REVISED JUNE 2023

SIDA BADGE APPLICATION TRI-CITIES AIRPORT

Employer:	
Airport ID:	

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. J promise to be constantly vigilant to the possibility of safety and security risks and to report such risks and weaknesses to my supervisor. Challenge: I promise to challenge (when in restricted areas anyone not displaying a valid Tri-Cities Airport ID (badge) or displaying a valid Tri-Cities Airport ID (badge) or displaying a valid badge without the color authorization appropriate for that area. 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 privilege extended to me through my Tri-Cities Airport ID badge may be revoked along with the badge, at any time. Return: I promise to return my Tri-Cities Airport ID badge may be revoked along with the badge, at any time. Return: I promise to return my Tri-Cities Airport ID badge to my employer in unediately upon completion of my employment, or upon demand of the Port of Pasco and failure to return it could result in prosecution for theft. 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	Last Name	First Name	Middle Na	ame	ALIAS (other	r names used)
Email Address Date of Birth Country of Birth State of Birth Social Security Number Height Weight Gender Race Eye Color Hair Color Have you been convicted of a felony or been sentenced to one or more years in a penal institution? NO YES If yes, please explain: Background Release: By my signature below. I authorize all my farmer employers up to ten years preceding the date below and any other person or agencies and the below and any other person or agencies and the best of Pasco from your and the Port of Pasco or its contracted agent, written and roal information law of the person or agencies and the Port of Pasco from your and the Port of Pasco or its contracted agent, written and roal information appropriating to my former employment to furnish to present information. Your application is the first step toward eceiving a Ti-Cities Airport ID Sadge and cannot be processed without the color authorized and security risks and to report such background information. Display: I promise to display my budge properly white on duty and security. I promise to display in a setting the association of agent and security risks and to report such risks and weaknesses to my supervisor. Challenge: I promise to challenge (when in restricted areas any one of displaying a valid IT-Cities Airport ID Sadge) or displaying a valid IT-Cities Airport ID Sadge) or displaying a valid IT-Cities Airport ID Sadge or displaying a valid IT-Cities Airport ID Sadge or displaying in a vide is an important element of airport step or the Access Counted System and that my performance of work at IT-Cities of the provise of the Access Counted System and that my performance of work at IT-Cities Airport ID Sadge or displaying a valid IT-Cities Airport ID Sadge or displaying and the Access Counted System and that my performance of work at IT-Cities Airport ID Sadge or displaying a valid IT-Citie					()	-
Email Address	Current Home Address	City	State	Zip	Best Conta	act Phone Number
Background Release: By my signature below. I authorize all my former employers up to en ayear preceding in deate 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 all liability which may be alleged to arise from the furnishing of watch former employees, persons or agency and information. Your application is the first step town my and all liability which may be alleged to arise from the furnishing of watch former employees, persons or agencies and the Port of Pasco or its contracted agent, written and and information pretaining to my former employment. I hereby release which former employees, persons or agencies and the Bort of Pasco or its contracted agent, written and all liability which may be alleged to arise from the furnishing of watch former employees, persons or agencies and the first step town and liability which may be alleged to arise from the furnishing of watch former employees, persons or agencies and the first step town and the port of Pasco or its contracted agent, written and an information. Display: I promise to display my badge properly while on duty engage myses off in my roles as an important element of airport safety and security. I promise to display my badge properly while on duty engage myses off in my roles as an important element of airport safety and security. I promise to demonstrate the property of the Access Control Systems and that my performance of work at Tri-Citie Airport ID tadge or displaying a valid Tri-Cities Airport Botadge to displaying a valid Tri-Cities Airport Botadge or displaying a valid Tri-Cities Airport Botadge and security in the provided of the Access Control of th						
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Background Release: By my signature below, I authorize all my former employers up to ten years freeding the date below and any other person or agency, including law enforcement, to furnish to my other person or agency, including law enforcement, to furnish to my other person or agency, including law enforcement, to furnish to my other person or agency, including law enforcement, to furnish to my other person or agency, including law enforcement, to furnish to my other person or agency including my different person or agencies and the Port of Pasco from any and all fainly 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. **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 valid they expense myself in my role as an important element of airport safety and security fishes and to report such risks and weaknesses to my supervisor. **Display: I promise to challenge (when in restricted areas and to support my co-workers in doing the same. I valid they expense myself in my role as an important element of airport safety and security frisks and to report such risks and weaknesses to my supervisor. **Challenge: I promise to challenge (when in restricted areas and to support must be constantly vigilant to the possibility of safety management or my supervisor to the badge oppopulation, I promise to discuss my security concern and security frisks and to report such risks and weaknesses to my supervisor. **Challenge: I promise to challenge (when in restricted areas and socuptor) transits to a support sort to the badge oppopulation, I promise to discuss my security concern and security frisks and to report such risks and weaknesses to my management or my supervisor to the promise to discuss my security concern and security. I promise to challenge were an advantage of degrade an						
Accountability: I promise to take all reasonable and pruden my former employers up to ten years preceding the date below and any other person or agency. including law enforcement, to furnish to my other person or agency and the Port of Pasco or its contracted agent, written and roal information pertaining to my former employers and the Port of Pasco or its contracted agent, written and roal information pertaining to my former employement. I hereby release such former employers, persons or agencies and the Port of Pasco from my and all liability which may be alleged to arise from the furnishing of such background information. Your application is the first step toward the above information. Display: I promise to display my badge properly while on duty in exercised and account of 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 in promise to be caused with the airport safety and security in promise to be caused with the airport safety and security in promise to be responsible in the use of the Access Control System and that my performance of work at 171-Cities Airport ID access and to report such risks and weaknesses to my supervisor. Challenge: I promise to challenge (when in restricted areas) anyone not displaying a valid Tai-Cities Airport ID (badge) or displaying a valid Tai-Cities Airport Bothedor my my tri-Cities Airport Security procedures to anyone anyone not displaying a valid Tai-Cities Airport ID (badge) or displaying a valid Tai-Cities Airport Bothedor my my tri-Cities Airport Bothedor my employer. I promise to avoid compromising the privilege or fersited airport areas is a privilege extended to me through my Tri-Cities Airport ID badge may be revoked along with the badge, at any time. I certify I have read, understand, and will abide by the foro	Social Security Number	Height Weight	Gender	Race	Eye Colo	r Hair Color
steps to prevent my badge from becoming lost or stolen. I promise to the person or agency, including law enforcement, to furnish to my present employer and the Port of Pasco or its contracted agent, written and a rail information pertaining to my former employment. I hereby release such former employers, persons or agencies and the Port of Pasco from my 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 he above information. 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 live gage 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. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security of safety and secur	Have you been convicted of a fe	lony or been sentenced to one or mor	re years in a p	enal institution? N	IO □ YES □	If yes, please explain:
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: PRINTS I.D. SIDA Basic Security Awareness Driver's Training Movement Area Driving FP REPORT APPROVED STA Training Complete: Date	my former employers up to ten yother person or agency, including present employer and the Port of I oral information pertaining to me such former employers, persons any and all liability which may be such background information. You receiving a Tri-Cities Airport ID the above information. Display: I promise to do in restricted areas and to support fully engage myself in my role a and security. I promise to be consumed as and security risks and to reposupervisor. Initial Challenge: I promise anyone not displaying a valid Tria a valid badge without the color awill report any person refusing understand my access to restricte me by the Port of Pasco throucompromising the privilege of a Cities Airport ID access only wassigned to me by my superviextended to me through my Tri-dalong with the badge, at any time	rears preceding the date below and any law enforcement, to furnish to make a law enforcement, to furnish to make a law enforcement. I hereby release or agencies and the Port of Pasco from a gencies and the Port of Pasco from a law endowed and the furnishing of the law endowed and cannot be processed without the law endowed and the law endow	to imme so it can employed will be of the deficien security on the ocitizen of the Accordance of the A	steps to prevent midiately notify Airpon be locked out of the rmust include a requarement or my super cy, defect or broken systems or safety fewer systems or Tri-City gmy family or friendledge of risks only visor. Return: I promise systems of the Port in the Systems of the Systems of the Port in the Systems of the Port in the Systems of the Port in the Systems of the Syst	y badge from becont Management if I le Access Control Suest for a replacement badges. I promise to invisor, if I becomitem needing repair atures. I acknowle the airport's safety ation, I promise to and that my perfor place any person or rity or safety meas. I will never reveal attes Airport securings. I promise to divith Airport Management of Pasco. I acknowle property of the prosecution for the	ming lost or stolen. I promise lose possession of my badge ystem. I understand that my ent badge. I understand a feet a second and a feet a second a feet a second a feet a second a feet a second a feet a
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FP REPORT APPROVED STA Training Complete:Date/ /	AIRPORT BADGING OFFICE	CE USE ONLY:				
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	ED DEDORT APPR	OVED CTA TO A	4	D-t-	,	
Badge # Issued by: Issue Date: / / YR EXP: Payment Info:						_

Please read the following and initial each box:						
Initials Screening Notice						
Any employee holding a credential granting access to a Security Identiaccess to, working in, or leaving a Security Identification Display Are person and property. I understand that I may be subject to such inspection/screening is a condition for the Port of Pasco to issue me a result in the immediate suspension and revocation of my ID Badge.	a. The inspection/screening may extend to both the badge holde inspection/screening, acknowledge that my consent to such	er's an				
Privacy Act Notice						
The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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's Automated Biometrics 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's records to ensure the validity of your name and SSN. 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, 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 fine or imprisonment or both.						
Print Full Name:	SSN:					
Signature:	Date of Birth:					
SECTION B – EMPLOYER STATEMENT (To be completed by e	employer.)					
Allegiant Alaska Unifi G2	TSA Trego-Dugan Tailwind ABM					
☐ City of Pasco Fire ☐ Port of Pasco ☐ Bergs	trom FAA The Go Team Therapy Dogs					
Construction(Name of Company)	Utility Worker					
Temp Project	Other:					
Employee Hire Date / /						
A. Background: An employment background verification has been so Therefore, it is my informed judgment that the badge holder is an acce		w.				
B. Training: I acknowledge the responsibility of the employer I repre responsibilities under the Tri-Cities Airport Security Program, and I c security obligations of badge holders as defined by the Tri-Cities Airport	ertify that he/she has received adequate training on the safety a					
C. Fines: I acknowledge responsibility for any fines levied against to adhere to the requirements of the Tri-Cities Airport Security Program		ler				
D. Access Requirement: I will ensure that Airport Police are immediately notified if and when this access requirement is no longer valid. Monetary/criminal charges will be filed for a non-returned/non-reported badge.						
Authorized Signature	Title Date					