

# AIRPORT IDENTIFICATION BADGE APPLICATION

**ELMIRA CORNING  
REGIONAL AIRPORT**



276 Sing Sing Road, Suite 1  
Horseheads, NY 14845

## APPLICANT GENERAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ALIAS LAST NAME	ALIAS FIRST NAME	ALIAS MIDDLE NAME	
PERSONAL PHYSICAL ADDRESS:	CITY	STATE	ZIP
PRIMARY PHONE	CELL / WORK PHONE	PRIMARY EMAIL	

## APPLICANT BIOGRAPHIC DATA

DATE OF BIRTH: MM/DD/YYYY	COUNTRY OF BIRTH	STATE OF BIRTH (IF USA)	
CITIZENSHIP (COUNTRY)	SOCIAL SECURITY NUMBER	PASSPORT NUMBER	
PASSPORT ISSUING COUNTRY	DRIVERS LICENSE NUMBER	STATE	EXP DATE

## NON-CITIZEN / BORN ABROAD DOCUMENTATION

ALIEN REGISTRATION NO. (9 DIGITS, NO DASHES)	I-94 ARRIVAL/DEPARTURE FORM (11 DIGITS, NO DASHES)	NON-IMMIGRANT VISA CONTROL NUMBER (9 DIGITS)	
CERTIFICATE OF NATURALIZATION NUMBER (ARN or INS #, 9 DIGITS)	CERTIFICATION OF BIRTH ABROAD DS-1350 (10 DIGITS)		

## APPLICANT BIOGRAPHIC DATA

ETHNICITY	GENDER		
HEIGHT (FEET & INCHES)	WEIGHT (POUNDS)	EYE COLOR	HAIR COLOR

## APPLICANT ACCESS LEVELS & PRIVILEGES

<p>LIST OF ALL ACCESS LEVELS (OFFICE USE ONLY)</p> <p> <input type="checkbox"/> Sterile         <input type="checkbox"/> SIDA         <input type="checkbox"/> AOA         <input type="checkbox"/> Contractor       </p> <p>SIDA/AOA TRAINING DATE: _____</p>	<p>ACCESS PRIVILEGES (OFFICE USE ONLY)</p> <p>Company Access: _____</p> <p> <input type="checkbox"/> AMA         <input type="checkbox"/> Non-Mvmt         <input type="checkbox"/> Ramp         <input type="checkbox"/> T-Hgr         <input type="checkbox"/> ESCORT       </p>
<p>(OFFICE USE ONLY)</p> <p>KEYS ISSUED: _____</p> <p>AOA TAG ISSUED: _____</p>	<p>(OFFICE USE ONLY)</p> <p>AUTH.SIGNATORY: <input type="checkbox"/> TNG DONE ON DATE: _____</p> <p>DRIVER TRAINING CLASS DONE ON DATE: _____</p>

## EMPLOYER/AIRPORT AFFILIATION DATA

<b>EMPLOYER NAME</b>				
<b>EMPLOYER MAILING ADDRESS:</b>	<b>CITY</b>	<b>STATE</b>	<b>COUNTRY</b>	<b>ZIP</b>
<b>PRIMARY PHONE</b>		<b>CELL / OTHER PHONE</b>		
<b>EMPLOYER TYPE (AIRPORT USE ONLY)</b>		<b>JOB TITLE</b>		

## TRUSTED AGENT VERIFICATION

<b>ID TYPE SHOWN (LIST A OR B)</b>	<b>TA INITIALS</b>	<b>ID TYPE SHOWN (LIST A OR C)</b>	<b>TA INITIALS</b>
<b>COLLECTION OF BIOGRAPHICAL DATA (DATE)</b>	<b>TA INITIALS</b>	<b>CHRC VERIFICATION (DATE)</b>	<b>TA INITIALS</b>
<b>STA VERIFICATION (DATE)</b>	<b>TA INITIALS</b>	<b>ID ISSUED (DATE) &amp; BADGE NUMBER</b> / / 20 #	<b>TA INITIALS</b>

## RATES AND CHARGES

TYPE	NEW	RENEWAL	LOST
AOA	\$20	\$20	\$50
AOA FOR GOVERNMENT AGENCIES (FEDERAL, STATE & LOCAL)	EXEMPT	EXEMPT	\$50
SIDA	\$50	\$50	\$50
SIDA FOR GOVERNMENT AGENCIES (FEDERAL, STATE & LOCAL)	EXEMPT	EXEMPT	\$50

## APPLICANT'S ACCESS BADGE TERMS AND CONDITIONS

- This Airport Identification Badge is issued for my INDIVIDUAL USE ONLY and I will not under any conditions allow another individual to use my Airport Identification Badge
- All Airport Identification Badges remain the property of the Elmira Corning Regional (ELM) and MUST BE RETURNED to Airport Operations upon demand, resignation, and termination or at any time access is no longer required or granted.
- If the Airport Identification Badge is lost or stolen, I will immediately notify Airport Operations
- Any violation of the Elmira Corning Regional Airport (ELM) Airport Rules and Regulations, Transportation Security Administration (TSA) Security Regulations, Federal, State and Local Laws, may result in suspension, revocation, and/or denial of access to the Airport Operations Area (AOA) - Secured Area
- I will remain at Airport Operations Area (AOA) gates until fully closed.
- I understand and agree to display my Airport Identification Badge on my outer most garments above waist level while on the AOA, SIDA and Secured Areas
- I agree to report any suspicious activities observed on Airport property to airport security, airport management, airport staff or local law enforcement
- I have undergone the required training and fully understand the security procedures and measures required while entering, exiting, and operating on the Airport AOA/Secured Areas
- I understand that my Airport Identification Badge will expire within two years from the date of issuance, I am aware of the expiration date and will make re-issuance arrangements with the Elmira Corning Regional Airport Operations Department
- I understand I have authorized access to gates/doors and that entering any AOA/Secured Area that has not been authorized may result in suspension, revocation and/or denial of access to the AOA/Secured Area

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 can be punished by fine or imprisonment or both (see section 1001 of Title 18 of the United States Code)."

<b>APPLICANT NAME</b>	
<b>SIGNATURE</b>	<b>DATE</b>

## AUTHORIZED SIGNATORY (EMPLOYER USE, NOT FOR APPLICANT)

<b>APPLICANT NAME</b>				
<b>SIGNATORY - LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>
<b>COMPANY NAME</b>				
<b>BUSINESS PHYSICAL ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>COUNTRY</b>
<b>PRIMARY PHONE</b>		<b>CELL / OTHER PHONE(Authorized Signatory)</b>		<b>PRIMARY EMAIL</b>

- I understand that the company named in this application accepts responsibility to IMMEDIATELY NOTIFY Airport Operations at (607) 426-5621 when the applicant is no longer in good standing (possible termination) or terminates employment with the company. The company WILL CONFISCATE and RETURN the Airport Identification Badge to Airport Operations within 24 hours of termination.
- I am the appointed Authorized Signatory Authority for the above organization.
- I understand the applicant stated is an employee/authorized member of the organization and has a specific need for unescorted access authority
- I authorize the Elmira Corning Regional Airport (ELM) to assess my organization for any and all applicable fees associated with Airport Identification Badges as established in the ELM rates and charges.
- I acknowledge that ALL Airport Identification Badge(s) remain the property of the Elmira Corning Regional Airport and MUST BE RETURNED to the airport upon demand, resignation, and termination or at any time access is no longer required.
- I acknowledge if the Airport Identification Badge(s) is lost or stolen, I will IMMEDIATELY Airport Operations
- I attest that the applicant acknowledges their security responsibilities under 49 CFR 1540.105(a)

I understand that my company is responsible for any violations of 49 CFR 1542 involving the wear and use of AOA/SIDA Identification Badge(s) and that my company is liable for any and all fines that may be levied by the FAA or TSA for these violations.

In accordance with public law 110-161 "...any employer who employs an employee to whom an airport security badge or other identifier used to obtain access to a secure area of an airport is issued before, on, or after the date of enactment of this paragraph and who does not collect or make reasonable efforts to collect such badges from the employee on the date that the employment... is terminated and does not notify the operator of the airport... within 24 hours...shall be liable to the government for a civil penalty not to exceed \$10,000.

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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

<b>SIGNATURE</b>	<b>DATE</b>
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## PRIVACY ACT NOTICE

**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](mailto: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.

I, \_\_\_\_\_, have read and understand the above Privacy Act Statement.  
(Print name)

SIGNATURE

DATE

## SOCIAL SECURITY NUMBER VERIFICATION

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments 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.

FULL NAME

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

APPLICANT NAME:

**SIDA APPLICANTS ONLY**

- I understand that with this application, I will be subject to a criminal history records check (via fingerprinting) and any convictions during the previous ten (10) year period of the crimes listed on this application will disqualify the applicant from obtaining a Secure Identification Display Area (SIDA) Identification Badge
- I understand that at the time this application is submitted, I must present two (2) forms of personal identification, typically government issued and including a photo ID. Only identification listed on USCIS Form I-9 is acceptable
- I understand that falsification of any portion of this application is a violation of 49 CFR 1542
- SELF DISCLOSURE: I understand that in accordance with 49 CFR 1542, if at any time during which I am authorized unescorted access to the Security Identification Display Area, I am arrested for or convicted of any of the crimes listed in the TSA Disqualifying Offences section of this application, within 24 hours I will report the arrest or conviction and surrender the SIDA ID to the Airport Operations Department
- I understand that the SIDA badge is issued for my individual use only and I will not under any conditions allow another person to use my badge
- I understand and agree to display my SIDA badge on my outer most garment(s) above waist level while on the AOA, SIDA and all Secured Areas, and must be visible at all times while within those areas
- I understand that if the SIDA badge is lost or stolen, I will immediately notify Airport Operations and, if applicable, apply for a replacement
- Any violation of the Airport Rules and Regulations or the Airport Security Program may result in suspension, revocation and/or denial of any ID/access media

**“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.”**

A copy of your criminal history records check received from the FBI will be made available to you if interested by submitting a written request.

**SIGNATURE**

**DATE**

**\*IMPORTANT– IF YOU HAVE BEEN CONVICTED OF ANY FELONY CRIME OR SIMILAR CRIME AS LISTED BELOW, PLEASE CONTACT AIRPORT OPERATIONS BEFORE COMPLETING THIS PAGE.**

**SIDA APPLICANTS ONLY - TSA DISQUALIFYING OFFENSES**

Indicate below, by checking “Yes” or “No” for each item listed, if you have ever pleaded guilty or no contest, had adjudication withheld, been convicted or found not guilty by reason of insanity to any of the following:

ITEM	YES	NO	ITEM	YES	NO
Forgery of certificates, false marking of aircraft, and other aircraft registration violations			Aircraft piracy		
Interference with air navigation			Murder		
Improper transportation of a hazardous material			Assault with intent to murder		
Felony involving violence at International Airports			Espionage		
Interference with flight crew members or flight attendants			Sedition		
Commission of certain crimes aboard aircraft in flight			Kidnapping or hostage taking		
Carrying a weapon or explosive aboard an aircraft			Treason		
Conveying false information and threats			Rape or aggravated sexual abuse		
Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon			Extortion		
Lighting violations involving transporting controlled substances			Felony arson		
Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements			Distribution of or intent to distribute a controlled substance		
Destruction of an aircraft or aircraft facility			Armed or felony unarmed robbery		
Aircraft piracy outside the special aircraft jurisdiction of the United States			Felony involving dishonesty, fraud, or misrepresentation		
Felony involving possession or distribution of stolen property			Felony involving a threat		
Felony involving willful destruction of property			Felony involving aggravated assault		
Felony involving importation or manufacture of a controlled substance			Felony involving bribery		
Felony involving burglary			Felony involving theft		
Felony involving the illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year			Conspiracy or attempt to commit any of the criminal acts listed on this application		

- I do not have a disqualifying criminal offense as required by 1542.209.
- I understand that Federal Regulations under 49 CFR 1542.209 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.

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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code). I authorize the release of this data to the TSA and other Federal, State, and local agencies on an as needed basis.

**SIGNATURE**

**DATE**