



St. Cloud Regional Airport  
 1550 45<sup>th</sup> Avenue Southeast, Suite #1  
 St. Cloud, MN 56304-9535  
 (320) 255-7292  
 www.stcloudairport.com

NEW  
 RENEWAL

## ST. CLOUD REGIONAL AIRPORT FINGERPRINTING AND BADGE APPLICATION

**BADGE #**

**ACCESS TYPE  
 AOA**

**SECTION 1 - APPLICANT INFORMATION** (Full Legal Name) Present this application along with two (2) forms of identification (refer to list of acceptable documents).

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
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**OTHER NAMES USED (INCLUDE MAIDEN, NICKNAME, ALIASES)** **RACE / ETHNICITY**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC, LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (PLEASE LIST): _____
DRIVER'S LICENSE OR ID CARD #:		STATE	

DATE OF BIRTH / /	GENDER M F	HAIR COLOR	EYE COLOR	HEIGHT (FEET/INCHES)	WEIGHT (LBS)
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CURRENT MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY
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PHONE NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Cell	PASSPORT # (if you have one)	PASSPORT COUNTRY
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EMAIL ADDRESS: \_\_\_\_\_

**PLACE OF BIRTH** **CITIZENSHIP**

CITY	STATE	COUNTRY	COUNTRY
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**IF YOU ARE A U. S. CITIZEN NOT BORN IN THE U.S.** **IF YOU ARE NOT A U. S. CITIZEN**

<input type="checkbox"/> US PASSPORT	NO.	<b>IF YOU HAVE A NON-IMMIGRANT VISA, YOU MUST ALSO PROVIDE THE I-94 INFORMATION</b>	
<input type="checkbox"/> CERTIFICATION OF NATURALIZATION (N-550 or N-570)	ENTER A # BELOW	<input type="checkbox"/> NON-IMMIGRANT VISA	NO.
<input type="checkbox"/> BIRTH ABROAD CERTIFICATE (FORM DS-1350 OR FS-545)	NO.	<input type="checkbox"/> I-9 FORM	NO.
<input type="checkbox"/> CERTIFICATE OF CITIZENSHIP (N-560 or N-561)	ENTER A # BELOW	<input type="checkbox"/> OTHER	NO. / TYPE

ALIEN REGISTRATION NUMBER:	<b>A</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>								

<b>TYPE OF ID PRESENTED (GOVERNMENT ISSUED PHOTO ID)</b>	<b>ID VERIFIED BY / DATE (TRUSTED AGENT VERIFICATION FOR CHRC)</b>
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**SECTION 2 -  
COMPANY / SIGNATORY AUTHORITY INFORMATION**

This section **MUST** be filled out by an Authorized Signer of the sponsoring company. Type legibly in blue or black ink.

EMPLOYER (For non STC Airport tenants)

DEPARTMENT (Optional)

SPONSORING COMPANY (If different than Employer)

BADGE TYPE  AOA

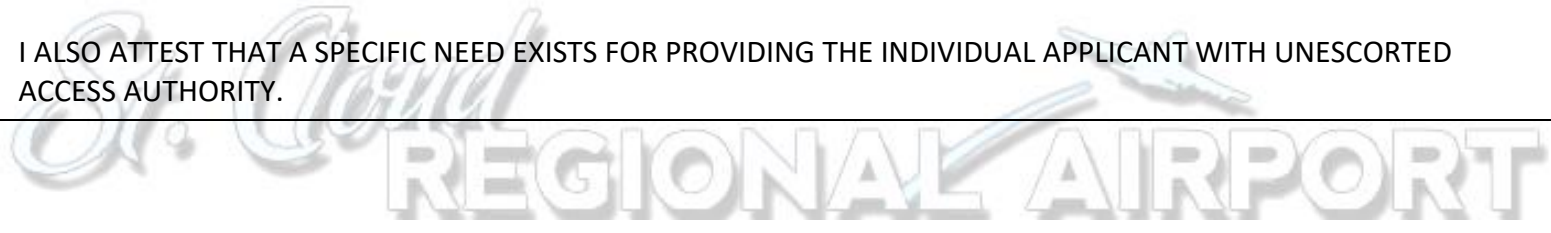
DESIGNATIONS

ESCORT AUTHORITY (E)  AOA DRIVER (D)

**AUTHORIZED SIGNATORY CERTIFICATION**

I CERTIFY THAT I HAVE REVIEWED THIS APPLICATION FOR ACCURACY AND VERIFIED THE EMPLOYMENT ELIGIBILITY OF THE APPLICANT. I HEREBY AGREE THAT MY COMPANY, AS THE APPLICANT'S SPONSOR, WILL TIMELY PAY FOR ALL FEES AND CHARGES RELATED TO THE ISSUANCE OF A BADGE TO APPLICANT, INCLUDING WITHOUT LIMITATION, APPLICABLE FEES FOR FINGERPRINTING AND PROCESSING APPLICANT (IF APPLICABLE) AND ISSUING A BADGE. I SPECIFICALLY AGREE THAT IF THIS BADGE IS NOT RETURNED UPON TERMINATION OF APPLICANT'S EMPLOYMENT, MY COMPANY, AS SPONSOR, WILL TIMELY PAY APPLICABLE NON-RETURNED BADGE FEES. I UNDERSTAND THAT MY COMPANY'S AGREEMENT, AS SPONSOR, TO BE RESPONSIBLE FOR SUCH CHARGES AND FEES IS A MATERIAL CONDITION TO THE AIRPORT'S ISSUANCE OF A BADGE, AND THAT WITHOUT SUCH AN AGREEMENT FROM THE SPONSOR, THE AIRPORT WOULD NOT ISSUE A BADGE TO APPLICANT.

I ALSO ATTEST THAT A SPECIFIC NEED EXISTS FOR PROVIDING THE INDIVIDUAL APPLICANT WITH UNESCORTED ACCESS AUTHORITY.



Authorized Signatory Name (Print)

Phone Number

Authorized Signatory Signature **DO NOT SIGN UNTIL APPLICATION IS COMPLETED**

Date **VALID FOR 30 DAYS AFTER SIGNED AND DATED**

**SECTION 3 – PRIVACY ACT NOTICE – The Privacy Act of 1974, 5 U.S.C.552a(e)(3)**

**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, 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.

Initials X

**SECTION 4 – SOCIAL SECURITY NUMBER RELEASE**

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, OFFICE OF INTELLIGENCE AND ANALYSIS (OIA), 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 A FINE OR IMPRISONMENT, OR BOTH.

PRINTED NAME	FIRST	MIDDLE	LAST
SOCIAL SECURITY NUMBER			
APPLICANT'S SIGNATURE:	Date Of Birth:	DATE:	
<b>X</b>	<b>X</b>	<b>X</b>	

**SECTION 5 – TERMS AND CONDITIONS OF BADGE HOLDER (TO BE COMPLETED AFTER TRAINING)**

I agree to return the Airport ID badge if my employment status changes and I no longer have a need for an Airport ID badge. I understand that there is a \$50.00 fine for a lost/non-returned badge. I agree to report any lost or stolen Airport ID badges to the Airport and also understand that there may be replacement fees for a lost/stolen badge.

I understand and acknowledge that violation of the Airport's Security Program will result in administrative action which may include badge revocation and resultant reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

I understand and acknowledge that by accepting an Airport badge, I am giving my consent for search by authorized Airport and/or TSA personnel of both my person and property whenever entering, being within, or leaving a secure or sterile area of the airport to ensure I have a valid badge and I am not carrying any prohibited items. Further, I understand and acknowledge that my refusal to comply with this consent to search may result in my Airport badge being confiscated and my access to secure and/or sterile areas of the airport being denied. By initialing here, I certify I have read and understood this statement.

Initials X \_\_\_\_\_

**SECURITY VIOLATIONS INCLUDE (BUT NOT LIMITED TO):**

- BEING IN THE SIDA AREA WITHOUT A BADGE OR PROPERLY DISPLAYED BADGE (ABOVE THE WAIST AND ON THE OUTERMOST GARMENT AT ALL TIMES)
- LOANING MY AIRPORT ISSUED ID BADGE TO ANOTHER PERSON
- ALLOWING AN INDIVIDUAL TO FOLLOW ME OR FOLLOWING ANOTHER INDIVIDUAL THROUGH A GATE OR DOOR WITHOUT A VALID CARD SWIPE (PIGGYBACK VIOLATION)
- BLOCKING OR LEAVING A DOOR OPEN AND UNATTENDED THAT LEADS TO A RESTRICTED AREA
- BYPASSING THE PASSENGER SCREENING PROCESS WHEN TRAVELING AS A PASSENGER
- LEAVING A VEHICLE OR PEDESTRIAN GATE/DOOR OPEN AND UNATTENDED
- CONDUCTING AN IMPROPER ESCORT

Initials X \_\_\_\_\_

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).

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TRAINING TRACKER**

COURSE	DATE	SIGNATURE OF APPLICANT	AIRPORT TRAINER
STC AOA TRAINING			
SIGNATORY AUTHORITY			
DRIVER'S TRAINING			

**\*\*\*\* AIRPORT ADMINISTRATION USE ONLY \*\*\*\***

STA DATE	STA PASS / FAIL / EXEMPT	TA SUBMITTING DATA FOR STA (INITIALS/DATE)
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TA ISSUING BADGE (INITIALS/DATE)	RECEIVED BY: <b>X</b>	DATE: <b>X</b>
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BADGE NUMBER	BADGE TYPE <b>AOA</b>	EXPIRATION	BADGE RETURN (INITIALS/DATE)
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I, \_\_\_\_\_, do hereby abide by the following security requirements:

**§1540.105 Security responsibilities of employees and other persons.**

(a) No person may:

(1) Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.

(2) Enter, or be present within, a secured area, AOA, SIDA or sterile area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.

(3) Use, allow to be used, or cause to be used, any airport-issued or airport-approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in secured areas, AOA's, or SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.

(b) The provisions of paragraph (a) of this section do not apply to conducting inspections or tests to determine compliance with this part or 49 U.S.C. Subtitle VII authorized by:

(1) TSA, or

(2) The airport operator, aircraft operator, or foreign air carrier, when acting in accordance with the procedures described in a security program approved by TS

A failure to do so may result in loss of badge privileges or possibly a fine.

Badge holders who are traveling as passengers must:

1. Access the Sterile Area through a TSA screening checkpoint (including KCM Checkpoints) with any accessible property they intend to carry onboard the aircraft; and
2. Remain in the Sterile Area after entering.

**Sensitive Security Information (SSI)**

Some of the information you have received through the badge application process, including the information presented during AOA or SIDA training, is designated as SSI and is protected under 49 CFR Part 1520. There are restrictions on divulging SSI material. Any material designated as SSI is protected as follows:

WARNING: This record contains Sensitive Security Information that is controlled under 49 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.

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Signed

Date