

Last Name: _____ First Name: _____

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KEY WEST INTERNATIONAL AIRPORT IDENTIFICATION MEDIA APPLICATION

APPLICANT - PLEASE DO NOT FILL OUT THIS SECTION

Badge #: _____ Expires: _____

Date Received: _____
TA Collection & Transmittal: _____
Fingerprints (re)submitted: _____
STA (re)submitted: _____
Fingerprints Approved: _____
Fingerprint Case Number: _____

Security Threat Assessment Date: _____
 Pass
 Fail
 N/A

Applicant Notified - Date & TA Initials: _____

Training Completion Date(s): _____
SIDA: _____
Authorized Signatory: _____
Non-Movement Area Driving: _____
Movement Area (MA) Driving: _____
Practical MA Driving Exam: _____

Approval / Disapproval

Endorsement Section to be completed by Authorized Signatory

BADGE SELECTION

- STERILE
- AOA
- SIDA ALL AREAS
- SIDA ALL AREAS ARMED

DRIVING ENDORSEMENT

- NON-MOVEMENT DRIVING
- MOVEMENT DRIVING
- BOTH
- NONE

ESCORT ENDORSEMENT

- ESCORT
- NONE

AUTHORIZED SIGNATORY

- YES
- NO

Section I –Applicant Reporting Requirements for Security Threat Assessment (STA)

Airport operators must not issue any type of personnel identification media to an individual until the information requested in this section is submitted to the Transportation Security Administration and the Transportation Security Administration has completed a Security Threat Assessment (STA) on the individual and determined that the individual does not pose a threat to security.

Employer's Name _____

Last Name _____ First Name _____ Middle Name _____

Aliases _____ SSN _____ Gender: M / F Height _____

Weight _____ Eye color _____ Hair color _____ Address _____

City _____ State _____ Zip code _____ Phone number _____

E-mail _____ DOB (MM/DD/YYYY) _____

Country of Birth _____ State of Birth _____ Citizenship _____

Alien Registration # _____ Expiration Date _____ Non-Immigrant Visa # _____

Passport # _____ Passport Expiration Date _____ Passport Country _____

Driver License - State/#!/Exp _____

Other I-9 Documentation _____

Section II - Criminal History (Read Section II and Initial Below)

49 CFR Parts 1542 and 1544 and Public Law # 106-528 prohibit anyone who has been convicted or found not guilty by reason of insanity within the previous 10 years of the following crimes from being granted unescorted access to the airport's Security Identification Display Area (SIDA). That is, that person may not be given/issued an airport badge. All applicants must submit fingerprints which will be used to check the person's criminal history records. Federal regulations under 49 CFR 1542.209 (l) 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.

By marking each box below, I certify that I have NOT, during the past 10 years, been convicted of, pled 'nolo contendere' to, or been found "not guilty by reason of insanity" of any of the disqualifying crimes listed below.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Forgery of certificates, false marking of aircraft, and other aircraft registration violations <input type="checkbox"/> Interference with air navigation <input type="checkbox"/> Improper transportation of a hazardous material <input type="checkbox"/> Aircraft Piracy <input type="checkbox"/> Interference with flight crew members or flight attendants <input type="checkbox"/> Commission of certain crimes aboard aircraft in flight <input type="checkbox"/> Carrying a weapon or explosive aboard an aircraft <input type="checkbox"/> Conveying false information and threats <input type="checkbox"/> Aircraft Piracy outside the special aircraft jurisdiction of the United States <input type="checkbox"/> Lighting violations involving transporting controlled substances <input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers of foreign air carriers contrary to established security requirements <input type="checkbox"/> Destruction of an aircraft or aircraft facility <input type="checkbox"/> Murder <input type="checkbox"/> Assault with intent to murder <input type="checkbox"/> Espionage <input type="checkbox"/> Sedition <input type="checkbox"/> Kidnapping or hostage taking <input type="checkbox"/> Treason <input type="checkbox"/> Rape or aggravated sexual abuse | <ul style="list-style-type: none"> <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon <input type="checkbox"/> Extortion <input type="checkbox"/> Armed or felony unarmed robbery <input type="checkbox"/> Distribution of, or intent to distribute, a controlled substance <input type="checkbox"/> Felony arson <input type="checkbox"/> A felony involving a threat <input type="checkbox"/> A felony involving the willful destruction of property <input type="checkbox"/> A felony involving importation or manufacture of a controlled substance <input type="checkbox"/> A felony involving burglary <input type="checkbox"/> A felony involving theft <input type="checkbox"/> A felony involving dishonesty, fraud, or misrepresentation <input type="checkbox"/> A felony involving possession or distribution of stolen property <input type="checkbox"/> A felony involving aggravated assault <input type="checkbox"/> A felony involving bribery <input type="checkbox"/> A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year <input type="checkbox"/> Violence at international airports <input type="checkbox"/> Conspiracy or attempt to commit any of the aforementioned criminal acts |
|--|--|

I have read and understand Section II - _____ (Applicant Initials)

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The Airport Security Coordinator keeps confidential criminal history records obtained from the FBI and uses them only for determining whether to issue an airport badge. You may get a copy of your criminal history records sent by the FBI to the Airport Security Coordinator by submitting a written request within 30 days of being advised that your criminal history disqualifies you from being issued an airport badge. If you believe that any information is inaccurate, you may directly contact the agency that reported the disqualifying conviction to correct your record.

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 Commissions Act 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment. Your fingerprint 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 routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security 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.

Section III - Applicant Agreement and Certification

1. I will not allow anyone else to use my ID badge or AOA access key.
2. I will wear my ID badge on my outermost garment at all times when in the SIDA or security controlled area.
3. I will challenge and report any individual who is not displaying an ID badge in a restricted area or SIDA and report the incident to the Airport Operations Department or Airport Security (MCSO).
4. I will ensure proper closing, locking and securing of any SIDA or AOA access controlled door or gate I use.
5. I will not allow anyone to follow me or my vehicle (piggy-back) through any Secured Area or AOA access controlled door or gate I use.
6. I will report the theft or loss of my ID badge or key immediately to the Airport Security Department (MCSO).
7. If I am granted escort privileges, I fully understand I am responsible for the control of the person/s I am escorting and that I understand the escort procedures and the reporting of unusual activity to the Airport Security Department (MCSO).
8. I will report immediately any security violation I witness to the Airport Security Department (MCSO).
9. I fully understand that pursuant to 49 USC §44903 any person and his or her accessible property accessing the secured area, air operations area and/or sterile area of the airport are subject to search by TSA or other authorized officials.

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- 10. 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.)
- 11. I understand the consequences for unauthorized disclosure (civil penalty action that may include fines) of Sensitive Security Information material. (See Section 1520.17 of Title 49 of the United States Code.)
- 12. 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 22202.
- 13. I fully understand that KEYW Airport ID Media is to be used for OFFICIAL BUSINESS ONLY.

I have read the above security procedures in Section III and I understand that failure to comply with any of them may result in the revocation of my ID badge or key, which means I will not be allowed access to the security controlled areas of the airport, furthermore, I may be subject to civil penalty action from the Transportation Security Administration or Monroe County.

I have read and understand Section III - _____ (Applicant Initials)

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.

Applicants Signature: _____ Date signed: _____

Full Name: _____ Social Security Number: _____

Section IV - SIGNATORY AUTHORITY (Information and Certification & Complete Endorsement Section)

Signatory Authority Printed Name & Title _____

Signatory Authority Signature _____ Date _____

Company Name _____ Phone Number _____

Street Address _____ City/State/ Zip _____

Signatory Authority Email _____

APPLICANT - PLEASE DO NOT FILL OUT THIS SECTION

Badge Action: _____ Badge Number: _____ Date: _____ TA: _____

Badge Action: _____ Badge Number: _____ Date: _____ TA: _____

Badge Action: _____ Badge Number: _____ Date: _____ TA: _____

Badge Action: _____ Badge Number: _____ Date: _____ TA: _____