

**Charles M. Schulz - Sonoma County Airport  
Security Identification Display Area (SIDA) or Sterile Area Badge Application**

**Applicant Name:** Please provide full LEGAL name and print legibly

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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You are required to provide all other names previously used (Alias) on this application. Examples of Aliases include maiden name, birth name, spelling variations, etc. Nicknames are not considered an Alias and are not to be included on this form. If you have never used any other name, please leave fields blank.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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**Applicant Information**

<b>Social Security Number:</b> - -	<b>DOB: (MM/DD/YYYY)</b> / /	<b>Gender:</b> M ___ F ___	For individuals who need to drive in the movement area, a ramp driving endorsement is required and an annual training must be completed. Do you need to drive in the movement area? Y ___ N ___
<b>Hair Color:</b>	<b>Eye Color:</b>	<b>Height:</b>	
<b>Country of Birth:</b>	<b>State of Birth:</b>	<b>Country of Citizenship:</b>	

<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Phone Number:</b>	<b>Driver's License:</b>	<b>State:</b>	<b>Exp. Date:</b>
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<b>Employer:</b>	<b>Position:</b>
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**Email:**

I understand that I am only to use my Airport issued identification badge while in the performance of official work related duties. This badge allows me unescorted access to the secure and/or sterile area(s) and I must account for my badge at all times. I understand that I am not allowed to lend, borrow, duplicate, or make alterations to my badge. If I lose or misplace my Airport badge, I will IMMEDIATELY notify the Airport Manager's office. My badge must be displayed, on my outermost garment, above the waist, at ALL times while within the SIDA. If I encounter an individual who is not properly displaying their Airport badge, I should immediately contact Airport Operations. While in the SIDA, I must follow all applicable Federal, State and Local laws, ordinances and regulations. Failure to comply may result in my access privileges being revoked and/or criminal or civil penalties being imposed.

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.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Employer/Authorized Signatory Date

**AIRPORT USE ONLY**

<b>Badge type -</b> SIDA Sterile Area	<b>STA Date -</b> _____	<b>Badge Exp -</b> _____
<b>Airport ID # -</b> _____	<b>CHRC Date -</b> _____	<b>Issued By-</b> _____
<b>Card # -</b> _____	<b>CHRC # -</b> _____	

### Applicant Certifications

#### The Privacy Act of 1974. 5 U.S.C. 552a(e)(3) 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, as amended. Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. 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 may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

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 have read and understand the above mentioned information.**

Initials x \_\_\_\_\_

### Security Responsibilities - CFR 1540.105

No person may:

1. Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.
2. Enter, or be present within, a secured area, AOA, SIDA or sterile area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.
3. Use, allow to be used, or cause to be used, any airport-issued or airport-approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in secured areas, AOA's, or SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.

**I have read and understand the above mentioned information.**

Initials x \_\_\_\_\_

### Disqualifying Offenses

I, \_\_\_\_\_, hereby request to have my fingerprints submitted to the Federal Bureau of Investigation (FBI) for a Criminal History Record Check (CHRC) against all available criminal records. I understand that submission of this information is voluntary; however, failure to submit fingerprints for a CHRC will result in the denial of unescorted access privileges in the Charles M. Schulz - Sonoma County Airport Security Identification Display Area (SIDA) and/or Sterile Area.

If you are found to have a disqualifying criminal offense, or you have been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below in any jurisdiction during the 10 years before the date of this application, you may be ineligible to obtain an identification badge and will be required to provide additional information for further processing of your application.

1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations; 49 United States Code U.S.C. 46306
2. Interference with air navigation; 49 U.S.C. 46308
3. Improper transportation of a hazardous material; 49 U.S.C. 46312
4. Aircraft piracy; 49 U.S.C. 46502
5. Interference with flight crew members or flight attendants; 49 U.S.C. 46504
6. Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506
7. Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505
8. Conveying false information and threats; 49 U.S.C. 46507
9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b)
10. Violations involving transporting controlled substances; 49 U.S.C. 46315
11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314
12. Destruction of an aircraft or aircraft facility; 18 U.S.C. 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
20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
21. Extortion
22. Armed or felony armed robbery
23. Distribution of, or intent to distribute, a controlled substance
24. Felony arson
25. Felony involving a threat
26. Felony involving:
  - (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 punished by a maximum term of imprisonment of more than 1 year.
27. Violence at international airports; 18 U.S.C. 37
28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph

I certify that I do not have any disqualifying criminal offense(s). **Initials x** \_\_\_\_\_

I understand that Federal regulations under 49 Code of Federal Regulations (CFR) 1542.209 (1) impose a continuing obligation on me to disclose to the Charles M. Schulz - Sonoma County Airport Airport Security Coordinator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access privileges. **Initials x** \_\_\_\_\_

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 a fine, imprisonment, or both (See Section 1001 of Title 18 U.S.C.). **Initials x** \_\_\_\_\_

I hereby authorize release of this information and the results of the CHRC to authorized representatives of my employer. I understand and agree that it is my responsibility to determine the identity of those individuals who have been designated as authorized to receive this information by my employer, and my signature below is my waiver of any objections to the acquisition and use of this data by authorized airport security personnel. If I have any concerns or objections to the individuals who are designated to receive this information, I will not sign below. **Initials x** \_\_\_\_\_

I further understand that a copy of any criminal records received from the FBI will be made available to me if I make a request to the Airport in writing. The Airport Security Coordinator is the point of contact if I have questions about the results of my CHRC. **Initials x** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Date**

**Privacy Certification - Social Security Number Verification**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), 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 Social Security records, I could be punished by a fine or imprisonment or both.

\_\_\_\_\_  
**Print full LEGAL name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Birth (MM/DD/YYYY)**

\_\_\_\_\_  
**Social Security Number**

**Certification**

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, imprisonment, or both (see Section 1001 of Title 18 of the United States Code).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Airport Use Only**

Name of Applicant - \_\_\_\_\_

Badge Number - \_\_\_\_\_

Gate Access - \_\_\_\_\_

**Application Process** - \_\_\_\_\_

**Date** - \_\_\_\_\_

**ID's checked** -

U.S. Passport \_\_\_\_\_

Driver's license + Social Security Card \_\_\_\_\_

Driver's license + Birth Certificate \_\_\_\_\_

Permanent Resident Card \_\_\_\_\_

Visa \_\_\_\_\_

Federal ID - \_\_\_\_\_

\_\_\_\_\_ Company \_\_\_\_\_

LEO ID - \_\_\_\_\_

\_\_\_\_\_ Company \_\_\_\_\_

Other - \_\_\_\_\_

**Authorizes Issuance** - \_\_\_\_\_

**Date** - \_\_\_\_\_

**Badge Issue** - \_\_\_\_\_

**Date** - \_\_\_\_\_