

Badge #: \_\_\_\_\_ Type: \_\_\_\_\_ Prox Card#: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_

**ROCHESTER INTERNATIONAL AIRPORT-RST (CAT III)**

**APPLICATION FOR FINGERPRINTING AND AIRPORT IDENTIFICATION MEDIA**

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

Below list ALL Other Names Used (Maiden, Previous Married Name, Aliases, etc.) If Applicable:

Alias 1: \_\_\_\_\_  
Last First Middle

Alias 2: \_\_\_\_\_  
Last First Middle

Alias 3: \_\_\_\_\_  
Last First Middle

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Best Contact Phone No: \_\_\_\_\_

Airport Employer 1: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone: \_\_\_\_\_

Airport Employer 2: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

OFFICE USE ONLY Previous Section Verified by: Initial \_\_\_\_\_ Date \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ If outside of US, Must provide one the following:

Certificate of Naturalization/Certification of Birth Abroad/Passport #: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ If outside of US, Must check appropriate box:

- Permanent Resident Alien
- Registered Alien authorized to work until \_\_\_\_/\_\_\_\_
- Non-Immigrant VISA # \_\_\_\_\_
- Other (Please Explain) \_\_\_\_\_

**Social Security Number Certification**

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 12<sup>th</sup> Street, Arlington, VA 22202. 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.

Social Security #: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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If applying for a SIDA or STERILE

**area security badge you MUST fill out the following  
MANDATORY CRIMINAL HISTORY QUESTIONNAIRE**

**Within the last 10 years, have you been convicted or found not guilty by reason of insanity of any of the following crimes? (YOU MUST CHECK 'YES' OR 'NO' BY EACH ITEM)**

**YES NO**

- Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- Interference with air navigation; 49 U.S.C. 46308.
- Improper transportation of a hazardous material; 49 U.S.C. 46312.
- Aircraft piracy; 49 U.S.C. 46502.
- Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505.
- Conveying false information and threats; 49 U.S.C. 46507.
- Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- 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.
- Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- Murder
- Assault with intent to murder.
- Espionage.
- Sedition.
- Kidnapping or hostage taking.
- Treason.
- 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—
  - Willful destruction of property;
  - Importation or manufacture of a controlled substance;
  - Burglary;
  - Theft;
  - Dishonesty, fraud, or misrepresentation;
  - Possession or distribution of stolen property;
  - Aggravated assault;
  - Bribery; or
  - Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
- Violence at international airports; 18 U.S.C. 37.
- Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.

By signing below, I am certifying that, within the past 10 years, I have not been convicted or found guilty by reason of insanity of any of the disqualifying crimes listed above, nor am I awaiting judicial (court) proceedings. I am also certifying the information provided above 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 United States Code.)

**Applicant Name (PRINT)** \_\_\_\_\_

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

## STATEMENT OF TRUTHFUL ADMISSION

I hereby certify that 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 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) Further, I agree and understand that any misstatements of or material omissions of facts hereon may cause forfeiture of my privilege to receive an Airport Identification Media. I also understand that Federal Regulations impose a continuing obligation that I disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense while I have unescorted access authority. I also understand that I may receive a copy of the criminal record received from the FBI if I request it in writing from the airport operator. My point of contact for this information shall be the Airport Security Coordinator.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)

## PRIVACY ACT NOTICE

**AUTHORITY:** 49 U.S.C. §114, 44936 authorizes the collection of this information.

**PURPOSE:** 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 the 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 of 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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)

## \*\*Authorized Signer Information\*\*

**Name: (Print)** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Best Contact:**  Office # \_\_\_\_\_  Cell # \_\_\_\_\_  Email \_\_\_\_\_

**This Applicant will need the following to perform their job duties:**

**Access: (choose one)**       SIDA       AOA       STERILE (Non-SIDA)  
**Escort Authority:**       Yes    No  
**Proximity Card:**       Yes    No

**I have CAREFULLY REVIEWED and VERIFIED this APPLICANT'S IDs and ALL are in compliance with the RST Badge Identification Requirements list:**

- Name MATCHES and is SPELLED CORRECTLY on application and all IDs
- ORIGINAL ID documents were presented (No photocopies will be accepted)
- The address on the driver's license or government ID MATCHES home address listed on application

**My signature certifies that I have reviewed this application. This individual is an employee and is eligible to apply for a RST badge.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signatory Authority signature)

**OFFICE USE ONLY**

I hereby certify that I have verified identification meeting the I.D. requirements outlined on the attached sheet for the above listed applicant.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Airport operator's signature)

Verification that a fingerprint check was successfully completed:

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
(Date)

Verification that Security Threat Assessment was successfully completed:

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
(Date)

This applicant has received the AOA/SIDA training in accordance with the Rochester International Airport guidelines:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Trainer's signature)

**APPLICANT'S SECURITY BADGE RESPONSIBILITY AGREEMENT**

**I WILL NOT**

- Allow anyone else to use my security badge
- Alter my badge in any manner
- Allow anyone to "piggyback" behind me through a card access door
- Use my badge to bypass security in order to board a flight

**I WILL**

- Use my badge only in the performance of my official job duties
- Immediately report any security violations to Airport Administration
- Wear my badge on my outermost garment, prominently displayed above the waist, when in the SIDA
- Challenge and report any individual who is not displaying an ID badge in the SIDA
- Ensure proper closing of all card access doors and gates
- Obey all lawful orders and directions from Airport Administration issued in furtherance of the Airport Security Program, TSA regulations or the Airport's security ordinance
- Notify Airport Administration of any name changes or address changes
- Contact Airport Administration IMMEDIATELY if my badge/proximity card is lost or stolen

**I UNDERSTAND**

- My badge is the property of Rochester Airport Company/City of Rochester and must be surrendered upon demand, expiration, suspension, or termination of contract or employment
- If my badge is lost or stolen, I will need to pay the applicable lost badge and/or proximity card fee
- I must go through a screening checkpoint before boarding a flight for business or pleasure

I have read and understand the above responsibilities and will abide by all airport rules and regulations. If I fail to comply with any of them, it may result in suspension or revocation of my badge or possible prosecution under federal, state, and local laws.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)\*

**\*Sign only after AOA/SIDA Training Completed**