

CAE SECURITY BADGE APPLICATION PAGE 1 of 3

The Richland- Lexington Airport District reserves the right to revoke authorization of an individual for an airport security badge where such action is determined to be in the best interest of airport security.

PLEASE COMPLETE ALL BLANKS**SECTION 1 - BADGE APPLICANT PERSONAL INFORMATION** (Please Type or Clearly Print)

NAME:			
Last	First	Middle (FULL)	Aliases
EMPLOYER/ORGANIZATION :		WORK PHONE:	
HOME ADDRESS (NO P.O. Box) & (Include Apt #):			
CITY:	STATE:	ZIP:	PERSONAL PHONE:
DRIVES LICENSE NO.:	STATE:	EXP:	SSN:
DOB:			
RACE:	HEIGHT:	WEIGHT:	HAIR COLOR:
EYE COLOR:	GENDER:		
STATE OF BIRTH:	COUNTRY OF BIRTH:	CITIZENSHIP:	EMAIL:

If you are a U.S. Citizen, Born outside the U.S., Provide one of the following:

PASSPORT NUMBER:	PASSPORT ISSUING COUNTRY:
ALIEN REGISTRATION NUMBER:	DS-1350 CERTIFICATE OF BIRTH ABROAD:

If you are NOT a U.S. Citizen, Provide one of the following:

ALIEN REGISTRATION NUMBER:	I-94 ARRIVAL/DEPARTURE FORM NUMBER:
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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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

BADGE APPLICANT'S SIGNATURE: _____

DATE: _____

SECTION 2 - SOCIAL SECURITY NUMBER VERIFICATION (Please Type or Clearly Print)

- 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.

BADGE APPLICANT'S SIGNATURE:	DATE OF BIRTH:
PRINT FULL NAME:	SOCIAL SECURITY NUMBER :

SECTION 3 - SIGNATORY AUTHORIZATION (To Be Completed ONLY By the Authorized Signatory)

CHECK REQUESTED BADGE TYPE: SIDA AOA Sterile Terminal Cargo SIDA

REQUESTING ESCORT PRIVILEGES: YES NO

BADGE FEE PAID BY: INDIVIDUAL COMPANY

REQUESTING MOVEMENT/NON MOVEMENT PRIVILEGES MOV RAMP RTB (ROUTE BRAVO)

NAME OF AUTHORIZED SIGNATORY (Type or Print):

I affirm that the employee listed herein is in good standing with this organization and requires a Security Badge to perform his/her job duties. The information I have provided in 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 can be punished by fine, imprisonment, or both (see Section 1001 of Title 18 of the United States Code). **I HAVE READ AND UNDERSTAND THE AUTHORIZED SIGNATORY RESPONSIBILITIES IDENTIFIED IN THE AUTHORIZED SIGNATORY TRAINING MANUAL.**

AUTHORIZED SIGNATORY'S SIGNATURE: _____

DATE: _____

CAE SECURITY BADGE APPLICATION PAGE 2 of 3**SECTION 4 - DISQUALIFYING CRIMES** (Please Type or Clearly Print)

Please check YES or NO if you have been convicted or found not guilty by reason of insanity of any of the following disqualifying crimes during the ten (10) years before the date of this application or while you have had unescorted access privileges at Columbia Metropolitan Airport.

CRIME	YES	NO	CRIME	YES	NO
Forgery of certificates, false marking of aircraft, and other aircraft registration violations			Aircraft piracy		
Interference with air navigation			Murder		
Improper transportation of a hazardous material			Assault with intent to murder		
Felony involving violence at International Airports			Espionage		
Interference with flight crew members or flight attendants			Sedition		
Commission of certain crimes aboard aircraft in flight			Kidnapping or hostage taking		
Carrying a weapon or explosive aboard an aircraft			Treason		
Conveying false information and threats			Rape or aggravated sexual abuse		
Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon			Extortion		
Lighting violations involving transporting controlled substances			Felony arson		
Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements			Distribution of or intent to distribute a controlled substance		
Destruction of an aircraft or aircraft facility			Armed or felony unarmed robbery		
Aircraft piracy outside the special aircraft jurisdiction of the United States			Felony involving dishonesty, fraud, or misrepresentation		
Felony involving possession or distribution of stolen property			Felony involving a threat		
Felony involving willful destruction of property			Felony involving aggravated assault		
Felony involving importation or manufacture of a controlled substance			Felony involving bribery		
Felony involving burglary			Felony involving theft		

IN ACCORDANCE WITH 49CFR 1542.209

I have been advised and understand that the Richland-Lexington Airport District (RLAD) must collect and process one set of legible and classifiable fingerprints for a Criminal History Records Check. I understand that the fingerprint process must occur under the direct control of an RLAD employee.

I have been advised and understand that as long as I have unescorted access privileges I am under the obligation to disclose to the RLAD, within twenty-four (24) hours, should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.

I have been advised and understand that I am under the obligation to surrender the RLAD issued ID Media immediately should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.

I have been advised and understand that a copy of the criminal history record received from the Federal Bureau of Investigation (FBI) will be provided to me after making the request in writing.

I have been advised and understand that the RLAD Airport Security Coordinator is my point of contact for any and all questions pertaining to my criminal history records check.

I have been advised and understand that if a disqualifying crime has been disclosed, I will have thirty (30) days to notify Columbia Metropolitan Airport of my intention to correct the information that is incorrect. This notification must be made in writing. If written notification to correct the criminal history record is not made within 30 days, a final decision to deny unescorted access privileges will be made.

I have been advised and understand that if my fingerprints are not legible or classifiable, I will be fingerprinted a second time and that this fingerprint process must occur under the direct control of an RLAD employee.

I have been advised and understand that if my hands or fingers will not render a classifiable set of prints because of injury or missing digits, a manual name check will be submitted.

The information I have provided in 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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

BADGE APPLICANT'S SIGNATURE: _____**DATE:** _____**SECTION 5 - ACCESS MEDIA HOLDER'S RESPONSIBILITIES** (Please Read Carefully)

As An Access Media Holder You Are Required to:

- Display your badge at all times while in the AOA, SIDA, STERILE, CARGO SIDA, or SECURED AREAS
- Wear your badge on your upper body (between waist level and shoulder) and on your outermost garment
- Report problems with access media or access control devices by calling Airport Operations at (803) 822-5050 or Airport Public Safety at (803) 822-5025
- Challenge anyone not wearing a badge in the secured areas of the airport
- Never piggyback or allow anyone else to piggyback through secured doorways and gates
- Remain with anyone that you are escorting at all times
- Never share your badge or confidential PIN number
- Never deface your badge
- Have your badge read by the appropriate device along with entering the PIN each time when accessing the SIDA/AOA/CARGO SIDA
- Comply with all rules and regulations of CAE and TSA governing the airport security and identification badge program

AIRPORT SECURITY AND SIDA VIOLATIONS

Failure to comply with any and all Access Media Holder Responsibilities listed above at all times will result in a violation with the following penalties:

- 1st Offense Penalty - Access media for each person involved will be suspended for a minimum of 24 hours and the employee must attend security training.
- 2nd Offense Penalty - Access media for each person involved will be suspended for a minimum of 48 hours and the employee(s) and their supervisor(s) must attend security training.
- 3rd Offense Penalty - Access media for each person involved will be suspended for a minimum of 72 hours and possible revocation of badge. Employee's supervisor's badge will be suspended for 24 hours.

WARNING: This record contains Sensitive Security Information that is controlled under CFR Parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR Parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C 552 and 49 CFR Parts 15 and 1520.

CAE SECURITY BADGE APPLICATION PAGE 3 of 3**SECTION 5 - ACCESS MEDIA HOLDER'S RESPONSIBILITIES CONTINUED** (Please Read Carefully)RETURNING YOUR BADGE

All access media issued by CAE Operations Department are the property of the Richland-Lexington Airport District and must be returned upon expiration, separation of affiliation (for any reason), when job function no longer requires an airport-issued access media and/or upon demand from CAE. Any misuse or willful failure to return an access media is punishable by criminal misdemeanor prosecution. All access media are non-transferable and must be used only by the person to who they are issued. The access media must be returned to your Authorized Signatory at the end of affiliation and Signatory must return access media to the CAE Airport Operations Office. **FAILURE TO DO SO WILL RESULT IN FEES CHARGED TO THE COMPANY.**

LOST, STOLEN, DAMAGED ACCESS MEDIA

All lost or stolen access media must be immediately reported to CAE Operations Department at (803) 822-5050 or via email at AirportOps@ColumbiaAirport.com, available 24 hours a day, 7 days a week. In the event of a lost, stolen, or misplaced access media, a payment will be collected by CAE Airport Operations Department before a replacement is issued. If Lost/Stolen Access Media is found, \$20 of the collected payment will be refunded.

DRIVING IN THE AOA/SIDA

All restricted area (SIDA/AOA/CARGO SIDA) drivers shall possess and carry a valid U.S. driver's license while driving within the perimeter fence of CAE. Each driver is required to receive and successfully complete non-movement area drivers training before operating a vehicle in the AOA/SIDA/CARGO SIDA. In order to possess proper authorization to operate in the Movement Areas (Taxiways and Runways) the individual must receive further training from Airport Operations. **IT IS STRICTLY PROHIBITED FOR ACCESS MEDIA HOLDERS TO OPERATE IN THE MOVEMENT AREAS WITHOUT PROPER AUTHORIZATION.**

ESCORT PRIVILEGES

Individuals must first be given proper authorization to be given escort privileges. Those individuals authorized with escort privileges must keep escorted persons within their plain view sight at all times. Failure to do so will result in immediate suspension of escort privileges and possible suspension of Airport Access ID Media.

RELEASING AIRPORT SECURITY INFORMATION

No person issued airport access media may divulge any information concerning an act of unlawful interference with civil aviation if such information is likely to jeopardize the safety of domestic or international aviation, or regarding any airport or airport tenant's security system to unauthorized persons.

BADGING FEES

(SUBJECT TO CHANGE AT ANY TIME)

New Badge Issue:	\$85.00	Damaged Badge Replacement:	
SIDA/Sterile Badge Renewal:	\$70.00	1st Replacement:	\$30.00
AOA/Public Badge Renewal:	\$15.00	2nd Replacement:	\$45.00
		Any Additional:	\$50.00
		Lost/Stolen Replacement**:	
Failure to return		1st Lost Badge:	\$45.00
Expired/Terminated Badge*:	\$125.00	2nd Lost Badge:	\$75.00
		Any Additional:	\$100.00

*If an expired/terminated badge is not turned in to Airport Operations **within 30 days** the penalty fee will be charged to the authorizing Company**

If the Lost/Stolen Badge is turned in to Airport Operations, \$20 of the charged fee will be refunded

SECTION 6 - The Privacy Act Notice (Please Read Carefully)

The Privacy Act of 1974
5 U.S.C. 552a(e)(3)
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 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, 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). 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 the routine uses identified in the TSA system of records notice (SORN) DHSITSA 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: 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.

ACKNOWLEDGEMENT

I have read and understand the access media holder responsibilities. I have also received a copy of the Privacy Act Notice in accordance with 6U.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 110-52, August 3, 2007); and Executive Order 9397, as amended.

BADGE APPLICANT'S SIGNATURE:**DATE:**

****FOR AIRPORT OPERATIONS USE ONLY****

- TO BE COMPLETED BEFORE 2nd BADGING APPOINTMENT -

Payment Method: CHECK CASH CREDIT INVOICE Amount Paid: _____ Date: _____

DATE Badging Specialist Initial

FINGERPRINTS SUBMITTED: _____

PLACED ON STA: _____

STA APPROVED: _____

CHRC RETURNED: _____

TSCFP #: _____

RECORD: YES NO IF YES, ADJUDICATED BY: _____

CONTACTED APPLICANT: _____

- TO BE COMPLETED WHEN BADGED -

DATE Badging Specialist Initial

UPID: _____

BADGE NUMBER: _____

PIN NUMBER: _____

DATE OF ISSUE: _____

EXPIRATION DATE: _____

BADGE TYPE: _____

PRIVILEGES: _____

TRAINING: _____

Badging Specialist Initial
APPLICATION CONFIRMED BY: _____

****ALL OF THE ABOVE MUST BE COMPLETED BEFORE APPLICATION IS FILED****

******BADGE RENEWAL******

REASON FOR RENEWAL: Lost Stolen Damaged Expired Badge Type Change Add/ Remove Privileges

Old Badge #:	Type:	Revoked Date:	Expiration Date:
New Badge #:	Type:	Active Date:	Expiration Date:

SIDA/Sterile renewal applicants must resubmit CHRC processing for every renewal period:			*** Note: Badge cannot be reissued if past the expiration date. If badge is past the expiration date, revoke badge and resubmit CHRC. Once CHRC is returned with no disqualifying crimes, new badge may be issued.***
CHRC Submitted:	CHRC Returned:	TSCFP #:	

Payment Method: CHECK CASH CREDIT INVOICE Amount Paid: _____ **Ops Specialist Authorization:**

REASON FOR RENEWAL: Lost Stolen Damaged Expired Badge Type Change Add/ Remove Privileges

Old Badge #:	Type:	Revoked Date:	Expiration Date:
New Badge #:	Type:	Active Date:	Expiration Date:

SIDA/Sterile renewal applicants must resubmit CHRC processing for every renewal period:			*** Note: Badge cannot be reissued if past the expiration date. If badge is past the expiration date, revoke badge and resubmit CHRC. Once CHRC is returned with no disqualifying crimes, new badge may be issued.***
CHRC Submitted:	CHRC Returned:	TSCFP #:	

Payment Method: CHECK CASH CREDIT INVOICE Amount Paid: _____ **Ops Specialist Authorization:**

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Old Badge #:	Type:	Revoked Date:	Expiration Date:
New Badge #:	Type:	Active Date:	Expiration Date:

SIDA/Sterile renewal applicants must resubmit CHRC processing for every renewal period:			*** Note: Badge cannot be reissued if past the expiration date. If badge is past the expiration date, revoke badge and resubmit CHRC. Once CHRC is returned with no disqualifying crimes, new badge may be issued.***
CHRC Submitted:	CHRC Returned:	TSCFP #:	

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