



REVISED Application–August 10, 2025

**Airport Identification Card
Criminal History Records Check
Fingerprint & STA ITH 607-257-0456
Bring 2 I-9 approved forms of ID**

SIDA ID Badge ☐

AOA ID Badge ☐

STERILE ID
Badge ☐

FEES

\$20 Original or Lost ID
\$10 Renewal
\$27 Fingerprinting/CHRC
PAID – Cash/Check
Bill to Company

Reason for Application		<input type="checkbox"/> New Badge <input type="checkbox"/> Renewal Badge <input type="checkbox"/> Change Access Color/Title/Position <input type="checkbox"/> Replace Lost/Stolen/Damaged Badge	
Name (Complete full Last, First & Middle)		Name of Present Airport Employer	Date
List any other names by which you have been known (nicknames, aliases, etc.):			SEX M / F
Present Airport Job Title		Social Security Number	Date of Birth
Home Address (Number, Street, City, State and Zip Code)		Height Weight	Ethnicity Caucasian/Latino Black Asian Native American
		Hair Color Eye Color	
Cell Phone # Home Phone#	Email Address:	Place of Birth (Country, City, State)	Citizenship (Country)

Disqualifying criminal offenses

An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty of by reason of insanity, any of the disqualifying crimes listed below in any jurisdiction during the **10 years** before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority. The following is a list of disqualifying crimes, per the Transportation Security Administration Regulations Part 1542.209 / 1544.229, for which convictions preclude employment of any employee that would need Airport SIDA badge clearance.

- Forgery of certificates, false marking of aircraft and other aircraft registration violations.
- Interference with air navigation
- Improper transportation of a hazardous material
- Aircraft piracy
- Interference with flight crew members or flight attendants
- Commission of certain crimes aboard aircraft in flight
- Carrying a weapon or explosive aboard an aircraft
- Conveying false information and threats
- Aircraft piracy outside the special aircraft jurisdiction of the United States
- Lighting violations involving transporting controlled substance
- Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements
- Destruction of an aircraft or aircraft facility
- Murder
- Assault with intent to murder
- Espionage
- Sedition
- Kidnapping or hostage taking
- Treason
- Rape or aggravated sexual abuse

- Unlawful possession, use, sale, distribution, or manufacturing of an explosive or weapon
- Extortion
- Armed or felony unarmed robbery
- Distribution of, or intent to distribute, a controlled substance
- Felony arson
- Felony involving a threat
- Felony involving willful destruction of property
- Felony involving importation or manufacture of a controlled substance
- Felony involving burglary
- Felony involving theft
- Felony involving dishonesty, fraud or misrepresentation
- Felony involving possession or distribution of stolen property
- Felony involving aggravated assault
- Felony involving bribery
- Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
- Violence at international airports; 18U.S.C. 37.
- Conspiracy or attempt to commit any of the criminal acts listed in this section

Have you been convicted of any crime or offense in the past **10 years in addition to the crimes listed above.**

DWUI /DWI is a crime, not a traffic violation.

☐ Yes (explain below) ☐ No

Explain any convictions (including date, place, charge, court and final disposition). Please state actual conviction.

Conviction of a Disqualifying Crime: ☐ Yes ☐ No

Trusted Agent (TA) Confirming:

I certify that I have reviewed the above listed crimes, for which a conviction of any one or more of these crimes will disqualify me from having an Airport identification badge. Falsification is a violation of Federal Rules & Regulations and false statements made herein are punishable as a class A Misdemeanor pursuant to Section 210.45 of the Penal Law. If I am convicted of a disqualifying crime after I am granted access, I must report it to the ASC and surrender my ID card within 24 hours. If any of the information provided on this form changes, I must notify the Airport Security Coordinator (ASC) as soon as possible. I hereby authorize the Airport Security Coordinator (ASC) or a designee to investigate this information, including employment history and any possible criminal history as required by the Transportation Security Administration Regulations, 1542.209 / 1544.229. I hereby consent to random inspections of my person and personal belongings upon entry into the Sterile/Secured/SIDA Area. I will cooperate with security related investigations. All Airport ID badges are property of ITH and must be turned into the ASC when the employee no longer needs access to the Airport or upon termination.

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.

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)

SOCIAL SECURITY CERTIFICATION

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollment Services and Vetting Program, 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.

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 Display Area.

Signature:

Date of Birth:

Full Name:

SSN:

Access Color:

☐ Blue/Secured Area

☐ Orange/ AOA

☐ White/Sterile

Other Privileges

☐ Escort Privileges – This person can escort individuals

Driving Privileges

☐ None Required

☐ Movement Area Driver- This person has to take the Driving Class **ANNUALLY**. (Course required)

☐ Non-Movement Area Driver- This person has to take the Driving Class. (Course required)

I certify that the applicant is an employee of this company and requires this level of access to perform their official duties and responsibilities. I understand there are costs associated with badging and that we will pay such costs when billed. I attest that a specific need exists for providing this individual applicant with unescorted access authority and this applicant acknowledges their security responsibilities under 49 CFR 1540.105(a)

Authorized Signatory Signature:

Printed Name

Date

ID Badge Number	Expiration Date	TA who collects the biographical and biometric information used in a CHRC/STA and Verifies ID:
Date Issued:		TA that transmitted STA/CHRC:
STA Number attached: <input type="checkbox"/> YES		TA who authorizes the issuance of the ID Media:
FP CHRC # attached: <input type="checkbox"/> YES		TA who issues the ID Media:
2 Forms of I-9 ID Attached: <input type="checkbox"/> YES		SIDA/AOA Test Attached (initial application) <input type="checkbox"/> YES Instructor (initials)