



**JAA**

Jacksonville  
 Aviation  
 Authority

(904) 741—2016 Phone  
 (904) 741—3727 Fax

**2 Forms of ID are required:**

1. State issued I.D. or Drivers License with the applicant's photo
2. SS Card or Current U.S. Passport and INS information (if not born in the U.S.)

**Applicant Information**

Last Name		First Name		Middle Name		
Social Security #		Date of Birth		State / Country of Birth		
- -		/ /				
Home Street Address						
City		State		Zip Code		
Home Phone #		Sex	Height	Weight	Eye Color	Hair Color
( ) -						
Drivers License #		State		License Expiration		
				/ /		

Have you ever been convicted, entered a plea of "nolo - contendere" (no contest) or had adjudication withheld for any felony, misdemeanor, infraction, or any violation of any law? By checking yes, I further agree that within 24 hours, I will report to my employer or the JAA Police Department if I am ever arrested for any crime.

Yes \_\_\_ No \_\_\_

If yes, additional pages will be provided to list the infractions or violations. A conviction will not necessarily dis-qualify you from consideration for a badge. However, the Jacksonville Aviation Authority may not issue a badge if incorrect, incomplete or false information is provided.

**Company Information**

Company Name		Badge Type			
		<input type="checkbox"/> Sterile	<input type="checkbox"/> Blue	<input type="checkbox"/> Red	<input type="checkbox"/> White
Company Phone #		Parking Lot Requested			
( ) -		<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SOUTH TERM   CO Initials _____			

By my signature, I certify that I have read, understand, and agree with the foregoing and that all the information provided is true and correct to the best of my knowledge. I also hereby acknowledge that a JAX ID badge is issued solely for access to Jacksonville International Airport and may be revoked by the Airport without cause. I also understand that failure on my part to notify my employer or the Airport when my JAX ID becomes lost or stolen, or failure to return my JAX ID upon termination of employment, may result in arrest and prosecution, as appropriate. I further understand that Federal regulations under 49 CFR 1542.209 (i) imposes a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have been granted unescorted access authority. I further agree that within 24 hours, I will report to my employer or the JAA Police Department if I am ever arrested for any crime.

Applicant Signature		Date

## Prohibited Crimes

In compliance with Transportation Security Administration (TSA) and Jacksonville International Airport (SIDA) Regulations, applicants for a JAX ID Badge must successfully complete a Criminal History Records Check before a JAX ID Badge allowing unescorted access to the restricted or public areas is granted. If an applicant has been convicted of one or more of the following crimes within the last 10 years, the JAX ID Badge application will be denied. JAA has the right to deny a badge for reasons other than those listed below.

- (1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- (2) Interference with air navigation; 49 U.S.C. 46308.
- (3) Improper transportation of a hazardous material; 49 U.S.C. 46312.
- (4) Aircraft piracy; 49 U.S.C. 46502.
- (5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.
- (8) Conveying false information and threats; 49 U.S.C. 46507.
- (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- (11) 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.
- (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- (13) Murder.
- (14) Assault with intent to murder.
- (15) Espionage.
- (16) Sedition.
- (17) Kidnapping or hostage taking.
- (18) Treason.
- (19) Rape or aggravated sexual abuse.
- (20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
- (21) Extortion.
- (22) Armed or felony unarmed robbery.
- (23) Distribution of, or intent to distribute, a controlled substance.
- (24) Felony arson.
- (25) Felony involving a threat.
- (26) **Felony involving—**
  - (i) Willful destruction of property;
  - (ii) Importation or manufacture of a controlled substance;
  - (iii) Burglary;
  - (iv) Theft;
  - (v) Dishonesty, fraud, or misrepresentation;
  - (vi) Possession or distribution of stolen property;
  - (vii) Aggravated assault;
  - (viii) Bribery; or
  - (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
- (27) Violence at international airports; 18 U.S.C. 37.
- (28) Conspiracy or attempt to commit any of the aforementioned criminal acts.

By my signature I acknowledge that I have read the list of disqualifying crimes and certify that I have never been convicted or found to be not guilty by reason of insanity of any of the above. **I acknowledge that the Transportation Security Administration (TSA) has determined that a withheld adjudication (court did not pronounce guilt or innocence), whether through a guilty plea or a plea of *nolo contendere* (no contest), constitutes a conviction for the purpose of unescorted access to the restricted areas (49 CFR Part 1542) and the public areas of JIA. I also accept that upon a receipt of a directive from the TSA or a modification to the regulation, my access to the restricted areas and public areas may be denied or revoked. I further agree that within 24 hours, I will report to my employer or the JAA Police Department if I am ever arrested for any crime.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## Citizenship Statement

<b>Other Names Used (Maiden Name and/or Alias Names)</b>		<b>Current Residence (Including City, State and Zip Code)</b>	
<b>Date of Birth</b>	<b>Country of Birth</b>	<b>Country of Citizenship</b>	
I attest, <b>under penalty of perjury</b> , that I am (check <u>one</u> of the following): <input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A Lawful Permanent Resident** <input type="checkbox"/> An Alien with work authorization***			
<b>*All U.S. Citizens Must Complete This Section Completely.</b> United States Citizenship: <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization <input type="checkbox"/> By Other (Specify)			
<small>If you are a United States citizen by any means other than birth, you must provide an original Naturalization Certificate.</small>			
<b>**All Lawful Permanent Residents Must Complete This Section and Provide an Original Permanent Resident Card With Application.</b> Alien Registration Number: A _____			
<b>*** All Aliens With Work Authorization Must Complete This Section and Provide Original Employment Authorization Document (EAD) Card.</b> Employment Authorization Document Number: _____      Expiration Date: _____			
<b>"I understand that federal law provides for imprisonment and/or fines for falsely claiming to be a United States citizen, or for making false statements, or for using false documents in connection with the completion of this form."</b>			
<b>Signature</b>		<b>Date</b>	

"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-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.

"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)."

**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. 522b(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:** 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth



\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

## Certifying Official Information

<b>Name</b>	<b>Company</b>
<b>Phone Number</b>	<b>Title</b>

## Access Investigation Certification

<p style="text-align: center;"><b>Air Carrier</b></p> <p>As an authorized representative of a U.S. certified Air Carrier subject to 49 CFR 1544, in accordance with the Aircraft Operator Standard Security Program and the Airport Security Program Participant Manual of the Jacksonville International Airport, by my signature <b>I certify that:</b></p> <p>The applicant's identity has been verified through two forms of identification, one that bears the applicant's photograph and the applicant has completed an application that includes: full name and aliases or nicknames;</p> <p>In compliance with 49 CFR 1544.229 an access investigation based on a Criminal History Records Check (CHRC) has been successfully completed for the above named applicant.</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="text-align: center;"><b>Certifying Official Initials</b></p>	<p style="text-align: center;"><b>Non Air Carrier</b></p> <p>As an authorized representative of the company named above, subject to 49 CFR 1542, the Jacksonville International Airport Security Program and as a current participant in good standing, by my signature <b>I certify that:</b></p> <p>The applicant's identity has been verified through two forms of identification, one that bears the applicant's photograph. The applicant has completed an application that includes: full name and aliases or nicknames; notification that the applicant will be subject to a Criminal History Records Check (CHRC) for convictions during the previous 10-year period of the crimes listed in this application.</p> <p>The results of the investigation did not disclose that the applicant has been convicted of or found not-guilty by reason of insanity, in any jurisdiction, during the 10 years ending on the date of the investigation, of any of the crimes listed in this application.</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="text-align: center;"><b>Certifying Official Initials</b></p>
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**I hereby acknowledge responsibility for any FAA fines levied against the Jacksonville Aviation Authority which were caused by the failure of one of our employees to adhere to the Airport Security Plan. I also understand that I am responsible for returning the JAX ID badge to the JIA Access Control Office when no longer needed by this employee. Further, I certify that the requirements of the JIA Airport Security Plan and the provisions of 49 CFR PART 1542.209 and PART 1544.229 will continue to be complied with. I also certify that this employee's record will remain on file with my company and will be maintained for 180 days after termination of the individual's access privileges. I also acknowledge that, upon the employee's termination, it is my company's responsibility to notify the Airport Communications Center within 24 hours of termination and return the badge to the Access Control Office. If the badge is not returned to the Access Control Office in the prescribed time, my company will pay the unrecoverable badge charge of \$200.**

**I certify that this applicant has an employment-related need to have unescorted access to the restricted areas of Jacksonville International Airport and to operate a vehicle on the AOA / RAMP (if applicable). I agree to provide immediate notification to the Airport when: a) the badgeholder's access authority has been revoked or limited; b) the badgeholder's access media has been lost or stolen; c) any representative of our organization becomes aware that the Access Control System or a component of the system has been compromised or threatened through any means. I acknowledge responsibility of our organization for any penalties assessed against the Airport which may result from a badgeholder's or our organization's failure to comply with the Airport Security Program, or any other applicable rule, regulation, or directive.**

<b>Certifying Official Signature</b>	<b>Date</b>