



# DANE COUNTY REGIONAL AIRPORT

## FINGERPRINT AND UNESCORTED ACCESS APPLICATION

Official Use Only

**IMPORTANT - PLEASE READ:** SECTION I **must** be reviewed and completed prior to completing SECTIONS II through V. If you have been convicted or found “not guilty by reason of insanity” of any of the crimes listed in SECTION I, you cannot be granted unescorted access to airport restricted areas and will not be issued an airport ID.

### SECTION I: CRIMINAL HISTORY DECLARATION

Disqualifying Crimes as defined by CFR Part 1542.209. A Conviction (within the last 10 years) involving:

- Forgery of certificates, false marking of aircraft and other aircraft registration violations
- Interference with air navigation
- Improper transportation of hazardous material
- Aircraft piracy (including outside of U.S. jurisdiction)
- Interference with flight crew members or flight attendants
- Commission of certain crimes aboard aircraft
- Carrying a weapon or explosive aboard an aircraft
- Conveying false information and threats
- 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 requirements
- Destruction of an aircraft or aircraft facility
- Murder or assault with intent to murder
- Espionage, Sedition or Treason
- Kidnapping or hostage taking
- Rape or aggravated sexual abuse
- Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon
- Extortion
- Armed or felony unarmed robbery
- Distribution of or intent to distribute a controlled substance
- Felony arson
- Felony involving a threat
- Felony involving: burglary, theft, bribery, willful destruction of property, importation or manufacture of a controlled substance, dishonesty, fraud or misrepresentation, possession or distribution of stolen property, aggravated assault and illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year
- Violence at international airports
- Conspiracy or attempt to commit any of these criminal acts

I certify that in the last 10 years I have not been convicted of any of the above named disqualifying offenses. I further certify that I will notify the Dane County Regional Airport within 24 hours of a conviction of any of the above offenses.

Applicant's Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION II: APPLICANT INFORMATION

Name of Applicant (Last, First, Middle)				Aliases or Nicknames			
Current Mailing Address (Street, City, State, Zip Code)						Home Phone Number	
Cell Phone Number		Work Phone Number		E-Mail Address			
Place of Birth (State/Country)		Citizenship Country		Driver's License Number & State Where Issued			
Date of Birth (MM/DD/YYYY)	Race	Height (Ft/in)	Weight (lbs)	Sex	Social Security Number	Hair Color	Eye Color
Passport Country (if applicable)				Passport Number (if applicable)			
Alien Registration Number (if applicable)				Non-Immigrant VISA Number (if applicable)			
I-94 Arrival/Departure Number				Certificate of Naturalization Number			
Certification of Birth Abroad Form DS-1350 Number				Employer			

### SECTION III: COMPANY/EMPLOYER INFORMATION

Employer/Company	Supervisor's Name	Phone Number
Employer/Company Address (Street, City, State, Zip Code)		Date of Employment

I certify that this applicant is actively employed by the above listed employer/company, and requires unescorted access to the Security Identification Display Area (SIDA) or Sterile Area at Dane County Regional Airport.

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION IV: ID RULES & REQUIREMENTS

1. I will comply with the access control system in place and use my ID each time I enter a restricted area. While I am in a restricted area, I will display my ID on my outermost garment.
2. I will challenge those persons found in restricted areas that are not displaying proper identification and will immediately report such individuals to the Dane County Sheriff Deputy or Airport Operations Department.
3. I will not permit unauthorized persons to enter restricted areas without challenging those persons and notifying the Dane County Sheriff Deputy or Airport Operations Department.
4. I will not permit others to enter ("piggyback") through doors and gates I have accessed unless they are under my escort.
5. I will not escort any person who has been issued a Dane County Regional Airport SIDA badge.
6. I will ensure that persons under my escort in restricted areas remain within my sight and control at all times.
7. I will not leave any open or unsecured gate unattended.
8. I will not leave any door or gate unsecured after use.
9. I will enter only those areas I am authorized to enter.
10. I will not use my ID to bypass passenger screening when departing on flights from the Dane County Regional Airport terminal.
11. I will not permit other persons to use or wear my ID.
12. Should my SIDA or Sterile area badge become lost, stolen, or mutilated, I will make a report immediately to my supervisor and the Airport Operations Department.
13. The ID badge is the property of the Dane County Regional Airport and I will surrender it to the airport operator on demand or termination.
14. I understand all of these rules, those covered in my 49 CFR Part 1542.213 SIDA class, and that violation of one or more of these rules may lead to fines or criminal charges, suspension or revocation of my ID.
15. I will comply with all federally issued Security Directives (SD) and failure to comply may result in monetary fines or suspension revocation of my ID.

Applicant's Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION V: 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 or imprisonment or both (see Section 1001 or Title 18 of the United States Code).

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.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

SSN and Full Name (Printed): \_\_\_\_\_

**NOTE:** A copy of the criminal record received from FBI will be provided to you upon receipt of a written request to the Airport Security Coordinator. Please write for all inquiries and questions about CHRC results:

49 CFR Part 1542 Employees (Non-Air Carrier):  
Airport Security Coordinator  
Dane County Regional Airport  
4000 International Lane  
Madison, WI 53704

49 CFR Part 1544 Employees (Air Carrier):  
Notify your Air Carrier

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Company Code:	ID Number:
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**Badge Type**

SIDA Badges

- Employee/Tenant
- Contractor/Vendor
- Cargo
- TSA ADASP

Sterile Area Badges

- TSA
- Tenant

Date ID Issued: \_\_\_\_\_ ID Issued By: \_\_\_\_\_ ID Expiration: \_\_\_\_\_

Date ID Returned: \_\_\_\_\_ ID Received By: \_\_\_\_\_ Date ID Lost: \_\_\_\_\_

Reason for ID Revoked or Returned: \_\_\_\_\_

I certify that the listed applicant satisfactorily completed 49 CFR Part 1542.213(b) SIDA training on \_\_\_\_\_.

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

Driver's Training Type: \_\_\_\_\_ None \_\_\_\_\_ NMA \_\_\_\_\_ MA

I certify that the listed applicant has completed the above selected Dane County Regional Airport driver's training.

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

**Fingerprint Record Transmitted/Taken:**

I.D. Verification: Type #1: \_\_\_\_\_ Type #2: \_\_\_\_\_

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

**Fingerprint Response Received:**  Approved  Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_ CHRC# \_\_\_\_\_

**TSA Threat Assessment Received:**  Approved  Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for SIDA ID:**  Approved  Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_

# PRIVACY ACT NOTICE

Authority: 49 USC §§114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's 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's records to ensure validity of your name and SSN.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

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 identification media.

I have read and understand this Privacy Act Notice.

Name (Printed): \_\_\_\_\_

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

