

**Savannah / Hilton Head International Airport**  
**Identification Badge Request / CHRC /S.I.D.A. &/or AOA Driver's Record / Parking Request**  
**Work – 912-964-7501 ext 4424 or 4425 Fax – 912-662-7113**  
[piones@savannahairport.com](mailto:piones@savannahairport.com) – [kwittine@savannahairport.com](mailto:kwittine@savannahairport.com)

|   |                          |  |   |                                   |                  |
|---|--------------------------|--|---|-----------------------------------|------------------|
| <b>Section 1 - Company &amp; Employee Information {Please Print Or Type All Information legibly}</b>  |                          |  |   |                                   |                  |
| <b>Employer:</b>  |                          | <b>Work Phone:</b>   |   | <b>Job Title:</b>                 |                  |
| <b>Legal Name {Last, First, Middle Initial}</b>   |                          | <b>Social Security Number: Check ( )Yes / ( )No – To submit to TELOS Designated Aviation Channeler – Print your Social Security Number Below</b> |   |                                   |                  |
| <p style="color: red; font-size: small;">You must list additional names such as – Maiden names, birth names that was changed due to naturalization or other reason, legal name changes, extended last names, spelling variations or any additional names reflected on I-9 documents. Failure to list previously used name(s), and it is determined that other names do in fact exist will result in application being rejected for Security Threat Assessment until corrections are made.</p> |                          |  |   |                                   |                  |
| <b>Alias - Last Name</b>  |                          | <b>Alias - First Name</b>  |   | <b>Alias - Middle Name</b>        |                  |
| <b>Alias - Last Name</b>  |                          | <b>Alias - First Name</b>  |   | <b>Alias - Middle Name</b>        |                  |
| <b>Alias - Last Name</b>  |                          | <b>Alias - First Name</b>  |   | <b>Alias - Middle Name</b>        |                  |
| <b>Employee's Home Address (Street / Apt #):</b>  |                          |  | <b>City</b>                                   | <b>State</b>                      | <b>Zip Code</b>  |
| <b>Employee's Home Phone #</b><br>( ) ( ) ( )   |                          |  | <b>Employee's Cell Phone #</b><br>( ) ( ) ( ) |                                   |                  |
| <b>Date Of Birth:</b>   |                          |  | <b>Height</b>                                 | <b>Hair Color</b>                 | <b>Eye Color</b> |
| <b>Driver's License Number</b>  |                          |  | <b>Driver's License Expiration Date</b>       |                                   | <b>State</b>     |
| <b>Sex: Male / Female</b>   |                          | <b>Place of Birth (Enter the State in USA)/Enter the Country (Not in USA)</b>  |   |                                   |                  |
| <b>SIDA</b>   | <b>SIDA Cargo</b>        | <b>Sterile</b>   |   | <b>What is your Citizenship</b>   |                  |
| <b>AOA Badge</b>  | <b>Parking Only</b>      | <b>Private Pilot / Student</b>   |   | <b>Escort Authority: Yes / No</b> |                  |
| <b>Non-Movement Area</b>  | <b>Air Movement Area</b> | <b>Full Service</b>  | <b>Limited</b>                                | <b>Construction</b>               |                  |

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 United States Code.)

E-Mail Address (If Applicable) written here -

|                                |              |
|--------------------------------|--------------|
| <b>Signature of applicant:</b> | <b>Date:</b> |
|--------------------------------|--------------|

|   |  |
|---|--|
| <b>Section 2 - To Be Completed By Signatory Official {Signatory Official = Owner of Company / Manager} Signature must be on file with the Savannah Airport Police Department!</b>   |  |
| <b>Certification:</b>   |  |
| <p>1. By signing below I, the Aircraft Operator and / or Airport Operator is in compliance with Code Section 1544.229 and / 1542.209 of this chapter for the Aircraft Operator's employees and contractors seeking unescorted access authority. I certify that a Criminal History Record Check has been completed on the individual listed above and I further state that there were no disqualifying criminal offences</p> |  |
| Print Name of Signatory Official: _____   |  |
| Signature of Signatory Official: _____ Date: _____  |  |
| <p>2. By signing I certify that the applicant has an operational need for escort authority in the SIDA and / or Sterile area.</p>   |  |
| Print Name of Signatory Official: _____   |  |
| Signature of Signatory Official: _____ Date: _____  |  |
| <p>3. I acknowledge responsibility for any TSA fines levied against Savannah Airport Commission which caused by the failure of one of our employees to adhere to the Savannah Airport Commission Security Program.</p>  |  |
| Print Name of Signatory Official: _____   |  |
| Signature of Signatory Official: _____ Date: _____  |  |

SAC 513 – 1/01/2018 – APPEN7DIX 9a

SUPERSEDES SAC – 12/05/2017

Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_

Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

**BADGE FEES**

The following fee schedule applies to the issuance of Savannah / Hilton Head International Airport identification reader badge:

|  |   |   |  |
|--|---|---|--|
| <b>Initial Cost: \$27.00 (Reader / Badge) / \$3.00 (Tag)</b> |   | <b>Initial cost: \$20.00 (Non-Reader Badge)</b> |  |
| <b>1<sup>st</sup> Lost Badge: \$ 50.00</b>                   | <b>3<sup>rd</sup> Lost Badge: \$ 150.00</b> | <b>5<sup>th</sup> Lost Badge: \$ 250.00</b>     |  |
| <b>2<sup>nd</sup> Lost Badge: \$ 100.00</b>                  | <b>4<sup>th</sup> Lost Badge: \$ 200.00</b> |   |  |

**UNLESS OTHER WISE NOTIFIED, EMPLOYEE WILL PAY FOR LOST BADGE!**

I will be using the parking badge and decal for parking only during my working hours in the employee parking lot. My parking decal will be placed on the lower left corner of the windshield of the vehicle listed below. I agree to hold the Savannah Airport Commission, its officers, agents, and employees completely harmless against loss or damage to person (s) or property resulting directly from the use of this permit at the Savannah International Airport.

**It is your responsibility to notify the Airport Public Safety Department (912) 964-7501; if you are parking a vehicle in the employee parking lot without a decal affixed to the lower left corner of the windshield. Failure to report said vehicle may result in a citation being issued. If you are no longer parking vehicle(s) listed below, the Badging Office must have the decal back. Failure to return any decal(s) a fee may be applied to receive a new decal.**

| <b>Section 4 - Vehicle Information</b> |                           |                        |              |                          |
|--|---------------------------|------------------------|--------------|--------------------------|
| <b>Make Of Vehicle</b>                 | <b>Model Of Vehicle</b>   | <b>Year</b>            | <b>Color</b> | <b>Tag # &amp; State</b> |
| <b>Insurance Company</b>               | <b>Insurance Policy #</b> | <b>Expiration Date</b> |              |                          |
| <b>Make Of Vehicle</b>                 | <b>Model Of Vehicle</b>   | <b>Year</b>            | <b>Color</b> | <b>Tag # &amp; State</b> |
| <b>Insurance Company</b>               | <b>Insurance Policy #</b> | <b>Expiration Date</b> |              |                          |
| <b>Make Of Vehicle</b>                 | <b>Model Of Vehicle</b>   | <b>Year</b>            | <b>Color</b> | <b>Tag # &amp; State</b> |
| <b>Insurance Company</b>               | <b>Insurance Policy #</b> | <b>Expiration Date</b> |              |                          |
| <b>Make Of Vehicle</b>                 | <b>Model Of Vehicle</b>   | <b>Year</b>            | <b>Color</b> | <b>Tag # &amp; State</b> |
| <b>Insurance Company</b>               | <b>Insurance Policy #</b> | <b>Expiration Date</b> |              |                          |
| <b>Make Of Vehicle</b>                 | <b>Model Of Vehicle</b>   | <b>Year</b>            | <b>Color</b> | <b>Tag # &amp; State</b> |
| <b>Insurance Company</b>               | <b>Insurance Policy #</b> | <b>Expiration Date</b> |              |                          |

**I acknowledge receipt of identification badge:**

|                                |              |
|--------------------------------|--------------|
| <b>Signature of applicant:</b> | <b>Date:</b> |
|--------------------------------|--------------|

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 110-53, August 3, 2007); and Executive Order 9397, as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the biographical 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 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 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 security threat assessment.

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

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Social Security Verification

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.

**Signature of Applicant:** \_\_\_\_\_

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

**SSN** \_\_\_\_\_

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

SAC 513 – 1/01/2018 – APPEN7DIX 9a  
SUPERSEDES SAC – 12/05/2017  
Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_  
Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

I certify that I have not been convicted or found guilty by reason of insanity of any of the enumerated crimes listed below, within the past ten- (10) years. I will also inform you within 24 hours of any disqualifying criminal offense that occurs while I have unescorted access authority.

01. Forgery of certificates, false marking of aircraft, and other aircraft registration violations, 49 U.S.C. 46306;
02. Interference with air navigation, 49 U.S.C. 46308;
03. Improper transportation of a hazardous material, 49 U.S.C. 46312;
04. Aircraft piracy, 49 U.S.C. 46502;
05. Interference with flight crew members or flight attendants, 49 U.S.C. 46504;
06. Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506;
07. Carrying a weapon or explosive aboard aircraft, 49 U.S.C. 46505;
08. Conveying false information and threats, 49 U.S.C. 46507;
09. 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. A Felony involving a threat;
26. A Felony involving –
  1. Willful destruction of property;
  2. Importation or manufacture of controlled substance;
  3. Burglary;
  4. Theft;
  5. Dishonesty, fraud, or misrepresentation;
  6. Possession or distribution of stolen property;
  7. Aggravated assault;
  8. Bribery;
  9. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year, or any other crime classified as a felony that the Administrator determines indicated a propensity for placing contraband board an aircraft in return for money.
27. Violence at International Airports, 18 U.S.C. 37.
28. Conspiracy or attempt to commit any of the aforementioned criminal acts.

|                    |                                |
|--------------------|--------------------------------|
| <b>Print name:</b> | <b>Social Security Number:</b> |
| <b>Signature:</b>  | <b>Date:</b>                   |

SAVANNAH / HILTON HEAD INTERNATIONAL AIRPORT EMPLOYMENT HISTORY INVESTIGATION

The applicant will be subject to employment history verification and possible criminal history records check. The applicant must disclose any disqualifying convictions within the past ten (10) year period (See the list of disqualifying convictions on back of form), and **must explain gaps in employment of 12 months or more.**

Date of Application: \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_  
 Nicknames, Aliases or Previously Used Names: \_\_\_\_\_  
 List two (2) Forms of ID used for Verification (One with Photo): \_\_\_\_\_ & \_\_\_\_\_

1. **List employers for the past ten (10) years beginning with the most recent, including dates, addresses and phone numbers.**
2. Include unemployed periods and explain gaps in employment record. Use additional sheets if necessary.
3. If Self Employed must show documentation, i.e., tax records, etc.
4. **Certification must include verification information for five (5) years prior to date of applications, obtained on this applicant by agency applying for access privilege.**
5. **Contacted Person = Person who you spoke with at the individual place of employment, either current or in the past 5 years**
6. **Contacted By = Person who verified that the individual worked where they stated they worked**
7. **Contacted Person and Contacted by CANNOT BE THE SAME PERSON!**

|                  |                        |     |
|------------------|------------------------|-----|
| <b>Employer:</b> |                        |     |
| Address:         |                        |     |
| Phone:           | Dates Employed - From: | To: |

|                                    |         |           |       |
|------------------------------------|---------|-----------|-------|
| <b>Contacted Person:</b>           |         |           |       |
| <b>Contacted By:</b>               |         |           |       |
| Contact Date:                      |         |           |       |
| Method Of Employment Verification: |         |           |       |
| Phone                              | Written | In Person | Other |

|                  |                        |     |
|------------------|------------------------|-----|
| <b>Employer:</b> |                        |     |
| Address:         |                        |     |
| Phone:           | Dates Employed - From: | To: |

|                                    |         |           |       |
|------------------------------------|---------|-----------|-------|
| <b>Contacted Person:</b>           |         |           |       |
| <b>Contacted By:</b>               |         |           |       |
| Contact Date:                      |         |           |       |
| Method Of Employment Verification: |         |           |       |
| Phone                              | Written | In Person | Other |

|                  |                        |     |
|------------------|------------------------|-----|
| <b>Employer:</b> |                        |     |
| Address:         |                        |     |
| Phone:           | Dates Employed - From: | To: |

|                                    |         |           |       |
|------------------------------------|---------|-----------|-------|
| <b>Contacted Person:</b>           |         |           |       |
| <b>Contacted By:</b>               |         |           |       |
| Contact Date:                      |         |           |       |
| Method Of Employment Verification: |         |           |       |
| Phone                              | Written | In Person | Other |

|                  |                        |     |
|------------------|------------------------|-----|
| <b>Employer:</b> |                        |     |
| Address:         |                        |     |
| Phone:           | Dates Employed - From: | To: |

|                                    |         |           |       |
|------------------------------------|---------|-----------|-------|
| <b>Contacted Person:</b>           |         |           |       |
| <b>Contacted By:</b>               |         |           |       |
| Contact Date:                      |         |           |       |
| Method Of Employment Verification: |         |           |       |
| Phone                              | Written | In Person | Other |

|                  |                        |     |
|------------------|------------------------|-----|
| <b>Employer:</b> |                        |     |
| Address:         |                        |     |
| Phone:           | Dates Employed - From: | To: |

|                                    |         |           |       |
|------------------------------------|---------|-----------|-------|
| <b>Contacted Person:</b>           |         |           |       |
| <b>Contacted By:</b>               |         |           |       |
| Contact Date:                      |         |           |       |
| Method Of Employment Verification: |         |           |       |
| Phone                              | Written | In Person | Other |

|                  |                        |     |
|------------------|------------------------|-----|
| <b>Employer:</b> |                        |     |
| Address:         |                        |     |
| Phone:           | Dates Employed - From: | To: |

|                                    |         |           |       |
|------------------------------------|---------|-----------|-------|
| <b>Contacted Person:</b>           |         |           |       |
| <b>Contacted By:</b>               |         |           |       |
| Contact Date:                      |         |           |       |
| Method Of Employment Verification: |         |           |       |
| Phone                              | Written | In Person | Other |

|                  |                        |     |
|------------------|------------------------|-----|
| <b>Employer:</b> |                        |     |
| Address:         |                        |     |
| Phone:           | Dates Employed - From: | To: |

|                                    |         |           |       |
|------------------------------------|---------|-----------|-------|
| <b>Contacted Person:</b>           |         |           |       |
| <b>Contacted By:</b>               |         |           |       |
| Contact Date:                      |         |           |       |
| Method Of Employment Verification: |         |           |       |
| Phone                              | Written | In Person | Other |

The applicant must list any convictions involving the crimes listed in 1542.209(d) as disqualifying, which occurred during the prior ten (10) year period. Use a separate sheet if necessary to complete the list. Enter the word NONE if applicable.

**Signature of Verifying Official (Same as Contacted by):** \_\_\_\_\_