

LAST NAME	ACCESS CARD NUMBER	BADGE RETURN DATE	APPLICATION DESTROY DATE
FIRST NAME	PIN CODE NUMBER	APPLICATION STATUS	AIRPORT TSC ID NUMBER



LAWTON METROPOLITAN AREA AIRPORT AUTHORITY/LAWTON FORT SILL REGIONAL AIRPORT ID BADGE APPLICATION

CONFIDENTIAL LFSRA FORM002

AIRPORT IDENTIFICATION BADGE APPLICATION GUIDELINES & INSTRUCTIONS

Lawton Fort Sill Regional Airport Identification (ID) badge is issued for authorized personnel for access to Secure Areas, Security Identification Display Area (SIDA), Air Operations Areas (AOA), Sterile Areas, and General Aviation areas of Lawton Fort Sill Regional Airport. The airport ID badge will only be issued upon successful completion of all Transportation Security Administration (TSA) and Airport Operator required security vetting. All airport ID badges are the property of the Lawton Metropolitan Area Airport Authority and must be returned immediately upon request by the LMAAA and/or termination of employment, separation from company/agency or when your access is no longer required.

GENERAL INSTRUCTIONS

1. TYPE or PRINT all information in Black or Blue Ink only.
2. An Airport ID Badge Application is required for all new, renewal, or re-issued ID Badge.
3. The application must be presented in person, to the Airport Badging Office within 30 days from date of the authorizing signature. If the 30-day period is exceeded, the application will be rejected and a new ID Badge application will be required.
4. Government issued document(s) are required for all new and re-issued ID badge. **Two forms of identification (1 PHOTO)** are required as listed in Form I-9 on page 7 of this application. A valid state-issued, unexpired driver's license is required for driving privileges.
5. **Individuals applying for a SIDA/Secure Areas must include their SSN, or TSA will not process the application or conduct the STA. For individuals applying for AOA or Sterile Area ID badge, providing the SSN is voluntary, but failure to provide it may prevent completion of the STA.**
6. **For Security Identification Display Area (SIDA) access employees only. SCREENING NOTICE: Any employee holding a credential granting access to a (SIDA) may be screened at any time while gaining access to, working in, or leaving a (SIDA). Failure to submit to screening will result in ID badge being suspended or revoked pending investigation.**
7. Reissued Identification Badge – Previous ID badge must be returned prior to the issuance of a new ID badge.
8. Lost or Stolen ID Badge – Notify the Airport Security Coordinator at (580) 585-7545.
9. The sponsor company/applicant is responsible for all fees prior to the processing of the ID Badge application (see fee schedule below.)
11. Fingerprint appointments must be scheduled by the Authorized Signatory only.
12. Upon an approved application, the Airport will contact either the badge sponsor or the applicant to arrange an appointment for the applicant to undergo the required training and testing. Only after testing is complete with a passing grade of 80% or above will the Security Office issue a badge.

FEDERAL REGULATIONS

In accordance with 49 CFR Part 1542, the Lawton Metropolitan Area Airport Authority will collect and process inked fingerprints for all persons requesting unescorted access to the Secured, SIDA, and Sterile areas of Lawton Fort Sill Regional Airport for the purpose of obtaining a Criminal History Record Check (CHRC).

ESCORT PRIVILEGE

The company/tenant must authorize the approval of Secured/SIDA/Sterile ID Badge escort privileges within the Secured, SIDA, AOA, and Sterile area.

IDENTIFICATION BADGE FEES CRIMINAL HISTORY RECORDS CHECK (CHRC) FEE (SIDA, SECURE, STERILE ONLY)

Initial Badge Fee:	\$35.00	Initial CHRC Fee:	\$50.00		
First Lost Badge:	\$35.00	Renewal CHRC Fee:	\$50.00	Second Lost Badge:	\$50.00
Third Lost Badge:	\$100.00				

IMPORTANT NOTICE: THERE WILL BE NO FOURTH BADGE ISSUED!

SECTION 1 AUTHORIZED SIGNATORY AUTHORITY – TO BE COMPLETED BY AUTHORIZED SIGNATORY OF THE SPONSORING COMPANY

I hereby certify _____ has a need for access to areas of
(Applicant's Full Legal Given Name)
the Lawton Fort Sill Regional Airport where access is controlled for security reasons. I also attest applicant acknowledges their security responsibilities under 49 CFR §1540.105(a)

I further certify: (initial only applicable lines)

Security Identification Display Area (SIDA)/Secure Area Access

Secure Area/Security Identification Display Area (SIDA) – applicant requires unescorted access to the Secure Area and SIDA:

Initials: _____

I authorize the Airport Operator (KLAW) to submit and/or re-submit the applicant's digital fingerprints for initial or recurrent CHRC:

Initials: _____

Sterile Area Access

Sterile Area – applicant requires unescorted access to the Sterile Area.

Initials: _____

I authorize the Airport Operator (KLAW) to submit and/or re-submit the applicant's digital fingerprints for initial or recurrent CHRC.

Initials: _____

Air Operations Area (AOA) Access – General Aviation

Air Operations Area (AOA) – applicant requires unescorted access to the AOA (Other than the Security Identification Display Area (SIDA) portion of the AOA.

Initials: _____

General Aviation Access

Air Carrier Access Only

***** Air Carrier Only*****

Applicant is enrolled in TSA/FBI Rap Back Program and is in compliance with 49 CFR §1544.229

Initials: _____

Fingerprint Case #: _____ Date enrolled: _____

_____ will immediately notify the Airport Operator (KLAW) if the Rap Back certification is withdrawn.
(Air Carrier Name)

Initials: _____

GOVERNMENT ACCESS ONLY (LOCAL, STATE, FEDERAL)

***** Government Only*****

Applicant is a government employee and, as a condition of employment, has undergone an employment investigation which includes a criminal history records check (CHRC) or is exempted by TSA.

Initials: _____

SECTION 1 SPONSORING COMPANY INFORMATION—AUTHORIZED SIGNATORY AUTHORITY (CONTINUED)

Today's Date: <i>Valid for 30 days after signed and dated:</i>		Sponsoring Company Name:	
ID Badge Type: SIDA/Secure/Sterile Area Badge <input type="checkbox"/>		SIDA AOA <input type="checkbox"/>	AOA ONLY (GA) <input type="checkbox"/>
Is Airport Operator authorized to bill sponsoring company for fees? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does applicant's job duty require them to have escort authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> New ID	<input type="checkbox"/> Renewal ID	<input type="checkbox"/> Re-issue ID	<input type="checkbox"/> Lost/Stolen Replacement ID <input type="checkbox"/> Name change
Does applicant's job duty require them to have escort authority? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the applicant's job duty require them to have driving privileges in the AOA Non-Movement Area? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the applicant job duty require them to have driving privileges in the AOA Movement Area? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(FINAL DETERMINATION WILL BE DONE BY AIRPORT OPERATOR)</i>		AOA MOVEMENT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	

As an authorized representative of the sponsoring company identified below, I confirm that the applicant identified below is an employee, employee of a contractor of the sponsoring company or general aviation tenant with a need to possess an airport badge. I authorize the Airport Operator to conduct a Security Threat Assessment (STA) through TSA.

I further verify that the applicant is authorized to work in the United States and that the ID badge being requested is necessary in the performance of the Applicant has assigned duties at Lawton Fort Sill Regional Airport.

I understand that knowingly and deliberately making false statements on this application can result in fine, imprisonment, or both. (See Section 1001 of Title 18 United States Code).

AUTHORIZED SIGNER'S NAME (PRINTED)	<i>Print name</i>
	<i>Signature</i>
AUTHORIZED SIGNER'S SIGNATURE	<i>Today's Date (MM/DD/YYYY):</i>
	AIRPORT AUTHORITY ONLY:
SIGNATURE VERIFIED BY TRUSTED AGENT	

SECTION 3 PRIVACY ACT CERTIFICATION BY APPLICANT

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.

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.

Signature

Date (MM/DD/YYYY)

SECTION 3 APPLICANT INFORMATION – Please type or use blue or black ink only. PRINT LEGIBLY

Today's date		Last Name		First Name		Middle Name	
Other Names Used (Include Maiden, Nicknames, Aliases)						State Issued Driver's License/ID Number	
Last Name		First Name		Middle Name		State	
						State ID Expiration Date	
						Weight (lbs.)	
						Eye Color	
						Height (ft., in.)	
						Hair Color	
Home Address		City		State/Province		Sex (M or F)	
						Date of Birth (MM/DD/YYYY)	
County		Country		Zip Code		Race/Ethnicity	
						<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Unknown <input type="checkbox"/> Other (list name)	
Home Phone Number		Mobile Phone Number		Email Address			
Employer Name		Employer Address		Citizenship Status		Place of Birth	
				U.S. Citizen (Y or N)		City	
City/State/Zip Code		Work Phone Number		If No, List Country		State/Province/Region of Birth	
Job/Employee/Position Title		Work Email Address		Dual Citizenship? (Y or N)		Country of Birth	
IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Check all that apply – Enter N/A if not applicable)				IF YOU ARE NOT A U.S. CITIZEN (Check all that apply – Enter N/A if not applicable)			
<input type="checkbox"/> US Passport/Passport Card		Document Number		If you have a Non-Immigrant Visa, you must also provide the I-94 documentation			
<input type="checkbox"/> Certification of Naturalization (N-550)		Document Number		<input type="checkbox"/> Non-Immigrant Visa		Document Number	
<input type="checkbox"/> US Birth Abroad Certificate (Form DS-1350 or FS-545)		Document Number		<input type="checkbox"/> I-94 Form		Document Number	
<input type="checkbox"/> Certificate of Citizenship (N-560)		Document Number		<input type="checkbox"/> Alien Registration Number (ARN)		Document Number	

SECTION 4 SOCIAL SECURITY NUMBER RELEASE CONSENT (PLEASE INITIAL AND COMPLETE)

Individuals applying for a SIDA/Secure Areas must include their SSN, or TSA will not process the application or conduct the STA. For individuals applying for AOA or Sterile Area ID badge, providing the SSN is voluntary, but failure to provide it may prevent completion of the STA.

_____ 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

_____ I do not authorize the release of my Social Security Number.

*****NOTICE***-- if you do not disclose your SSN, your Security Threat Assessment (STA) will be delayed and your badge cannot be issued until an approval from TSA is submitted back to the Airport Operator.**

PRINTED NAME	LAST NAME			FIRST NAME			MIDDLE INITIAL (IF APPLICABLE)
SOCIAL SECURITY NUMBER							
APPLICANTS SIGNATURE	X			DATE OF BIRTH (MM/DD/YYYY)			

SECTION 5 DISQUALIFYING CRIMINAL OFFENSES (CRIMINAL HISTORY RECORDS CHECK)

Individuals seeking unescorted access authority in the SIDA/Secure/Sterile Area(s) and/or performing security screening are required to undergo an electronic-based fingerprint criminal history records check (CHRC) that does not disclose that he/she has a disqualifying criminal offense. There are 28 disqualifying crimes under Transportation Security Regulations (TSR) 1542.209 that will disqualify you from receiving a Lawton Fort Sill Regional Airport ID badge.

Have you ever been convicted or found not guilty by reason of insanity, in any jurisdiction of any of the below crimes?
PLEASE PLACE A CHECK OR X IN EACH BLOCK BELOW:

	YES	NO		YES	NO
1. Forgery of certificates, false making of aircraft, and other aircraft registration violations, 49 U.S.C. 46306	<input type="checkbox"/>	<input type="checkbox"/>	19. Rape or aggravated sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
2. Interference with air navigation, 49 U.S.C. 46308	<input type="checkbox"/>	<input type="checkbox"/>	20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.	<input type="checkbox"/>	<input type="checkbox"/>
3. Improper transportation of a hazardous material; 49 U.S.C. 46312	<input type="checkbox"/>	<input type="checkbox"/>	21. Extortion.	<input type="checkbox"/>	<input type="checkbox"/>
4. Aircraft piracy; 49 U.S.C. 46502	<input type="checkbox"/>	<input type="checkbox"/>	22. Armed or felony unarmed robbery.	<input type="checkbox"/>	<input type="checkbox"/>
5. Interference with flight crewmembers or flight attendants, 49 U.S.C. 46504	<input type="checkbox"/>	<input type="checkbox"/>	23. Distribution of, or intent to distribute, a controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
6. Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506	<input type="checkbox"/>	<input type="checkbox"/>	24. Felony arson.	<input type="checkbox"/>	<input type="checkbox"/>
7. Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505	<input type="checkbox"/>	<input type="checkbox"/>	25. Felony involving a threat.	<input type="checkbox"/>	<input type="checkbox"/>
8. Conveying false information and threats, 49 U.S.C. 46507	<input type="checkbox"/>	<input type="checkbox"/>	26i. Felony involving willful destruction of property.	<input type="checkbox"/>	<input type="checkbox"/>
9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C.	<input type="checkbox"/>	<input type="checkbox"/>	26ii. Felony involving importation or manufacture of a controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
10. Lighting violations involving transporting controlled substances; 49 U.S.C. 46315	<input type="checkbox"/>	<input type="checkbox"/>	26iii. Felony involving burglary.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	26iv. Felony involving theft.	<input type="checkbox"/>	<input type="checkbox"/>
12. Destruction of an aircraft or aircraft facility; 49 U.S.C. 32	<input type="checkbox"/>	<input type="checkbox"/>	26v. Felony involving dishonesty, fraud, or misrepresentation.	<input type="checkbox"/>	<input type="checkbox"/>
13. Murder.	<input type="checkbox"/>	<input type="checkbox"/>	26vi. Felony involving possession or distribution of stolen property.	<input type="checkbox"/>	<input type="checkbox"/>
14. Assault with intent to murder.	<input type="checkbox"/>	<input type="checkbox"/>	26vii. Felony involving aggravated assault.	<input type="checkbox"/>	<input type="checkbox"/>
15. Espionage.	<input type="checkbox"/>	<input type="checkbox"/>	26viii. Felony involving bribery.	<input type="checkbox"/>	<input type="checkbox"/>
16. Sedition.	<input type="checkbox"/>	<input type="checkbox"/>	26ix. Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.	<input type="checkbox"/>	<input type="checkbox"/>
17. Kidnapping or hostage taking.	<input type="checkbox"/>	<input type="checkbox"/>	27. Violence at international airports. 18 U.S.C. 37	<input type="checkbox"/>	<input type="checkbox"/>
18. Treason.	<input type="checkbox"/>	<input type="checkbox"/>	28. Conspiracy or attempt to commit any of the criminal acts listed above 1-27.	<input type="checkbox"/>	<input type="checkbox"/>

By my signature, I certify that: I do not have a disqualifying criminal offense and I do consent to a fingerprint criminal history records check (CHRC); in accordance with 49 CFR 1542.209 I understand my obligation to disclose to the airport operator within 24 hours if convicted of any disqualifying criminal offense that occurs while having unescorted access authority. 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 a knowing and willful false statement on this application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code).

Signature

Date

X

Print Name

A copy of the criminal record received from the FBI will be provided to the individual, if requested by the individual in writing. The request should be submitted to the Airport Security Coordinator, who is the point of contact for questions about the results of a criminal history records check.

STOP. DO NOT GO ANY FURTHER.

THE FOLLOWING SECTIONS WILL NOT BE COMPLETED UNTIL YOU HAVE COMPLETED THE REQUIRED TRAINING

SECTION 6 APPLICANT CERTIFICATIONS

PLEASE READ EACH STATEMENT AND INITIAL:

_____1. By submitting this application for an ID Badge, I agree to comply at all times with the security rules and policies of the Lawton Airport Authority, including the provisions of Chapter 25 and the Transportation Security Administration (TSA), an agency of the United States, including the provisions of Title 49, CFR, Parts 1540, 1542, and 1544.

_____2. All ID Badges remain the property of Lawton Airport Authority.

_____3. I understand that I cannot loan my badge to anyone to use for access.

_____4. I will **visibly display my ID Badge** outside my garments on my upper body whenever I am in the SIDA/Secure/Sterile/AOA/Restricted areas.

_____5. I understand that the Lawton Airport Authority reserves the right to revoke authorization for any ID Badge where such action is determined to be in the best interest of airport security.

_____6. I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas) nor will I otherwise breach, disobey, circumvent or disregard any security directive, plan or program at the airport.

_____7. I will challenge any person who enters a SIDA/Sterile/Secured/Restricted/AOA area if the person does not properly display an ID Badge. If the person I challenge cannot produce a valid ID Badge, I will immediately notify the Lawton Police Department.

_____8. I understand that if I commit any violations of any rules and regulations Section 2 and Section 11 of the Airport Operations Manual will result in access being denied through the AACS and possible revocation of my ID Badge.

_____9. I understand that I must wait for the gate to close completely and secure before leaving the area.

_____10. I understand that if the gate malfunctions, I must contact Lawton Airport Maintenance (580-585-2799) or the Airport Security Coordinator (580-585-7545) and **remain** at the gate until an Airport representative arrives.

_____11. **I will immediately notify the Security Office if my ID Badge is lost, stolen or destroyed.**

_____12. **A replacement ID Badge may only be issued if I declare in writing that the ID Badge has been lost, stolen, or destroyed.**

Initial Badge: \$35.00 (Valid for two years)

1st Lost Badge: \$35.00

2nd Lost Badge: \$50.00

3rd Lost Badge: \$100.00

NOTE: There will be no fourth badge issued.

_____13. I agree to return my airport ID Badge to the Security Office or employer at the end of my employment or if the reason for access is no longer required.

_____14. I understand and acknowledge that violation of the Airport's Security Program will result in administrative action to include badge reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

_____15. **I understand that Federal regulations under 49 CFR 1542.209 (I) impose a continuing obligation to disclose to the airport operator within 24 hours if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority. Failure to disclose will result in badge revocation and criminal charges may be filed by U.S. Attorney.**

_____16. **(SIDA APPLICANTS ONLY SCREENING NOTICE): ANY EMPLOYEE HOLDING A CREDENTIAL GRANTING ACCESS TO A SECURITY IDENTIFICATION DISPLAY AREA (SIDA) MAY BE SCREENED AT ANY TIME WHILE GAINING ACCESS TO, WORKING IN, OR LEAVING A SECURITY IDENTIFICATION DISPLAY 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).

I, _____ (print name), acknowledge that I have received my ID badge and the information on the ID badge is correct to the best of my knowledge.

Signature: _____ Today's Date: _____

DO NOT WRITE BELOW. AIRPORT AUTHORITY SECURITY OFFICE PERSONNEL ONLY.

SECTION 7 VERIFICATION OF IDENTITY (FORM I-9)

Examine one document from List A or examine one document from List B and one from List C. One document from List B or List C must be government issued photo ID. Record the document title, number and expiration date, if applicable.

	List A		List B	<u>AND</u>	List C
Document Title					
Issuing Authority					
Document umber					
Expiration Date					
Other					

CERTIFICATION -- I attest under the penalty of perjury, that I have examined the document(s) presented by the above named applicant, that the above listed document appears to be genuine and to relate to the applicant named, that the and that to the best of my knowledge the applicant is eligible to work in the United States Of America.

Signature of Authorized Trusted Agent	Authorized Trusted Agent Title	Today's Date
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SECTION 8 AIRPORT BADGING OFFICE USE ONLY

CHRC Date: 1 2 3	CHRC FBI Case Number: 1 2 3	LAW TSC Number:	Security Training Date:
STA APPROVAL DATE: 1 2 3	STA APPROVED? 1 2 3 YES NO	AOA Non-Movement Driver's Training Date: <i>(If applicable)</i>	
TSA/FBI RAPBACK NUMBER:	RAPBACK EXPIRATION:	AOA Movement Driver's Training Date: <i>(If applicable)(FAA Required)</i>	
TSC Application Identification Number: 1 2 3		Initial Training:	Recertification:
LAW000000000		Unescorted Privileges: (E Endorsement) YES NO	
Badge Applicant's Authorized Access: Circle all that apply SIDA SECURE STERILE RESTRICTED PUBLIC		Driving NON-Movement Area Privileges: (D Endorsement) YES NO	
AOA MOVEMENT AOA NON-MOVEMENT LAS RAMP/T HANG.		Driving Movement Area Privileges: (A Endorsement) YES NO	
Keyscan Access Card Number:		Codes: 1 – LAW Enforcement Exempt 2 – TSA Employee Exempt 3 – Other Government Exempt (TSA Approved)	
Access Card Badge Number:		Badge Return Date:	Badge Returned to: Application Destroy Date
Access Card Pin Number:	NEW RENEWAL REISSUE		
Badge Color: GREEN RED BLUE YELLOW	If badge lost, stolen: LOST 1 st 2 nd 3 rd	Badge Issued by: (Authorized Trusted Agent Signature):	
Bill badging fees to:	Badge amount:	BADGE ISSUE DATE:	
INVOICE CHECK VISA MASTERCARD DISCOVER AMEX NO CHARGE		BADGE EXPIRATION DATE:	

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).