



DANE COUNTY REGIONAL AIRPORT

FINGERPRINT AND UNESCORTED ACCESS APPLICATION

Official Use Only

IMPORTANT: 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.

Reason for Request: (Please Check One) ☐ New Issue ☐ Renewal ☐ Lost ☐ Damaged

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

Last Name		First Name		Middle Name		
Maiden Name, Name Changes, or Aliases (if applicable)				Social Security Number		
Current Mailing Address			City	State	Zip Code	
Phone Number		Alt. Phone Number		E-Mail Address		
Place of Birth (State/Country)	Citizenship Country	Driver's License Number			State	Expiration (MM/YY)
Date of Birth (MM/DD/YYYY)	Height (ft/in)	Weight (lbs)	Gender	Hair Color	Eye Color	Race
Passport Country (if applicable)				Passport Number (if applicable)		
Alien Registration Number (if applicable)				Non-Immigrant VISA Number (if applicable)		
I-94 Arrival/Departure Number (if applicable)				Certificate of Naturalization Number (if applicable)		
Certification of Birth Abroad Form DS-1350 Number (if applicable)				Employer		

SECTION III: 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 TSA 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 IV: 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.

Applicant's Name (Printed): _____ Signature: _____ Date: _____

Birth Date: _____ Social Security Number: _____

NOTE: A copy of the criminal record received from the 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

SECTION V: AUTHORIZED SIGNATORY

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

Badge Type:

SIDA Badges

- ☐ Airport Employee/Tenant (Blue)
☐ Contractor/Vendor (Yellow)
☐ Cargo (Purple)
☐ TSA (Green)

Sterile Area Badges

- ☐ Terminal Tenant (Red)

Driver's Training Type: _____ None _____ Non-Movement Area _____ Movement Area (RWY & TWY)

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.

I understand that the applicant's Airport Identification Media will be returned promptly upon request, termination, or when access is no longer needed. The employer also acknowledges responsibility as the secondary payer of any penalty charges for the loss of the Airport Security Identification Media should this applicant fail in their primary responsibility to pay.

Name (Printed): _____ Authorized Signature: _____ Date: _____

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

Company Code:	ID Number:
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P.I.N.

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Fingerprint Record Transmitted/Taken:

I.D. Verification: Type #1: _____ Type #2: _____

Signature: _____ Date: _____

Second Check of Paperwork: _____

Fingerprint Response Received: ☐ Approved ☐ Denied Initials: _____ Date: _____ CHRC# _____

TSA Threat Assessment Received: ☐ Approved ☐ Denied Initials: _____ Date: _____

Authorization for SIDA ID: ☐ Approved ☐ Denied Initials: _____ Date: _____

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

Signature: _____ Date: _____

I certify that the listed applicant has completed the above selected Dane County Regional Airport driver's training and has shown a valid Drivers License _____.

Signature: _____ Date: _____

Badge Issued:

Date ID Issued: _____ ID Issued By: _____ ID Expiration: _____

Date ID Returned: _____ ID Received By: _____ Date ID Lost: _____

Reason for ID Revoked or Returned: _____

PRIVACY ACT NOTICE

Authority: 49 U.S.C. §§114 and 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 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 system (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 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. For as long as your fingerprints and associated information/biometrics 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 identification media.

I have read and understand this Privacy Act Notice.

Name (Printed): _____

Signature: _____ Date: _____