port of Pasco through my employer. I promise to avoid compromising the privilege of restricted area access by using my Tri-Cities Airport ID access only while on duty and performing the tasks assigned to me by my supervisor. I acknowledge that the privileges extended to me through my Tri-Cities Airport ID badge may be revoked along with the badge, at any time.

D. Accountability: I promise to take all reasonable and prudent steps to prevent my badge from becoming lost or stolen. I promise to immediately notify Airport Management if I lose possession of my badge, so it can be locked out of the Access Control System. I understand that my employer must include a request for a replacement badge. I understand a fee will be charged for replacement badges.

E. Information: I promise to immediately notify Airport Management or my supervisor, if I become aware of any problem, deficiency, defect or broken item needing repair associated with the airport's security systems or safety features. I acknowledge having received training on the operation and use of the airport's safety and security features. As a citizen of the badged population, I promise to be responsible in the use of the Access Control System and that my performance of work at Tri-Cities Airport will not knowingly place any person or property at risk of injury or damage or degrade any security or safety measures.

F. Non-disclosure: I will never reveal, my knowledge of the Access Control System or Tri-Cities Airport security procedures to anyone, including my family or friends. I promise to discuss my security concerns or knowledge of risks only with Airport Management, Airport Police or my supervisor.

G. Return: I promise to return my Tri-Cities Airport ID badge to my employer immediately upon completion of my employment, or upon demand of the Port of Pasco. I acknowledge that my Tri-Cities Airport ID badge is the sole property of the Port of Pasco and failure to return it could result in my being charged criminally.

I certify I have read, understand and will abide by the foregoing provisions. The information 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). I also understand the Federal Regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense.

Applicant's Signature: _____ Date: _____

AIRPORT BADGING OFFICE USE ONLY:

PRINTS I.D. SIDA Basic Security Awareness Driver's Training Movement Area Driving

FP REPORT APPROVED STA Training Complete: _____ Date _____ / _____ / _____

Badge # _____ Issued by: _____ Issue Date: _____ / _____ / _____ YR EXP: _____ Payment Info: _____

Please read the following and initial each box:

Initials

ID badge holders are specifically subject to inspection/screening by the Port of Pasco or Transportation Security Administration when accessing, or present within, the secured or sterile area of the Airport. The inspection/screening may extend to both the ID badge holder's person and property. I understand that I may be subject to such inspection/screening, acknowledge that my consent to such an inspection/screening is a condition for the Port of Pasco to issue me an ID Badge, and agree to submit to and inspection /screening may result in the immediate suspension and revocation of my ID Badge.

Initials

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 any biographical information to conduct a security threat assessment. 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: The information may be shared with the 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.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, OHS may be unable to complete your application for identification media.

Initials

Social Security Number Verification For Security Threat Assessment Purposes

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- 19)/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 fine or imprisonment or both.

Print Full Name: _____ SSN: _____

SECTION B – EMPLOYER STATEMENT

- Allegiant Alaska Skywest TSA Port of Pasco Tailwind Fire Department Bergstrom Sullins
- Construction _____ Utility Worker _____
(Name of Company) (Name of Company)
- Temp Project _____ Other: _____

Employee Hire Date _____ / _____ / _____

A. Background: An employment background verification has been satisfactorily completed for the ten year preceding the date below. Therefore, it is my informed judgment that the badge holder is an acceptable security risk for the privileges defined above.

B. Training: I acknowledge the responsibility of the employer I represent to ensure that this badge holder completely understands his/her responsibilities under the Tri-Cities Airport Security Program and **I certify** that he/she has received adequate training on the safety and security obligations of badge holders as defined by the Tri-Cities Airport Security Program and Federal Aviation Regulations.

C. Fines: I acknowledge responsibility for any fines levied against the Port of Pasco which result from the failure of this badge holder to adhere to the requirements of the Tri-Cities Airport Security Program and Federal Aviation Regulations.

D. Access Requirement: I will ensure that Airport Police is immediately notified if and when this access requirement is no longer valid. Monetary/criminal charges will be filed for non-returned/non-reported badge.

Authorized Signature

Title

Date