

Santa Barbara Municipal Airport
Application for Access Media

SECTION 1 – APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME				FIRST NAME				MIDDLE NAME				
OTHER NAMES USED (former name, nickname, maiden name)												
PHONE NUMBER			SOCIAL SECURITY # (Optional, See Privacy Act Notice)					E-MAIL ADDRESS (OPTIONAL)				
SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH					
MAILING ADDRESS					CITY				STATE	ZIP CODE		
CITIZENSHIP COUNTRY				PASSPORT COUNTRY			PASSPORT #		CERT. OF NATURALIZATION #			
CERT OF BIRTH ABROAD FORM-1350 #				ALIEN REGISTRATION #			NON-IMMIGRANT VISA #		I-94 ARRIVAL/DEPARTURE FORM # (11 Digits, No Dashes)			
SPONSORING ENTITY				AFFILIATION: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CUSTOMER <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER:					IF EMPLOYEE LIST TITLE			

SECTION 2 - CRIMINAL HISTORY (Skip this section if you are applying for an AOA Badge)

WARNING – You may be subject to prosecution under title 18 of the United States Code if you knowingly and willfully provide false information on this application.

A. **During the previous ten years have you been convicted or found not guilty by reason of insanity of any of the crimes listed below?** Yes No

B. **If your answer to item “A” is yes, please check the box next to each offence that applies:**

<input type="checkbox"/> Aircraft piracy	<input type="checkbox"/> Improper transportation of a hazardous material
<input type="checkbox"/> Murder	<input type="checkbox"/> Interference with flight crew members or flight attendants
<input type="checkbox"/> Espionage	<input type="checkbox"/> Commission of certain crimes aboard an aircraft
<input type="checkbox"/> Sedition	<input type="checkbox"/> Carrying a weapon or explosive aboard an aircraft
<input type="checkbox"/> Treason	<input type="checkbox"/> Destruction of an aircraft or aircraft facility
<input type="checkbox"/> Extortion	<input type="checkbox"/> Violence at international airport
<input type="checkbox"/> Felony arson	<input type="checkbox"/> Lighting violations involving transporting controlled substances
<input type="checkbox"/> Interference with air navigation	<input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the U.S.
<input type="checkbox"/> Conveying false information and threats	<input type="checkbox"/> Distribution of, or intent to distribute, a controlled substance
<input type="checkbox"/> Assault with the intent to murder	<input type="checkbox"/> A felony involving possession or distribution of stolen property
<input type="checkbox"/> Kidnapping or hostage taking	<input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
<input type="checkbox"/> Rape or aggravated sexual abuse	<input type="checkbox"/> A felony involving importation or manufacture of a controlled substance
<input type="checkbox"/> Armed or felony unarmed robbery	<input type="checkbox"/> Forgery of Certificates, false marking of aircraft, and other aircraft registration violations
<input type="checkbox"/> A felony involving a threat	<input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements
<input type="checkbox"/> A felony involving burglary	<input type="checkbox"/> A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
<input type="checkbox"/> felony involving theft	<input type="checkbox"/> Conspiracy or attempt to commit any of the aforementioned criminal acts
<input type="checkbox"/> A felony involving aggravated assault	
<input type="checkbox"/> A felony involving bribery	
<input type="checkbox"/> A felony involving willful destruction of property	
<input type="checkbox"/> A felony involving dishonesty, fraud, or misrepresentation	

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 I am required to advise the Airport Operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. I understand that this application will be subject to an FBI criminal history record check and that I must provide fingerprints for the criminal history record check. All information obtained from the FBI criminal history record check will be kept confidential and used only for determining unescorted SIDA access. I understand that I am entitled to a copy of the FBI criminal history record check if I submit a written request to the Airport Security Coordinator. If I suspect that the criminal history record check is incorrect, I should contact the reporting agency directly and resubmit another application for verification. _____ (initials)

SECTION 3 – APPLICANT CERTIFICATIONS

- 1. 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).
- 2. I received a copy of the Terms and Conditions of my access media and I understand that failure to comply with any of them may result in suspension or revocation of my access media. I understand that this means that I will not be allowed access to any restricted areas of the airport.

FULL NAME (PRINT): _____ SIGNATURE: _____ DATE: _____

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: _____ SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

SECTION 4 - SIGNATORY AUTHORITY CERTIFICATION REGARDING APPLICANT INFORMATION

I certify that I have personally reviewed the information supplied by the applicant in Section 1 of this application and find it legible and accurate. I further certify that I have reviewed the original documents which are the source of the information provided in Section 1 and find that they appear genuine and that the information from those original documents was correctly entered into Section 1 of the application submitted by _____ (applicant's name).

Name (Print): _____ Title _____ Signature: _____ Date: _____

SECTION 5 –ACCESS MEDIA AND ACCESS POINTS

A. ACCESS MEDIA REQUESTED (Indicate the type of access media the applicant is authorized to receive)

1) SECURE AREA BADGE <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement <input type="checkbox"/> SIDA – Secondary <input type="checkbox"/> SIDA – Temporary GOVT EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO	2) STERILE AREA BADGE <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement <input type="checkbox"/> Secondary <input type="checkbox"/> Temporary	3) AOA BADGE: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement FBO DESIGNATED AREA <input type="checkbox"/> Hangar 1 <input type="checkbox"/> Hangar 4 <input type="checkbox"/> Red Baron <input type="checkbox"/> Hangar 2 <input type="checkbox"/> Ampersand <input type="checkbox"/> Stratman <input type="checkbox"/> Hangar 3 <input type="checkbox"/> Atlantic <input type="checkbox"/> T-Hangars <input type="checkbox"/> Other :	4) ADDITIONAL MEDIA Airport Keys: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Sterile Area Key <input type="checkbox"/> AOA Key Digital transmitter: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> New <input type="checkbox"/> Replacement
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B. ACCESS POINTS (Indicate the doors and gates in your area that applicant is authorized to access):

1) ALL GATES: YES NO 2) ALL PEDESTRIAN GATES ONLY: YES NO 3) ALL VEHICLE GATES ONLY: YES NO

4) ONLY THOSE GATES LISTED BELOW: YES NO (If Yes, check the "N/A" box next to each unused field before returning form to applicant)

1. _____ <input type="checkbox"/> N/A	2. _____ <input type="checkbox"/> N/A	3. _____ <input type="checkbox"/> N/A	4. _____ <input type="checkbox"/> N/A	5. _____ <input type="checkbox"/> N/A
6. _____ <input type="checkbox"/> N/A	7. _____ <input type="checkbox"/> N/A	8. _____ <input type="checkbox"/> N/A	9. _____ <input type="checkbox"/> N/A	10. _____ <input type="checkbox"/> N/A

SIGNATORY AUTHORITY CERTIFICATION

I certify that I have personally reviewed each item in this section of the application and approve the items requested for _____ (applicant's name).

Name (Print): _____ Title _____ Signature: _____ Date: _____

SECTION 6 - FINGERPRINTING & CRIMINAL HISTORY RECORDS CHECK (Skip this section if applying for an AOA Badge)

A. FINGERPRINT AUTHORIZATION - Sign below if you would like the airport operator to fingerprint the applicant for the purpose of the criminal history records check required under TSR Part 1542.209. Please note that the airport charges a fee for fingerprinting. If your company fingerprinted the applicant pursuant to TSR Part 1544.229, or if the applicant is a government employee exempt from fingerprinting under TSR Part 1542.209(m), please skip to the Criminal Records Check Certification area immediately below.

Name (Print): _____ Title _____ Signature: _____ Date: _____

B. CRIMINAL HISTORY RECORDS CHECK CERTIFICATION

- NON-GOVERNMENT & NON-EXEMPT GOVERNMENT APPLICANTS:** (To be completed by Signatory Authority of Airline or Airport Operator)
I certify, as a Signatory Authority, that an FBI criminal history record check has been conducted for the applicant in accordance with TSR Part 1542.209 and/or Part 1544.229 on _____ which disclosed no disqualifying offenses within the previous ten years.
- EXEMPT GOVERNMENT EMPLOYEE APPLICANTS: (Government Signatory Authority to Complete)**
I certify that the applicant is a federal, state, or local government employee who, as a condition of employment, was subjected to an employment investigation that included a criminal records check (in accordance with TSR Part 1542.209(m)) which disclosed no disqualifying offenses within the previous ten years.

Name (Print): _____ Title _____ Signature: _____ Date: _____