

# SIDA Application Checklist

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

<b>Application Verification</b>		<b>Verified By:</b>	<b>Date:</b>
<input type="checkbox"/>	Completed SIDA Application and Privacy Act with Signature		
<input type="checkbox"/>	Signed SIDA Rules and Regulations		
<input type="checkbox"/>	Copy of two forms of ID		
<input type="checkbox"/>	Completed Fingerprints or CHRC Letter <small>CHRC Case Number:</small>		
<input type="checkbox"/>	STA attached to Application		
<b>Security Verification</b>		<b>Verified By:</b>	<b>Date:</b>
<input type="checkbox"/>	Enter Applicant into TSC Website		
<input type="checkbox"/>	Take Fingerprints and Submit for CHRC or CHRC Letter from Employer		
<input type="checkbox"/>	CHRC Returned. Check list for Disqualifying Offenses		
<input type="checkbox"/>	Cleared TSC Security Threat Assessment		
<b>Badging System</b>		<b>Verified By:</b>	<b>Date:</b>
<input type="checkbox"/>	Enter into Avigilon	<small>Badge ID Number:</small> _____ <small>Badge Token:</small> _____	
<input type="checkbox"/>	Take Photo		
<input type="checkbox"/>	Print Badge		
<b>Application Processing</b>		<b>Verified By:</b>	<b>Date:</b>
<input type="checkbox"/>	Applicant SIDA Training		
<input type="checkbox"/>	Issuance of Keys (enter into Key Log)		
<input type="checkbox"/>	Collect Payment (enter into Billing Spreadsheet)		
<b>Supervisor Verification</b>		<b>Verified By:</b>	<b>Date:</b>
<input type="checkbox"/> Complete SIDA Application	<input type="checkbox"/> Signed Privacy Act	<input type="checkbox"/> Signed Rules	<input type="checkbox"/> Copy of 2 Forms of ID
<input type="checkbox"/> Completed CHRC	<input type="checkbox"/> STA		

**SECURITY BADGE ACCESS APPLICATION**

**- USE BLACK OR BLUE INK ONLY-**

**ITEMS 1 THRU 4 MUST BE COMPLETED BY THE AUTHORIZED SIGNATORY AND ARE REQUIRED FOR PROCESSING.**

Security Badge Authorization form must be completed for individuals without an Authorized Signatory

<b>1. REASON FOR APPLICATION:</b> (Must check one only)	<input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Upgrade/Downgrade <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Reactivate/Retraining
<b>2. BADGE TYPE REQUESTED:</b> (Must check one only)	<input type="checkbox"/> SIDA <input type="checkbox"/> Sterile Area <input type="checkbox"/> General Aviation
<b>3. DRIVERS TRAINING:</b> (Must check one only)	<input type="checkbox"/> Drivers Training <b><u>REQUIRED</u></b> <input type="checkbox"/> Drivers Training <b><u>NOT REQUIRED</u></b>

<b>4. AUTHORIZED SIGNATORY</b>	
I attest the individual applicant listed below has a specific need for unescorted access and the individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a)	
Authorized by (print) _____	Title (print) _____
Signature _____	Date _____
Agency _____	Badge Type _____

**ITEMS 5 - 32 MUST BE COMPLETED BY THE APPLICANT AND REVIEWED BY THE AUTHORIZED SIGNATORY. PLEASE PRINT CLEARLY.**

<b>5. LAST NAME</b>				<b>6. FIRST NAME</b>								
<b>7. MIDDLE NAME</b>						<b>8. SOCIAL SECURITY #</b>						
<b>9. LIST ALL ALIAS/MAIDEN NAMES</b>												
<b>10. STREET ADDRESS</b>												
<b>11. CITY</b>				<b>12. STATE</b>				<b>13. ZIP CODE</b>				
<b>14. COUNTRY</b>				<b>15. TELEPHONE #</b>								
<b>16. HEIGHT</b>	ft.	in.	<b>17. WEIGHT</b>	lbs.	<b>18. GENDER</b>				<b>19. DATE OF BIRTH</b>			
<b>20. RACE</b>					<b>21. EYE COLOR</b>				<b>22. HAIR COLOR</b>			
<b>23. COUNTRY OF CITIZENSHIP</b>					<b>24. PLACE OF BIRTH (U.S STATE or COUNTRY)</b>							
<b>25. PASSPORT #</b>					<b>26. PASSPORT COUNTRY</b>							
<b>27. I-9 DOCUMENTS</b>		<input type="checkbox"/> Non Immigrant VISA <input type="checkbox"/> I-94 Form ( If checked, must complete # 29)						<b>28. I-9 DOCUMENT #</b>				
<b>29. ALIEN REGISTRATION #</b>					<b>30. U.S. CERTIFICATION OF BIRTH ABROAD (DS-1350 or FS-545)</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No (attach copy if Yes)		
<b>31. Employer/ Aircraft / Hangar</b>			<b>32. EMAIL</b>									
<b>Vehicle Year Make, Model, Plate, State</b>												
<b>Vehicle Year Make, Model, Plate, State</b>												

## **PRIVACY ACT NOTICE STATEMENT**

**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 9111 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 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.

## **APPLICANT CERTIFICATION STATEMENT**

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 the 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, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12<sup>th</sup> 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 fine or imprisonment or both.

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

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

\_\_\_\_\_  
**Applicant Full Name & SSN (Print)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Pg**

## Durango-La Plata County Airport SIDA Badge Rules and Regulations

The Undersigned, by accepting a Security ID Card issued by the Durango-La Plata County Airport, hereby acknowledges and agrees to the following:

1. The Security ID Card is the property of the Durango-La Plata County Airport and will be surrendered upon termination of employment, extended leave of absence, transfer, or upon any violation of airport regulations or the conditions contained herein.  
IN THE EVENT YOU FAIL TO RETURN YOUR ID CARD ON TERMINATION OF EMPLOYMENT OR DEMAND BY THE AIRPORT, THE AIRPORT MAY BE FORCED TO RECALL AND REISSUE ALL ID CARDS. THEREFORE, SHOULD YOU FAIL TO IMMEDIATELY RETURN YOUR ID CARD TO THE AIRPORT AT ITS ADMINISTRATION OFFICES ON DEMAND OR ON TERMINATION OF EMPLOYMENT, YOU AGREE TO PAY LIQUIDATED DAMAGES OF \$500.00, AND ALL REASONABLE EXPENSES AND ATTORNEY'S FEES ASSOCIATED WITH ANY EFFORTS BY THE AIRPORT TO SECURE THE RETURN OF YOUR ID CARD. YOU FURTHER AGREE TO BE SUBJECT TO THE JURISDICTION AND VENUE OF THE LA PLATA COUNTY COURTS FOR ANY ACTION NECESSARY TO SECURE RETURN OF THE ID CARD AND/OR PAYMENT OF THE LIQUIDATED DAMAGES, EXPENSES AND ATTORNEY'S FEES.
2. Undersigned agrees to notify the Airport security office as expeditiously as possible if the Card is missing or has been stolen.
3. Undersigned agrees that he/she will not transfer, loan or convey the Security ID Card to any other person(s).
4. Badge fees: 1<sup>st</sup> issue; \$100 + \$75 for fingerprints. Renew \$50 + \$75 for fingerprints.  
There will be a 1st time fee of \$75.00 for replacing a lost or stolen card and \$100.00 fee thereafter.  
Replacement of damaged badge \$25.00. Charge to employer if ID is not returned \$200.00.
5. The Security ID Card will always be worn on the outer most garment above the waist when the undersigned is in the Security Identification Display Area (SIDA).
6. Undersigned agrees that he/she will challenge any person found in the SIDA without a valid Security ID Card exposed upon their person and will notify their Ground Security Coordinator of such violation.
7. Individuals who possess an Airport issued SIDA badge who are traveling as passengers must access the sterile area through a TSA screening checkpoint with any accessible property they intend to carry onboard the aircraft and remain in the sterile area after entering. Individuals may not access the Secure or Sterile area with their Airport ID while not on duty.
8. 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.
9. Undersigned agrees not to post images of the DRO SIDA badge on social media.
10. Undersigned understands that any violation of the above may result in the cancellation and surrender of the security ID card at the discretion of the Airport Security Coordinator.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

If you have any questions, contact the airport security office at 970-382-6050 or Airport Duty Phone 970-759-4342

ASC Dennis Ray: 970-764-5831  
Airport Administration: 970-382-6050

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**\*\*\*\*\*APPLICANT COPY\*\*\*\*\***

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ASC Dennis Ray: 970-764-5831

Airport Administration: 970-382-6050

# Durango-La Plata County Airport

## FINGERPRINT CRIMINAL HISTORY RECORDS CHECK APPLICATION

Last Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_

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

WITHIN THE PAST 10 YEARS, HAVE YOU BEEN CONVICTED OR FOUND NOT GUILTY BY REASON OF INSANITY INVOLVING ANY OF THE FOLLOWING OFFENSES? A "YES" ANSWER FOR ANY OF THE DISQUALIFYING CRIMES WILL BE REASON TO DENY THE ISSUANCE OF IDENTIFICATION MEDIA.

### DISQUALIFYING CRIMES

	YES	NO
1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.	<input type="checkbox"/>	<input type="checkbox"/>
2. Interference with air navigation; 49 U.S.C. 46308.	<input type="checkbox"/>	<input type="checkbox"/>
3. Improper transportation of a hazardous material; 49 U.S.C. 46312.	<input type="checkbox"/>	<input type="checkbox"/>
4. Aircraft piracy; 49 U.S.C. 46502.	<input type="checkbox"/>	<input type="checkbox"/>
5. Interference with flight crew members or flight attendants; 49 U.S.C. 46504.	<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"/>
7. Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.	<input type="checkbox"/>	<input type="checkbox"/>
8. Conveying false information and threats; 49 U.S.C. 46507.	<input type="checkbox"/>	<input type="checkbox"/>
9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).	<input type="checkbox"/>	<input type="checkbox"/>
10. Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.	<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. 46314.	<input type="checkbox"/>	<input type="checkbox"/>
12. Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.	<input type="checkbox"/>	<input type="checkbox"/>
13. Murder.	<input type="checkbox"/>	<input type="checkbox"/>
14. Assault with intent to murder.	<input type="checkbox"/>	<input type="checkbox"/>
15. Espionage.	<input type="checkbox"/>	<input type="checkbox"/>
16. Sedition.	<input type="checkbox"/>	<input type="checkbox"/>
17. Kidnapping or hostage taking.	<input type="checkbox"/>	<input type="checkbox"/>
18. Treason.	<input type="checkbox"/>	<input type="checkbox"/>
19. Rape or aggravated sexual abuse.	<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"/>
21. Extortion.	<input type="checkbox"/>	<input type="checkbox"/>
22. Armed or felony unarmed robbery.	<input type="checkbox"/>	<input type="checkbox"/>
23. Distribution of, or intent to distribute, a controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>

**DISQUALIFYING CRIMES continued**

	<b>YES</b>	<b>NO</b>
24. Felony arson.	<input type="checkbox"/>	<input type="checkbox"/>
25. Felony involving a threat.	<input type="checkbox"/>	<input type="checkbox"/>
26. Felony involving willful destruction of property.	<input type="checkbox"/>	<input type="checkbox"/>
27. Felony involving importation or manufacture of a controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>
28. Felony involving burglary.	<input type="checkbox"/>	<input type="checkbox"/>
29. Felony involving theft.	<input type="checkbox"/>	<input type="checkbox"/>
30. Felony involving dishonesty, fraud, or misrepresentation.	<input type="checkbox"/>	<input type="checkbox"/>
31. Felony involving possession or distribution of stolen property.	<input type="checkbox"/>	<input type="checkbox"/>
32. Felony involving aggravated assault.	<input type="checkbox"/>	<input type="checkbox"/>
33. Felony involving bribery.	<input type="checkbox"/>	<input type="checkbox"/>
34. 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"/>
35. Violence at international airports; 18 U.S.C. 37.	<input type="checkbox"/>	<input type="checkbox"/>
36. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.	<input type="checkbox"/>	<input type="checkbox"/>

By Submitting this Application you are swearing and/or affirming that you have not committed any of the above disqualifying offenses. Under 14 CFR 107.209, if you are granted unescorted access privileges you will have a continuing duty to inform the Airport within 24 hours if you commit, charged, and/or convicted of any of the above offenses.

In submitting this application, you agree to be fingerprinted. Those fingerprints will be submitted to the Federal Bureau of Investigation and used to verify your criminal records history. You will not be granted unescorted access privileges until the airport has obtained a copy of your criminal records history from the FBI. A copy of the history provided by the FBI will be provided to you by the airport when available and on your written request. The Airport Security Coordinator will be your point of contact for any questions you may have about your criminal records history.

**The information I have provided on this Fingerprint Criminal History Check 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 or imprisonment or both.  
(See Section 1001 of Title 18, USC)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name