

HXD SIDA ACCESS BADGE APPLICATION

The Hilton Head Island Airport reserves the right to revoke authorization of an individual for an airport access badge, parking, or the privilege to be escorted where such action is determined to be in the best interest of airport safety or security.

SECTION 1 – SIGNATORY AUTHORIZATION (To be Completed ONLY by the Authorized Signatory) Please Type or Print Clearly

The Authorized Signatory is requesting the following for their applicant:

| | | | |
|---------------|-----------------------|-----------------------------------|---------------------|
| Initial Badge | Badge Renewal | Replacement (Lost or Stolen) | Replacement (Other) |
| Name Change | Change Badge Type to: | Add / Remove Privilege (explain): | |

Requested Badge Type:

| | | | | | |
|--------------------------|---------------------|-----|--------------------------|----------|----|
| STERILE AREA (SIDA) | SECURED AREA (SIDA) | AOA | RESERVED | RESERVED | |
| REQUEST ESCORT PRIVILEGE | YES | NO | Request Movement Driver: | YES | NO |
| | | | (MUST ALSO CHECK AOA) | | |

Are you requesting to have employees of your company escort this individual until an Airport ID Badge is issued (may not be escorted longer than 30 days)? (NEW APPLICANTS ONLY) YES NO

| | |
|-------------------------|----------------------|
| Applicant Organization: | Applicant Job Title: |
|-------------------------|----------------------|

I affirm that the employee listed herein is in good standing with this organization and requires an Access Badge to perform his/her job duties. The information I have provided in this application 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, imprisonment, or both (see Section 1001 of Title 18 of the United States Code). I HAVE READ AND UNDERSTAND THE AUTHORIZED SIGNATORY RESPONSIBILITIES IDENTIFIED IN THE AUTHORIZED SIGNATORY TRAINING MANUAL.

| | |
|--|--------------|
| Authorized Signer Organization: | Work Phone: |
| Name of Authorized Signer (Type or Print): | |
| <u>Authorized Signatory's Signature:</u> | <u>Date:</u> |

*****Applicant Please Complete Form Below*****

Section 2 – Badge Applicant Personal Information

Please Type or Print Clearly

| | | | | | |
|--|-------------------|--------------------------------------|-------------|------------|---------|
| Last Name: | First Name: | Middle Name: | Aliases: | | |
| Personal Phone: | | Work Phone: | | | |
| Home Address (No P.O. Box & must include apt #): | | | | | |
| City: | State: | Zip Code: | | | |
| Driver's License No.: | State: | Expiration: | SSN: | DOB: | |
| Race: | Height: | Weight: | Hair Color: | Eye Color: | Gender: |
| State of Birth: | Country of Birth: | Country of Citizenship: | | | |
| If you are a U.S. Citizen, BORN OUTSIDE OF THE U.S., Provide one of the Following: | | | | | |
| Passport Number: | | Passport Issuing Country: | | | |
| Certificate of Naturalization: | | DS-1350 Certificate of Birth Abroad: | | | |
| If you are not a U.S. Citizen, Provide one of the Following: | | | | | |
| Alien Registration Number: | | 1-94 Arrival/Departure Form Number: | | | |
| The information I have provided on this application 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). | | | | | |

| | |
|-----------------------------------|--------------|
| <u>BADGE APPLICANT SIGNATURE:</u> | <u>DATE:</u> |
|-----------------------------------|--------------|

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SOCIAL SECURITY NUMBER (SSN) VERIFICATION

- I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollment 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 wants 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.

PRINT FULL NAME:**DATE OF BIRTH:****BADGE APPLICANT SIGNATURE:****SSN:****Section 3 – Disqualifying Crimes FAR Part 1542.209**

(Please Type or Print Clearly)

Please circle/mark YES if you have been convicted of or found guilty by reason of insanity of any of the following crimes during the ten (10) years before the date of application or while you have had unescorted access privileges at HXD, otherwise circle/mark NO.

| | | |
|-----|----|---|
| Yes | No | Interference with air navigation; 49 U.S.C. 46308 |
| Yes | No | Improper transportation of a hazardous material; 49 U.S.C. 46312 |
| Yes | No | Aircraft Piracy; 49 U.S.C 46502 |
| Yes | No | Interference with flight crew members or flight attendants |
| Yes | No | Commission of certain crimes aboard aircraft in flight |
| Yes | No | Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505 |
| Yes | No | Conveying false information and threats; 49 U.S.C. 46507 |
| Yes | No | Aircraft piracy outside the special aircraft jurisdiction of the United States |
| Yes | No | Lighting violations involving transporting controlled substances |
| Yes | No | Destruction of an aircraft or aircraft facility; 18 U.S.C. 32 |
| Yes | No | Felony involving dishonesty, fraud, or misrepresentation |
| Yes | No | Espionage |
| Yes | No | Sedition |
| Yes | No | Treason |
| Yes | No | Distribution of, or intent to distribute, a controlled substance |
| Yes | No | Forgery of certificates, false making of aircraft, and other aircraft registration violations |
| Yes | No | Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established requirements |

| | | |
|-----|----|--|
| Yes | No | Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon |
| Yes | No | Felony involving importation or manufacture of a controlled substance |
| Yes | No | Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year |
| Yes | No | Felony involving possession or distribution of stolen property |
| Yes | No | Felony arson |
| Yes | No | Felony involving a threat |
| Yes | No | Felony involving willful destruction of property |
| Yes | No | Felony involving burglary |
| Yes | No | Felony involving theft |
| Yes | No | Felony involving aggravated assault |
| Yes | No | Felony involving bribery |
| Yes | No | Felony involving violence at international airports |
| Yes | No | Rape or aggravated sexual abuse |
| Yes | No | Extortion |
| Yes | No | Armed or felony unarmed robbery |
| Yes | No | Kidnapping or hostage taking |
| Yes | No | Assault with intent to murder |
| Yes | No | Murder |
| Yes | No | Conspiracy or attempt to commit any of the aforementioned criminal acts |

IN ACCORDANCE WITH 49 CFR 1542.209

I have been advised and understand that Hilton Head Island Airport (HXD) must collect and process one set of legible and classifiable fingerprints for a Criminal History Records Check. I understand that the fingerprint process must occur under the direct control of a HXD employee.

I have been advised and understand that as long as I have unescorted access privileges I am under the obligation to disclose to the HXD Badge Office, within twenty-four (24) hours, should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.

I have been advised and understand that I am under the obligation to surrender the HXD issued Access Badge immediately should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.

I have been advised and understand that a copy of the criminal history record received from the Federal Bureau of Investigation (FBI) will be provided to me after making the request in writing.

I have been advised and understand that the HXD Airport Security Coordinator is my point of contact for any and all questions pertaining to my criminal history records check.

I have been advised and understand that if a disqualifying crime has been disclosed, I will have thirty (30) days to notify HXD Badge Office of my intention to correct information that is incorrect. This notification must be made in writing. If written notification to correct the criminal history record is not made within 30 days, a final decision to deny unescorted access privileges will be made.

I have been advised and understand that if my fingerprints are not legible or classifiable, I will be fingerprinted a second time and that this fingerprint process must occur under the direct control of a HXD employee.

I have been advised and understand that if my hands or fingers will not render a classifiable set of prints because of injury or missing digits, my employer will submit a ten (10) year work history and five (5) year verification.

The information I have provided in this application 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).

BADGE APPLICANT SIGNATURE:**DATE:**

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SECTION 4 - BADGE HOLDER'S RESPONSIBILITIES

(PLEASE READ CAREFULLY)

SCREENING NOTICE: 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 Area.

- As a Badge Holder, you are required to:
- Display your access badge at all times while in the SIDA/Secured Areas
- Wear your badge on your upper body (waist level or above) and on your outermost garment
- Report security matters immediately to the Security Office at (843) 441-5443 or (843) 255-2960 notify Law Enforcement
- Never piggyback or allow anyone else to piggyback through secured doorways or vehicle gates
- Remain with anyone that you are escorting at all times
- Never share your badge or any confidential Code/PIN number
- Never deface your badge or post it on social media
- Comply with all rules and regulations of HXD and TSA governing airport security and identification badging.

AIRPORT SECURITY AND SIDA VIOLATIONS

The following violations include, but are not limited to, persons who: Do not properly display their access badge on the upper body (waist level or above) on the outermost garment; Do not challenge another person in their area who is not properly displaying their access badge; Allow another person to piggyback on their card through a 1542.201 entry; or, Allow unauthorized access to the SIDA through a 1542.203 entry. It is necessary for each employee entering the SIDA/Secured Areas to enter their PIN/ Fingerprint along with having their badge read by the appropriate device. Penalties for violations may include suspension or termination of access badge privileges or fines.

SIDA/AOA Violations

Penalties include: training, access suspension, badge confiscation, fines, permanent revocation.

RETURNING YOUR BADGE

All access badges issued by the Badge Office are the property of the Hilton Head Island Airport and must be returned upon expiration, separation of affiliation (for any reason), when job function no longer requires an airport-issued access badge and/or upon demand from HXD. Any misuse or willful failure to return an access badge is punishable by criminal misdemeanor prosecution. Access badges are non-transferable and must be used only by the person they are issued to. The access badge must be returned to your Authorized Signatory at the end of your affiliation and the Signatory must return the badge to the Badge Office within 24 hours. FAILURE TO DO SO WILL RESULT IN FEES CHARGED TO THE COMPANY AND/OR PERSON.

LOST, STOLEN, DAMAGED BADGES

All lost or stolen badges must be immediately reported to Airport Security or Badge Office at (843)441-5443, available 24 hours a day, 7 days a week. If no answer, please leave a detailed message or text. In the event of a lost, stolen, or misplaced access badge, a payment will be collected by the Badge Office before a replacement is issued.

AIRPORT DRIVING

All persons driving in the SIDA shall possess and carry a valid U.S. driver's license and appropriate issued access badge. Prior to operating a vehicle in the Movement Area (taxiways and runway), each person must complete the Movement Area Driver Training course provided by Airport Operations and this training must be renewed annually. A driver endorsement must be shown on the badge for Movement Area driving. IT IS STRICTLY PROHIBITED TO OPERATE A VEHICLE IN THE AIRPORT WITHOUT PROPER AUTHORIZATION.

ESCORT PRIVILEGES

Individuals must be provided authorization for escort privileges. Those individuals authorized with escort privileges must keep escorted persons under their sight and sound at all times. Failure to do so will result in immediate suspension of escort privileges and possible suspension of access badge.

RELEASING AIRPORT SECURITY INFORMATION

No person issued an access badge may divulge any information concerning an act of unlawful interference with civil aviation if such information is likely to jeopardize the safety of domestic or international aviation, or regarding any airport or airport tenant's security system to unauthorized persons.

BADGE FEES

I agree to abide by the Badge Fee Schedule of Hilton Head Island Airport. (Fees are subject to change at anytime).

FINES LEVIED AGAINST THE AIRPORT OR BEAUFORT COUNTY GOVERNMENT:

I acknowledge that I am responsible for any DHS/TSA fines levied against Hilton Head Island Airport or Beaufort County Government, which were caused by my negligence or failure to adhere to regulations of the Airport Security Program or DHS/TSA.

CENTRALIZED DATABASE FOR AVIATION SECURITY REQUIREMENTS

I have reviewed the information located on the Privacy Act statement posted on the airport website.

PRIVACY ACT NOTICE

Authority: 49 U.S.C. 114, 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 and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport issued identification media or who are applying to become a Trusted Agent of the airport operator. 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.

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.

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 THE BADGE HOLDER'S RESPONSIBILITIES AND HAVE RECEIVED A COPY OF THE PRIVACY ACT OF 1974

BADGE APPLICANT SIGNATURE:

DATE: