



# ID Media Application Guideline Form

## AIRPORT SECURITY IDENTIFICATION MEDIA APPLICATION

Please print and use only blue or black ink.

### APPLICANT INFORMATION

All applicants are required to fill out each green section of the ID Media application unless otherwise stated. The application should be filled out via PDF or, if hand written, in blue or black ink only. Illegible and/or incomplete applications will not be accepted.

To be completed by **applicant**

Last Name (print)		First Name (print)		Middle Name (print)	
<b>Aliases</b> (Other names you are known by)					
Please list any other aliases, former married names, maiden names, or any part of a relative's name, including a mother or father's last name or a grandparent's last name, or foster or adopted last name below. Failure to disclose an alias may disqualify you from obtaining ID media.					
Last Name (print)		First Name (print)		Middle Name (print)	
Primary Phone Number		E-mail Address (print)		Social Security Number <sup>1</sup>	
		Email addresses are required.		SSN is required when applying for SIDA or Sterile ID Media.	
Applicant's Mailing Address (must be U.S. address)			Apt # / Suite / Other	Characteristics	Ethnicity
				Height: Write as "ft. in."	<input type="checkbox"/> Asian / Pacific Islander
				Weight: Write as "lbs"	<input type="checkbox"/> White
City	State	Zip Code	Eye Color:	<input type="checkbox"/> Hispanic	
			Hair Color:	<input type="checkbox"/> Black	
			Gender:	<input type="checkbox"/> Other	
Country of Birth		Place of Birth (State/Province)	Are you currently a U.S. citizen?		Date of Birth (mm/dd/yyyy)
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

### IDENTIFICATION DOCUMENTS

When presented to the Badging Office, all identification documents must be original and cannot be mutilated. Examples of mutilation include: laminated, ripped, illegible, faded, etc.

To be completed by **applicant**

All applicants MUST provide **two original forms of identification from the TSA approved list of documents** found attached to this application or at <https://www.uscis.gov/i-9-central/acceptable-documents>. The documents will be photocopied by an authorized representative and filed with your application.

U.S. Citizens born abroad, or Naturalized U.S. Citizens will need to provide the following documents:  
 (1) U.S. Passport – (2) Certificate of Naturalization – (3) Certificate of U.S. Citizenship – (4) Certificate of Report of Birth, Form DS 13500 – (5) Certification of Birth Abroad, Form FS 240 – (6) Certification of Birth Abroad, Form FS 545.

The employment authorization document(s) will determine the ID Media expiration date, unless the document expiration date exceeds the standard issuance period given to each type of media.

<b>Check the types of ID you are using:</b>		
<input type="checkbox"/> Passport/Passport Card	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Certificate of Birth Abroad
<input type="checkbox"/> Driver License/State ID	<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> Certificate of Naturalization
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Employment Authorization Document	<input type="checkbox"/> Other:

<sup>1</sup> SIDA and Sterile ID media applicants must provide their SSN. AOA ID media applicants are not required to provide their SSN on this application.

**APPLICANT ACKNOWLEDGMENTS**

To be completed by **applicant**

**PRIVACY ACT NOTICE - EMPLOYEE CERTIFICATIONS - CRD NOTIFICATION:**

**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 110-53, 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 information to conduct a security threat assessment. If applicable, 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 will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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 will 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.

**Certifications:** 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).

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010."

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.

**Centralized Revocation Database (CRD):** Individuals who successfully complete a CHRC to obtain airport-issued ID Media and violate aviation security requirements resulting in ID media revocation, will be added to the CRD for a period of five years from the date the violation occurred.

Applicant's Full Name (print)	Applicant's Signature	Date
Applicant's Date of Birth	Social Security Number	
	SSN is required when applying for SIDA or Sterile ID Media.	

**SIDA ID Screening Notice**

AOA and Sterile Exempt

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.

Applicant's Full Name (print)	Applicant's Signature	Date
	Required for SIDA and applicants only.	



**Record of Arrest and Prosecution Back Criminal Records Screening Notice (RAP)**

AOA Exempt

The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 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.

Applicant's Full Name (print)	Applicant's Signature	Date
	Required for SIDA and Sterile applicants only.	

**MANDATORY CRIMINAL HISTORY QUESTIONNAIRE**

THIS SECTION MUST BE COMPLETED BY APPLICANT (AOA EXEMPT)

Required for SIDA and Sterile applicants only.

Have you been convicted or found not guilty by reason of insanity, of any of the following disqualifying crimes in any jurisdiction during the last ten (10) years before the date of your application for unescorted access authority, or while you have unescorted access authority? Please mark the appropriate "Yes" or "No" box of EACH of the disqualifying criminal offenses listed below.

Forgery of certifications, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Murder.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interference with air navigation; 49 U.S.C. 46308.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault with intent to murder.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Improper transportation of a hazardous material; 49 U.S.C. 46312.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Espionage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft piracy; 49 U.S.C. 46502.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sedition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interference with flight crew members or flight attendants; 49 U.S.C. 46504.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidnapping or hostage taking.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commission of certain crimes aboard an aircraft in flight; 49 U.S.C. 46506.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Treason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rape or aggravated sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conveying false information and threats; 49 U.S.C. 46507.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502 (b).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extortion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Armed or felony unarmed robbery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No	Distribution of, or intent to distribute, a controlled substance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony arson.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violence at international airports; 18 U.S.C. 37.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conspiracy or attempt to commit any of the aforementioned criminal acts listed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Felony involving a threat; 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 one 1 year.	<input type="checkbox"/> Yes <input type="checkbox"/> No		



**SIGNATORY CERTIFICATION**

All Company Sponsoring Signatories are required to fill out each red section of the ID Media application unless otherwise stated. The application should be filled out via PDF or, if hand written, in blue or black ink only. Illegible and/or incomplete applications will not be accepted.

To be completed by the Authorized Signatory

<b>TYPE OF ID MEDIA REQUESTED</b>		<b>CHECK APPLICABLE REASON FOR SUBMITTING THIS FORM</b>		
<input type="checkbox"/> AOA <input type="checkbox"/> Sterile <input type="checkbox"/> SIDA <span style="border: 1px solid red; padding: 2px;">Only choose one.</span>		<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal <input type="checkbox"/> Lost or Stolen Media Replacement		
		<input type="checkbox"/> Other (explain): <span style="border: 1px solid red; padding: 2px;">Common examples of "other" reasons: adding endorsements, replacing broken ID Media, or Company Name Changes</span>		
<b>APPLICANT EMPLOYER/AIRPORT AFFILIATE</b>		<b>IS THIS APPLICANT A STUDENT PILOT?</b>	<b>IS THIS APPLICANT APPLYING TO BECOME A SIGNATORY?</b>	
<span style="border: 1px solid red; padding: 2px;">AKA: Name of Sponsoring Company</span>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>EMPLOYEE JOB DESCRIPTION</b>		<b>DOES THIS APPLICANT HAVE AN OPERATIONAL NEED FOR ESCORT AUTHORIZATION?</b>		
<span style="border: 1px solid red; padding: 2px;">AKA: Operational need for the ID Media</span>		<input type="checkbox"/> YES <input type="checkbox"/> NO <span style="border: 1px solid red; padding: 2px;">AOA Except, all AOA ID Media are granted ESCORT</span>		
<b>SIGNATORY CERTIFICATION AND FINGERPRINT REQUEST - PLEASE READ AND SELECT THE APPROPRIATE STATEMENT (SELECT ONLY ONE)</b>				
<input type="checkbox"/> I hereby request that the applicant is to be fingerprinted by the Long Beach Airport (LGB) at this time. <span style="border: 1px solid red; padding: 2px;">Check here for New SIDA or Sterile Applicants</span>				
<input type="checkbox"/> I hereby certify the applicant has previously been fingerprinted by LGB and request fingerprint resubmission. <span style="border: 1px solid red; padding: 2px;">Check here for renewing SIDA or Sterile Applicants, or applicants who have previously held ID Media.</span>				
<input type="checkbox"/> I hereby certify that the applicant is requesting an AOA ID Media and, therefore, no fingerprints are required. <span style="border: 1px solid red; padding: 2px;">Check here for new or renewing AOA Applicants</span>				
<input type="checkbox"/> I hereby certify that the applicant is direct employee of Federal, State, or Local Government, or is a Law Enforcement Officer (LEO), who as a condition of employment, has been subjected to a CHRC and, therefore, no fingerprints are required.				
<b>Part 1544 Air Operators only:</b>				
<input type="checkbox"/> I hereby certify that a Criminal History Records Check (CHRC) has been completed by the appropriate Federal Agency within the last two (2) years and the results indicate no record of a conviction for or a finding of not guilty by reason of insanity for any disqualifying criminal offense under 49 CFR 1544.229 or 1544.230 and/or the applicant has an active FBI continuous criminal records check (RAP Back), and a copy of the Privacy Act Notice was provided to the employee. Additionally, I have verified the requesting applicant has not signed an application for ID media earlier than 60 calendar days before their ID Media expiration date.				
<b>PART 1544 AIRCRAFT OPERATOR (NAME)</b>	<b>DATE FINGERPRINTED (MM/DD/YYYY)</b>	<b>OPM CASE NUMBER (AS PROVIDED TO THE EMPLOYEE)</b>	<b>DATE CHRC COMPLETED (MM/DD/YYYY)</b>	<b>DATE ENROLLED IN RAP BACK (MM/DD/YYYY)</b>
<span style="border: 1px solid red; padding: 2px;">AKA sponsoring company name</span>	<span style="border: 1px solid red; padding: 2px;">This space is required of all 1544 Air Operators</span>	<span style="border: 1px solid red; padding: 2px;">This space is required of all 1544 Air Operators</span>	<span style="border: 1px solid red; padding: 2px;">This space is required of all 1544 Air Operators</span>	<span style="border: 1px solid red; padding: 2px;">This space is only required of 1544 Air Operators registered in the RAP Back Program</span>
<b>AUTHORIZED SIGNATORY ATTESTATION</b>				
I attest that a specific need exists for providing the individual applicant with unescorted access authority and; the applicant acknowledges their security responsibilities under 49 CFR § 1540.105(a). I have reviewed the information and statements on this application and dated this form only after all information was completed and verified.				
<b>Signatory Name (print):</b>		<b>Signatory Signature:</b>		<b>Company Name:</b>
<span style="border: 1px solid red; padding: 2px;">Required of all Company Signatories. If missing, application will not be accepted.</span>		<span style="border: 1px solid red; padding: 2px;">Required of all Company Signatories. If missing, application will not be accepted.</span>		<span style="border: 1px solid red; padding: 2px;">Required of all Company Signatories. If missing, application will not be accepted.</span>
<b>Date of Signature:</b>	<b>Contact Number:</b>	<b>Email:</b>		
<span style="border: 1px solid red; padding: 2px;">Required of all Company Signatories. If missing, application will not be accepted.</span>				



**BADGING OFFICE USE ONLY**

To be completed by the Badging and Access Control Office

SECURITY TRAINING			
Training Type		Trainer Name	Completion Date (MM/DD/YYYY)
SIDA	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
AOA	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Sterile	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		