



ID BADGE APPLICATION

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|-----------|----------------------------|---------------------------------------|
| 01 | TENANT COMPANY NAME | CONTRACTOR/VENDOR COMPANY NAME |
|-----------|----------------------------|---------------------------------------|

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|--|--|------------------------|
| (EMPLOYEE/APPLICANT – DEPARTMENT NAME) | (EMPLOYEE/APPLICANT – SUPERVISOR'S NAME) | (SUPERVISOR'S PHONE #) |
| (EMPLOYEE/APPLICANT – COMPANY ADDRESS) | | |

02 EMPLOYEE INFORMATION

| | | |
|----------------------|---------------------------------|-------------------|
| (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) |
| (NICK NAMES/ALIASES) | (EMAIL ADDRESS) | (DAYTIME PHONE #) |
| (CELL PHONE #) | (HOME/MAILING ADDRESS – STREET) | (APT. #) |
| (CITY) | (STATE) | (ZIP) |
| (COUNTRY) | | |

| | | | | | | | | | | | |
|-----------------------------------|--------------------------------|-----------------------------------|--|---------------------------------------|------------------------------------|--------------------------------|---------------------------------|------------------------------|--------------------------------|-------------------------------|---------------------------------------|
| EYE COLOR (✓ CHECK ONE) | <input type="checkbox"/> BLACK | <input type="checkbox"/> BROWN | <input type="checkbox"/> HAZEL | <input type="checkbox"/> OTHER: _____ | HAIR COLOR (✓ CHECK ONE) | <input type="checkbox"/> BLACK | <input type="checkbox"/> BROWN | <input type="checkbox"/> RED | <input type="checkbox"/> BLOND | <input type="checkbox"/> GRAY | <input type="checkbox"/> OTHER: _____ |
| RACE (✓ CHECK ONE) | <input type="checkbox"/> ASIAN | <input type="checkbox"/> HISPANIC | <input type="checkbox"/> AMERICAN INDIAN | <input type="checkbox"/> OTHER: _____ | GENDER | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | HEIGHT | _____ | WEIGHT | _____ LBS. |

| | | |
|------------------------------|---------------------------------------|--|
| (DATE OF BIRTH – MM/DD/YYYY) | (PLACE OF BIRTH – CITY/STATE/COUNTRY) | (CITIZENSHIP COUNTRY) <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER: _____ |
|------------------------------|---------------------------------------|--|

(IF YOU ARE NOT A U.S. CITIZEN OR BORN ABROAD, YOU ARE **REQUIRED** TO SUBMIT THE FOLLOWING APPLICABLE INFORMATION):

| | | | | |
|--|---|-------------------|--|--|
| (PASSPORT #) | & | (ISSUING COUNTRY) | (ALIEN REGISTRATION # - 9 DIGITS NO DASHES) | (I-94 ARRIVAL/DEPARTURE # - 11 DIGITS NO DASHES) |
| (CERTIFICATE OF NATURALIZATION # - 9 DIGITS NO DASHES) | | DS | (NON-IMMIGRANT VISA # - CONTROL # & EXPIRATION DATE) | |

PRIVACY ACT NOTICE & SOCIAL SECURITY NUMBER VERIFICATION

| | |
|--------------|-------|
| SSN # | _____ |
|--------------|-------|

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 110-52, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, as amended.

Purpose: 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 Investigations (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 your 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.

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: 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 may 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.

- "I **authorize** the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis (OIA), Attention: Aviation Programs (TSA-10)/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 the Social Security records, I could be punished by a fine or imprisonment or both."
- "I **do not** authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration."

NOTE: A SSN is required for obtaining a SIDA or AOA badge.

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| (EMPLOYEE/APPLICANT – PRINT FULL NAME) | (EMPLOYEE/APPLICANT – SIGNATURE) | (DATE – MM/DD/YYYY) |
|--|----------------------------------|---------------------|

Persons seeking unescorted access to the Security Areas of airports and individuals performing security screening functions at airports and persons authorizing this access are subject to the requirements of 49 Code of Federal Regulations (CFR) Part 1544.229 and 1544.230. These requirements include employment history and criminal background checks.

By signing below, I certify:

- A. That I have not, during the past **10** years, been convicted or found not guilty by reason of insanity of any of the following **28** disqualifying offenses:

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| <ul style="list-style-type: none"> 01 Forgery of certificates, false marking of aircraft, and other aircraft registration violation (49 USC 46306); 02 Interference with air navigation (49 USC 46308); 03 Improper transportation of a hazardous material (49 USC 46312); 04 Aircraft piracy (49 USC 46502); 05 Interference with flight crew members or flight attendants (49 USC 46504); 06 Commission of certain crimes aboard aircraft in flight (49 USC 46506); 07 Carrying a weapon or explosive aboard aircraft (49 USC 46505); 08 Conveying false information and threats (49 USC 46507); 09 Aircraft piracy outside the special aircraft jurisdiction of the United States (49 USC 46502(b)); 10 Lighting violations involving transporting controlled substances (49 USC 46315); 11 Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements (49 USC 46314); 12 Destruction of an aircraft or aircraft facility (18 USC 32); 13 Murder; 14 Assault with intent to murder; 15 Espionage; 16 Sedition; 17 Kidnapping or hostage taking; 18 Treason; 19 Rape or aggravated sexual abuse; | <ul style="list-style-type: none"> 20 Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon; 21 Extortion; 22 Armed or felony unarmed robbery; 23 Distribution of, or intent to distribute, a controlled substance; 24 Felony arson; 25 Felony involving a threat; 26 Felony involving: <ul style="list-style-type: none"> i. Willful destruction of property; ii. Importation or manufacture of a controlled substance; iii. Burglary; iv. Theft; v. Dishonesty, fraud, or misrepresentation; vi. Possession or distribution of stolen property; vii. Aggravated assault; viii. Bribery; or ix. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. 27 Violence at international airports; and 28 Conspiracy or attempt to commit any of the aforementioned criminal acts. |
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- B. That these regulations impose a continuing obligation to disclose to the aircraft operator any disqualifying criminal offense. Each individual with unescorted access authority must report the offense to the aircraft operator and surrender the personnel identification access medium to the issuer within 24 hours of the conviction or the finding of not guilty by reason of insanity.
- C. I have been advised that if a disqualifying offense has been disclosed, I will have 30 days to notify the Airport Authority or aircraft operator in writing of my intention to correct information that is incorrect. If notification to correct record is not made within 30 days a final decision to deny access will be made.
- D. I have been advised that a copy of the Criminal History Records Check will be provided to me, if requested in writing, and any denial of access due to results of the Security Threat Assessment will be provided to me from the TSA through the Airport.
- E. I have been advised that the MSCAA Airport Security Coordinator or a designated representative is my point of contact if I have questions about the results of the Criminal History Records Check or the Security Threat Assessment.
- F. 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. (Section 1001 of Title 18 of the United States Code)
- G. 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.

(EMPLOYEE/APPLICANT – PRINT FULL NAME)

(EMPLOYEE/APPLICANT – SIGNATURE)

(DATE – MM/DD/YYYY)

EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF YOUR RESPONSIBILITIES IN THE AIRPORT SECURITY PLAN HANDBOOK

The undersigned employee does hereby acknowledge receipt of the Memphis-Shelby County Airport Authority's "Your Responsibilities in the Airport Security Plan Handbook" booklet. Employee further acknowledges and understands that it is his or her responsibility to read and become familiar with the security regulations, policies and procedures contained herein.

SCREENING NOTICE: Any employee holding a 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.

(EMPLOYEE/APPLICANT – PRINT FULL NAME)

(EMPLOYEE/APPLICANT – SIGNATURE)

(DATE – MM/DD/YYYY)

CUSTOMER SERVICE RESPONSIBILITY ACKNOWLEDGEMENT

As employees working at the Memphis International Airport, we work together to provide our customers with exemplary customer service. One of these services is exhibited when we are in line preparing to enter the sterile concourse at the TSA Screening Checkpoints. As employees, we will not bypass our customers in line at the checkpoints. Failure to adhere to this responsibility will result in loss of access.

(EMPLOYEE/APPLICANT – PRINT FULL NAME)

(EMPLOYEE/APPLICANT – SIGNATURE)

(DATE – MM/DD/YYYY)

LAW ENFORCEMENT OFFICER ACKNOWLEDGEMENT (LAW ENFORCEMENT OFFICERS ONLY)

The undersigned armed Law Enforcement Officer (LEO) does hereby acknowledges that as an employee of an airline or tenant he or she will not access a controlled door or enter into a Sterile or SIDA area of the Memphis International Airport armed unless he or she is on official duty as a Law Enforcement Officer at the Memphis Airport. All armed officers not on official duty must present themselves at the screening checkpoint exit lane to have their credentials checked by an Airport Police Officer and sign the TSA LEO Log Book.

(LEO ONLY- EMPLOYEE/APPLICANT – PRINT FULL NAME)

(EMPLOYEE/APPLICANT – SIGNATURE)

(DATE – MM/DD/YYYY)

03 COMPANY AUTHORIZED SIGNATORY USE ONLY (TO BE FILLED OUT & SIGNED BY AN MSCAA APPROVED COMPANY AUTHORIZED SIGNATORY ONLY)

ACCESS

BADGE TYPE

SIDA STERILE AOA PARKING

E YES NO

(ESCORT PRIVILEGES – ✓ CHECK ONE)

YES NO

(CONSTRUCTION PROJECT – ✓ CHECK ONE)

(PROJECT EXPIRATION DATE – MM/DD/YYYY)

YES NO

(DRIVING PRIVILEGES – ✓ CHECK ONE)

(DRIVER'S LICENSE #

& DL STATE)



CLASS 3



CLASS 2

CLASS 2L



YES NO

(SMGS/LOW VISIBILITY – ✓ CHECK ONE)

PARKING EAST LOT WEST LOT

(EMPLOYEE MAIN PARKING – ✓ CHECK ONE)

GATES

CARGO CENTRAL EAST EAST CARGO FUEL FARM

(ONLY SIDA BADGE HOLDERS WITH APPROPRIATE AOA DRIVING PRIVILEGES CAN BE GIVEN ACCESS TO SIDA GATES – ✓ CHECK ALL THAT APPLY)

COMPANY ACCESS GROUPS

(LIST COMPANY SPECIFIC ACCESS GROUPS CREATED BY COMPANY A.S. & MSCAA AIRPORT SECURITY COORDINATOR OR ALTERNATE ONLY):

ACCESS GROUP NAME _____

ACCESS GROUP NAME _____

ACCESS GROUP NAME _____

ACCESS GROUP NAME _____

ACCESS GROUP NAME _____

ACCESS GROUP NAME _____

ACCESS GROUP NAME _____

ACCESS GROUP NAME _____

OTHER _____

INVOICING & AUTHORIZED SIGNATORY APPROVAL SIGNATURE A.S. EMAIL ADDRESS

INVOICE COMPANY BADGE FINGERPRINTING STA PARKING ADMIN FEES

INVOICE EMPLOYEE BADGE FINGERPRINTING STA PARKING ADMIN FEES

INVOICE CONTRACTOR BADGE FINGERPRINTING STA PARKING ADMIN FEES

I certify that I am an authorized Approving Officer for my Company and an approved MSCAA Authorized Signatory. I further certify that the above Employee Contractor is currently employed/contracted by my Company and has a job related need for the type of ID and Access that I am requesting.

(AUTHORIZED SIGNATORY – WORK PHONE #)

(AUTHORIZED SIGNATORY – CELL PHONE #)

(AUTHORIZED SIGNATORY – FAX #)

(AUTHORIZED SIGNATORY – PRINT FULL NAME)

(AUTHORIZED SIGNATORY – SIGNATURE)

(DATE – MM/DD/YYYY)