



ID MEDIA APPLICATION

Office: 912-964-0514 Ext. 4425 / FAX: 912-963-2503
 badging@flysav.com

SECTION 1 - TO BE COMPLETED BY APPLICANT					
EMPLOYER:			JOB TITLE:		
LEGAL NAME (Last, First, Middle):			SOCIAL SECURITY NUMBER:		
ALIAS NAME (Last, First, Middle):			ALIAS NAME (Last, First, Middle):		
ADDRESS (Street/ Apartment #):			CITY:	STATE:	ZIP:
HOME PHONE #:	CELL PHONE #:		EMAIL:		
DATE OF BIRTH:	Sex:	Height:	HAIR COLOR:	EYE COLOR:	WEIGHT:
PLACE OF BIRTH (STATE/COUNTRY):			CITIZENSHIP:		
RACE (PLEASE CIRCLE ONE): AMERICAN INDIAN ASIAN BLACK WHITE HISPANIC/LATINO UNKNOWN					
DRIVERS LICENSE NUMBER:			DL STATE:	DL EXPIRATION:	
SIGNATURE OF APPLICANT:					DATE:

SECTION 2 - TO BE COMPLETED BY SIGNATORY					
BADGE TYPE REQUESTED:	SIDA	SIDA CARGO	DRIVERS TRAINING REQUESTED:	CBP CSA ACCESS SEAL:	
STERILE	AOA	CONSTRUCTION	NON-MOVEMENT AREA (RED)	YES	
PARKING	TAXI	LIMITED	MOVEMENT AREA (GREEN)	NO	

CERTIFICATION:

1. By signing below, I certify that the aircraft operator and/or airport operator is in compliance with Code Section 1542.209 and 1544.229 of this chapter for the aircraft operators. Employees and contractors seeking unescorted access authority. I certify that a Criminal History Record Check (CHRC) has been completed on the individual listed above and I further state that there were no disqualifying criminal offences.

Print Name of Signatory Official: _____

Signature of Signatory Official: _____ Date: _____

2. By signing below, I certify that:

- A specific need exists for providing the individual applicant with unescorted access authority.
- The applicant has an operational need for escort authority for the SIDA and/or Sterile area.
- The individual applicant acknowledges their security responsibilities under 49 CFR 1540.105 (a).

Print Name of Signatory Official: _____

Signature of Signatory Official: _____ Date: _____

3. I acknowledge responsibility for any TSA fines levied against the Savannah Airport Commission which are caused by the failure of one of our employees to adhere to the Savannah Airport Commission Security Program.

Print Name of Signatory Official: _____

Signature of Signatory Official: _____ Date: _____



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SECTION 3-VEHICLE INFORMATION- TO BE COMPLETED BY APPLICANT				
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:

SECTION 4- ID MEDIA ACKNOWLEDGMENT

By use of this ID Media, I agree to the following:

- Savannah Hilton Head International Airport reserves the right to revoke, amend or discontinue parking privileges at its discretion.
- Use of parking access card by anyone other than applicant is strictly prohibited.
- Unauthorized vehicles will be ticketed and/or towed at owner's expense.
- Savannah Hilton Head International Airport is not liable or responsible for theft or damage to any vehicle or its contents.
- Parking in designated marked spaces is reserved for authorized vehicles only.
- If the ID Media is no longer needed, it is to be returned to the Savannah Hilton Head International Airport Badging Office.
- If the ID Media is lost, applicable badge fees will apply.

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 Security Identification Display Area.

I hereby certify that I have read and understand the rules and regulations set forth by the Savannah/ Hilton Head International Airport regarding parking in the Employee Parking Lot. I recognize that failure to follow those rules and regulations may result in a parking citation and/or access removal.

Print Name: _____

Signature: _____ **Date:** _____



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SECTION 5- 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); 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. § 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: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secured Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may 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.

Print Full Name: _____

Signature: _____ **Date:** _____

SECTION 6- SOCIAL SECURITY VERIFICATION

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.

Print Full Name _____ **Social Security Number:** _____

Signature: _____ **Date of Birth:** _____



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SECTION 7 – DISQUALIFYING OFFENSES

Within the past 10 years have you been convicted or found not guilty by reason of insanity for any of the following offenses?
(Circle yes or no)

- Y / N Forgery of certificates, false marking of aircraft, and other aircraft registration violations; 49 U.S.C. 46306
- Y / N Interference with air navigation; 49 U.S.C. 46308
- Y / N Improper transportation of a hazardous material; 49 U.S.C. 46312
- Y / N Aircraft piracy; 49 U.S.C. 46502
- Y / N Interference with flight crew members or flight attendants; 49 U.S.C. 46504
- Y / N Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506
- Y / N Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505
- Y / N Conveying false information and threats; 49 U.S.C. 46507
- Y / N Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502 (b)
- Y / N Lighting violations involving transporting controlled substances; 49 U.S.C. 46315
- Y / N 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
- Y / N Destruction of an aircraft or aircraft facility; 18 U.S.C. 32
- Y / N Murder
- Y / N Assault with intent to murder
- Y / N Espionage
- Y / N Sedition
- Y / N Kidnapping or hostage taking
- Y / N Treason
- Y / N Rape or aggravated sexual abuse;
- Y / N Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
- Y / N Extortion
- Y / N Armed or Felony unarmed robbery
- Y / N Distribution of, or intent to distribute, a controlled substance
- Y / N Felony arson
- Y / N A Felony involving a threat

A Felony involving:

- Y / N Willful destruction of property
- Y / N Importation or manufacture of controlled substance
- Y / N Burglary
- Y / N Theft
- Y / N Dishonesty, fraud, or misrepresentation
- Y / N Possession or distribution of stolen property
- Y / N Aggravated assault
- Y / N Bribery
- Y / N 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 on board an aircraft in return for money
- Y / N Violence at international airports; 18 U.S.C. 37
- Y / N Conspiracy or attempt to commit any of the criminal acts listed above

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).

Print Full Name _____ **Social Security Number:** _____

Signature: _____ **Date:** _____



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SECTION 8- EMPLOYMENT VERIFICATION

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 and must explain gaps in employment of 12 months or more.

Name of Applicant: _____ Date: _____

- List employers for the past ten (10) years beginning with the most recent, including dates, addresses and phone numbers.
- Include unemployed periods and explain gaps in employment record. Use additional sheets if necessary.
- If Self Employed must show documentation, i.e., tax records, etc.
- Certification must include verification information for five (5) years prior to date of applications, obtained on this applicant by agency applying for access privilege.

COMPLETED BY APPLICANT		COMPLETED BY EMPLOYER	
CURRENT EMPLOYER:		EMPLOYMENT REP:	
ADDRESS		VERIFIED BY:	
		DATE:	
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	VERIFICATION METHOD (CIRCLE): PHONE WRITTEN IN PERSON OTHER	
EMPLOYER:		EMPLOYMENT REP:	
ADDRESS		VERIFIED BY:	
		DATE:	
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	VERIFICATION METHOD (CIRCLE): PHONE WRITTEN IN PERSON OTHER	
EMPLOYER:		EMPLOYMENT REP:	
ADDRESS		VERIFIED BY:	
		DATE:	
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	VERIFICATION METHOD (CIRCLE): PHONE WRITTEN IN PERSON OTHER	
EMPLOYER:		EMPLOYMENT REP:	
ADDRESS		VERIFIED BY:	
		DATE:	
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	VERIFICATION METHOD (CIRCLE): PHONE WRITTEN IN PERSON OTHER	
EMPLOYER:		EMPLOYMENT REP:	
ADDRESS		VERIFIED BY:	
		DATE:	
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	VERIFICATION METHOD (CIRCLE): PHONE WRITTEN IN PERSON OTHER	

Verifying Official's Name _____ Signature: _____



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COMPLETED BY APPLICANT		
EMPLOYER:	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. Please use the space below to list any disqualifying offenses.	
ADDRESS		
PHONE#:		DATES EMPLOYED (MM/YYYY FROM-TO)
EMPLOYER:		
ADDRESS		
PHONE#:		DATES EMPLOYED (MM/YYYY FROM-TO)
EMPLOYER:		
ADDRESS		
PHONE#:		DATES EMPLOYED (MM/YYYY FROM-TO)
EMPLOYER:		
ADDRESS		
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	
EMPLOYER:		
ADDRESS		
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	
EMPLOYER:		
ADDRESS		
PHONE#:	DATES EMPLOYED (MM/YYYY FROM-TO)	
Applicant Full Name _____		
Signature: _____ Date: _____		