



JAA

Jacksonville
Aviation
Authority

2400 Yankee Clipper Drive
Jacksonville, FL 32218

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

2 Valid Forms of ID are required:

1. State issued I.D. or Drivers License with the applicant's photo
2. Current U.S. Passport or SS Card 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	
Phone #		Sex	Height	Weight	Eye 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? 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 the foregoing information I have provided is true and correct to the best of my knowledge. I also understand my security responsibilities as specified by 49 CFR 1540.105(a) and my JAX ID badge is issued solely for access to Jacksonville International Airport and may be revoked by the Airport without cause, and I may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area. 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. 49 CFR 1542.209 (i) imposes a continuing obligation for me 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 un-escorted 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 (CHRC) before a JAX ID Badge allowing un-escorted 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 crimes. I understand that in accordance with 49 CFR 1542.209, 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) is considered a conviction for un-escorted access to the restricted and public areas of JIA. I agree that I may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area and if the Airport receives a directive from the TSA, or a modification to TSA regulations, my access to the restricted areas and public areas may be revoked. I further acknowledge 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

Other Names Used (Maiden Name and/or Alias Names)		Current Residence (Including City, State and Zip Code)	
Date of Birth	Country of Birth	Country of Citizenship	
I attest, under penalty of perjury, 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 ***			
All U.S. Citizens Must Complete This Section Completely.			
United States Citizenship: <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization <input type="checkbox"/> By Other (Specify) _____			
If you are a United States citizen by any means other than birth, you must provide an original Naturalization Certificate.			
** All Lawful Permanent Residents Must Complete This Section and Provide an Original Permanent Resident Card With Application. Alien Registration Number: A _____			
*** All Aliens With Work Authorization Must Complete This Section and Provide Original Employment Authorization Document (EAD) Card. Employment Authorization Document Number: _____ Expiration Date: _____			
"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."			
Signature		Date	

TSA PRIVACY ACT STATEMENT

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.

"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."

"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 of Birth: _____

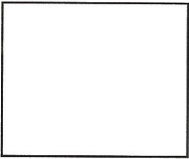
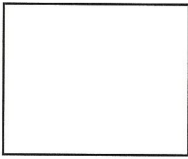
Full Name: _____

SSN: _____

Certifying Official Information

Name	Company
Phone Number	Title

Access Investigation Certification

Air Carrier	Non Air Carrier
<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</p> <p>I certify that:</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 this application that includes: full name, address, and aliases or nicknames.</p> <p>In compliance with 49 CFR 1544.229 this applicant has successfully completed an access investigation based on a Criminal History Records Check (CHRC) and will be continuously monitored via the FBI Rap Back Program.</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="text-align: center;">Certifying Official Initials</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 I certify that:</p> <p>The applicant's identity has been verified through two valid forms of identification, one that bears the applicant's photograph. The applicant has completed this application that includes: full name, address and aliases or nicknames.</p> <p>I have also informed this applicant that he / she 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 and that they will be continuously monitored via the FBI Rap Back Program.</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="text-align: center;">Certifying Official Initials</p>

By my signature I hereby acknowledge responsibility for any FAA and/or TSA 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 and 49 CFR 1540.105(a)**. I understand that I am responsible for returning the JAX ID badge to the JIA Access Control Office when no longer needed by this employee. 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 certify that a copy of this application will remain on file with my company and will be maintained for **180 days** after termination of the individual's access privileges. 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 immediately 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 fee of **\$200**.

I attest that this applicant has an employment-related need to have un-escorted 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 badge holder's access authority has been revoked or limited; **b)** the badge holder'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 in accordance with **49 CFR 1540.105(a)** standards. Further, I acknowledge responsibility of our organization for any penalties assessed against the Airport which may result from a badge holder's or our organization's failure to comply with the Airport Security Program, or any other applicable rule, regulation, or directive.

Certifying Official Signature	Date