



LAKE CHARLES REGIONAL AIRPORT

Application for Issuance of Identification Badge (Revised April 2009)

Vehicle Tag (s):	Badge No:	Expiration Date:
Employer/Sponsor Certification:		
Employer/Sponsor/Tenant Name _____		
Mailing address _____		
City / State / Zip _____		
I am a duly authorized signer of the Employer/Sponsor, I am aware of my responsibilities, and hereby request that the individual named below be issued a Lake Charles Regional Airport Identification Badge for access to one the following areas:		
<input type="checkbox"/> GA AOA <input type="checkbox"/> SIDA–Secured <input type="checkbox"/> Sterile <input type="checkbox"/> Public		
Signature of Authorized Sponsor _____		Date _____
Applicant is a: <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Customer <input type="checkbox"/> Contractor		
Applicant's Name (print): _____		
Signature: _____		
I hereby authorize any agent or other authorized representative of the Lake Charles Regional Airport bearing this release to obtain information relating to my activities in conjunction with an investigation to determine eligibility for security clearance for access to the Lake Charles Regional Airport. This information may include, but is not limited to, residential, employment, educational, and conviction records, I/AW E.O. 10450, E.O. 12065, 5 USC 1304 & 3301; 42 USC 2165 and 2455; 49 CFR 1542.		
FOR AIRPORT USE ONLY		
Training	Badge Type: <input type="checkbox"/> SIDA (Blue) <input type="checkbox"/> Sterile (Orange) <input type="checkbox"/> AOA (GA-green) <input type="checkbox"/> Public	
<input type="checkbox"/> Vehicle	Level of Access: (indicate all that apply):	
<input type="checkbox"/> SIDA	<input type="checkbox"/> SIDA/Secured <input type="checkbox"/> Sterile <input type="checkbox"/> AOA (GA) <input type="checkbox"/> Public	
Fingerprint Status (If applicable)		
<input type="checkbox"/> Fingerprints Taken by LCH <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared Prints taken by: _____ Date submitted to FBI: _____		
<input type="checkbox"/> Fingerprints taken by other _____ <input type="checkbox"/> Certification Attached		
Billed: <input type="checkbox"/> Yes Billed to: _____ \$ _____		
Threat Assessment Cleared: <input type="checkbox"/> Y <input type="checkbox"/> N		Escort Allowed/Employee Briefed: <input type="checkbox"/> Y <input type="checkbox"/> N
STA Updated: _____		
Unaccounted Status (lost or stolen)		Returned Status (Inactive/accounted)
Reissued Badge #: _____ Paid Fee \$ _____		Returned Date: _____
Terminated Access: <input type="checkbox"/> Yes <input type="checkbox"/> No		Terminated Access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Trusted Agent: As a Trusted Agent for LCH, I verify accountability of the following procedures:		
_____ (initial) I verify that all CHRC and STA data was collected and submitted to TSA.		
_____ (initial) The applicant ___ is -or- ___ is not cleared for issuance of the ID media.		
Badge issued by: _____		Date: _____

Lake Charles Regional Airport Criminal History Records Fingerprinting Application Required for Secured / Sterile Area and SIDA Access Only

Disqualifying criminal offenses:

The Transportation Security Administration TSAR Part 1542 requires that all individuals who apply for unescorted access to an airport's Secured – sterile - SIDA Area undergo a fingerprint-based Criminal History Records Check (CHRC) that does not disclose a disqualifying criminal offense. An individual convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below, in any jurisdiction during the ten years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority, cannot be issued an airport secured area / SIDA badge.

<ol style="list-style-type: none"> 1. Forgery of certificates, false making of aircraft, and other aircraft registration violations 2. Interference with air navigation 3. Improper transportation of a hazardous material 4. Aircraft piracy 5. Interference with flight crew members or flight attendants 6. Commission of certain crimes aboard aircraft in flight 7. Carrying a weapon or explosive aboard an aircraft 8. Conveying false information and threats 9. Aircraft piracy outside the special aircraft jurisdiction of the United States 10. Lighting violations involving transporting controlled substances 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements 12. Destruction of an aircraft or aircraft facility 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 	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Willful destruction of property; b. Importation or manufacture of a controlled substance; c. Burglary; d. Theft; e. Dishonesty, fraud, or misrepresentation; f. Possession or distribution of stolen property; g. Aggravated assault; h. Bribery; or i. Illegal possession of a controlled substance, punishable by a maximum term of more than 1 year. 27. Violence at international airports; 28. Conspiracy or attempt
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Yes I **DO** have a disqualifying criminal offense.

No I **have NOT** been convicted of a disqualifying criminal offense.

I, the undersigned, do not have any of the above disqualifying offenses and I understand that any individual who has been convicted or found not guilty by reason of insanity of the crimes listed above within the previous ten years is legally prohibited from unescorted SIDA access.

I understand that, in the future, in accordance with Federal regulations under 49 CFR 1542.209 imposes a continuing obligation for me to disclose to the Lake Charles Regional Airport within 24 hours if I am convicted of any disqualifying criminal offenses that occurs while I have unescorted SIDA access authority.

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 on this application can be punished by fine or imprisonment or both. (See section 1001 of Title 18 United States Code.)

Signature

Date

In accordance with the Transportation Security Administration TSAR Part 1542.209, a copy of the criminal record received from the FBI will be provided to an individual only if requested in writing. The Airport Security Coordinator will address any questions concerning the results of the criminal history records check (CHRC).

If an individual receives notice that a disqualifying crime was returned from their FBI criminal history records check, and the individual questions the validity of the criminal record, the individual must notify the Lake Charles Regional Airport within 30 days in writing of his or her intent to correct any information he or she believes to be inaccurate. If no notification is received from the individual, Lake Charles Regional Airport may make the final determination to deny unescorted access authority.

Personal Information		Badge No:	
Full Name (Last, First, Middle):		Aliases or Nickname:	
Address (Street, City, State, Zip):			
Home Phone: ()		Email Address:	
Work Phone: ()			
*Place of Birth (Country Code): <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____			
*Citizenship Country Code: <input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Permanent Resident with Alien Card		<input type="checkbox"/> Alien Registration Number: _____	
<input type="checkbox"/> Non-Immigrant Visa No.: _____		<input type="checkbox"/> Other Visa Type / No.: _____	
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	DOB: _____	Social Security No: _____	
Weight: _____	Height: _____	Hair Color: _____	Eye Color: _____
Race: <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other			
Identification (2 forms ID required for all badges, one pictured government issue)			
<input type="checkbox"/> Drivers License number _____ State: _____ Exp. Date: _____ <input type="checkbox"/> Passport			
<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other _____ (attach copies)			
Vehicle Year / Make / Model _____			
Color: _____ License Plate No.: _____			
Aircraft Year / Make / Model _____			
Color: _____ Registration No. _____			

Applicant: I certify and understand the following responsibilities: (please initial)

Init	(Note: These items and others will be explained in detail upon issuance of your ID badge.)
	I will have my badge with me at all times while on the AOA/SIDA. (Note: For SIDA/secured access, the badge must be displayed at waist level or above on the outermost garment at all times.)
	Immediately report an unaccounted (lost or stolen) badge to the Airport Operator, Airport Security or your sponsor.
	Agree to pay fee for a lost card or a card not returned (\$50).
	Upon termination or need for an identification badge, it will be returned to the Airport Badging Office
	I will not loan my badge to others.
	I will challenge individuals not properly displaying their SIDA ID Badge. If the person I challenge cannot produce a valid ID Badge, I will immediately notify Airport Security 337-912-0391 .
	Speed limit of 15 mph and 5 mph near aircraft will be adhered to while on the ramp.
	While operating on the ramp, all vehicles must be properly marked by company logo or airport issued vehicle permit (this includes motorcycles, golf carts, etc.)
	I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas) nor will I otherwise breach, disobey or disregard any security directive, plan or program at the airport.
	I understand access to controlled areas (runway/taxiways) is prohibited unless access is authorized by ATCT.
	Badge holders not complying with aforementioned are subject to issuance of a "Notice of Violation", resulting in potential revoke or suspension of badge.

Privacy Act Statement and Authority to Release Information
E.O. 10450, E.O. 12065, 5 USC 1304 & 3301; 42 USC2165 and 2455; 49 CFR 1542.

Employer/School (current):

Hire Date

Release Date

Supervisor

Phone #

Employment verified by:
(full name)

Verification
conducted by:

Date

Lake Charles Regional Airport - Threat Assessment (SD 1542-04-08F, as revised) Supplement

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 will 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.

Certifications

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 of both (see Section 1001 of 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 22202.

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.

SIGNATURE:

PRINT FULL NAME:

SSN

Date of Birth:

Date:

APPLICANT'S SIGNATURE:

NOTE: Badge Applications are held for processing and pick up of badges for 30 days only. Forms not processed, or badges not picked up within 30 days will be destroyed and re-application will be required

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Applicant's Copy – Tear off and keep

Security Responsibility Agreement:

- I will not allow anyone to use my Airport ID Badge.
- I will wear my Airport ID Badge above my waist on my outermost garment at all times when in the Security Sensitive areas.
- I will challenge and report any individual who is not displaying an Airport ID Badge in a Security Sensitive Area and report the incident to Airport Security or Airport Police.
- I will ensure proper closing and locking of any security door or gate I use.
- I will not allow anyone to follow me or my vehicle through any security door or gate.
- I will report the theft or loss of my Airport ID Badge immediately to Airport Security.
- I will immediately report any security violation I witness to Airport Security or Airport Police.

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***** IMPORTANT NOTICE *****

NOTE: To support requirements to conduct a Security Threat Assessment on ALL applicants prior to issuance of an identification badge, ALL applicants must submit two forms of appropriate identification (see below):

Drivers License (or State Identification) AND Social Security Card (preferable)**

****If social security card is not available, following are other acceptable forms of ID:**

- **Passport (unexpired or expired)**
- **Original or certified copy of birth certificate (with seal)**
- **U.S. Citizen ID Card (I-197)**
- **Resident Citizen ID Card (I-179)**

Badge applications will not be processed unless required personal identification is submitted, and this entire application is completed and signed by all parties (sponsor and applicant).