



**Eagle County Regional Airport
EGE Badge Access Media
Application 2017/19 Season**

BADGE #:

Today's Date

Name: _____
Last First Middle Name

Employer: _____ Personal Phone or Cell # _____

Mailing Address: _____
Street or P.O. Box # City State Zip Code

E-Mail address: _____ Date of Birth: _____

Alien Reg # (ARN 9 digits): _____ Non Immigrant Visa #: _____
(Control Number)

I-94 Arrival/Departure Form # (11 digits): _____

Country of Citizenship: _____ Social Security No. _____ - _____ - _____

Place of Birth: _____

Office Use Only

Date Fingerprinted

Results Rec'd Dates

STA Approved: Y / N

Date Approved _____

Badging

Badging Type: NEW / RE-ISSUE / REPLACEMENT

Badging Authorization: Y / N

Eagle County Authorization: Y / N

Two Forms of Approved ID: Y / N

Prior Badge Returned: Y / N / N/A

Issue Date: _____

Badge Type:

SIDA / SIDA VQ / CAB / AOA / AOA VQ

Movement _____

Criminal History Completed: Y / N

Privacy Act Notice given to applicant _____

Badge Fee:

Amount Paid: _____

Method of Payment: _____

Check No. _____

Keys: Y / N Key # _____



Acknowledgement of Badge Return and Replacement Policy

I hereby acknowledge that all badges issued by and for access and privileges at the Eagle County Airport are property of the Eagle County Airport and per TSA/DHS regulations, shall be surrendered immediately to Eagle County Airport Administration Office upon badge's expiration, termination or completion of the employment, project, tenancy at, or need for given access, to Eagle County Airport. Failure to return badge will result in a minimum \$50.00 penalty, which shall be paid prior to issuing a replacement badge.

You **must immediately notify** the Eagle County Airport Administrative office of any lost or stolen badge.

Starting this season all SIDA and AOA badges expire every other year on May 22, CAB and Movement badges continue to expire annually. All badges **MUST** be picked up within 30 days of clearing. Upon expiration all badges must be surrendered to the Eagle County Airport Administrative office for return and/or reissue. Expired badges will not grant airport access.

In order to receive the \$50 refund for a returned badge, the badge **MUST** be returned no later than 30 days after the completion of scheduled work and no later than 30 days after the annual expiration date on the badge. There will be no exceptions to this policy.

Badge Holder – Signature

Badge Holder – Printed Name

Date

EAGLE COUNTY REGIONAL AIRPORT

Criminal History Disclosure Form

Name: _____

Employer: _____

1. What nicknames or aliases are you known by or use? **If none, write none.**

2. Have you been convicted, or declared not guilty by reason of insanity, of any of the following crimes within the past ten years? **(Please write YES or NO in the space provided)**

- _____ Forgery of certificates, false marking of aircraft, and other aircraft registration violations
- _____ Interference with air navigation
- _____ Improper transportation of hazardous materials
- _____ Aircraft piracy
- _____ Interference with flight crew members or flight attendants
- _____ Commission of certain crimes aboard an aircraft in flight
- _____ Carrying a weapon or explosive aboard an aircraft
- _____ Conveying false information and threats
- _____ Aircraft piracy outside the special aircraft jurisdiction of the U.S.
- _____ Lighting violations involving transporting controlled substances
- _____ Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security regulations
- _____ Destruction of an aircraft or aircraft facility
- _____ Murder
- _____ Assault with intent to murder
- _____ Espionage
- _____ Sedition - The organized incitement of rebellion or civil disorder against authority or the state
- _____ Kidnapping or hostage taking
- _____ Treason
- _____ Rape or aggravated sexual abuse
- _____ Unlawful possession, use, sale, distribution, or manufacturer of an explosive or weapon
- _____ Extortion
- _____ Armed or felony unarmed robbery
- _____ Distribution of, or intent to distribute, a controlled substance
- _____ Felony Arson
- _____ Conspiracy to commit any of the aforementioned criminal acts
- _____ Felony involving a threat
- _____ Felony involving willful destruction of property
- _____ Felony involving importation or manufacture of a controlled substance

- _____ Felony involving burglary
- _____ Felony involving theft
- _____ Felony involving dishonesty, fraud, or misrepresentation
- _____ Felony involving possession or distribution of stolen property
- _____ Felony involving aggravated assault
- _____ Felony involving bribery
- _____ Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year, or any other crime classified as a felony that the Administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money
- _____ Violence at international airports
- _____ Conspiracy or attempt to commit any of the criminal acts listed above.

The information that I, the undersigned, 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 (see Section 1001 of Title 18 of the United States Code). And that under Federal Regulations under 49 CFR 1542.209, I have a continuing obligation to disclose to the airport operator within 24 hours if convicted of any disqualifying criminal offense that occurs while I have unescorted airport access authority.

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 a fine or imprisonment or both.

When an applicant fails to successfully complete an STA or CHRC, or is subsequently disqualified due to an STA or CHRC disqualifying offense, where required, the airport operator may not grant the applicant escorted or unescorted access to the SIDA, Secured Area, Sterile Area, or AOA.

A copy of the criminal record received from the FBI will be provided to the individual if requested by the individual in writing. If you have any questions regarding the results of the CHRC, please contact the Airport's Security Coordinator.

Signature: _____ Date: _____

Printed Full Name _____

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 110-52, August 3, 2007); 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). 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 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: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.