Revised 04/2021

Employer:		 
Airport ID:		

## SIDA BADGE APPLICATION TRI-CITIES AIRPORT

A. Background Release: By my signature below, I authorize all of my former employers up to ten years preceding the date below and any other person or agency, including law enforcement, to furnish to my present employer and the Port of Pasco or its contracted agent, written and oral information pertaining to my former employment. I hereby release such former employers, persons or agencies and the Port of Pasco from any and all liability which may be alleged to arise from the furnishing of such background information. Your application is the first step toward receiving a Tri-Cities Airport ID Badge and cannot be processed without the above information  B. Display: I promise to display my badge properly while on duty in restricted areas and to support my co-workers in doing the same. I will fully engage myself in my role as an important element of airport safety and security. I promise to be constantly vigilant to the possibility of safety and security risks and to report such risks and weaknesses to my supervisor.  C. Challenge: I promise to challenge (when in restricted areas) anyone not displaying a valid Tri-Cities Airport ID (badge) or displaying a valid badge without the color authorization appropriate for that area. I will report any person refusing to display or produce a valid badge. I understand my access to restricted airport areas is a privilege extended to motify Airport Management if I lose possession of my badge, so it can be locked out of the Access Control System. I understand that my employer must include a request for a replacement badge. I understand that my employer must clude a request for a replacement badge. I understand that my employer insmediately notify Airport Management if I lose possession of my badge, so it can be locked out of the Access Control System. I understand that my employer insmediately notify Airport Management if I lose possession of my badge, so it can be locked out of the Access Control System and that promise to immediately notify Airport Management if I lose possessi			I KI-CII	IES AIRP	OKI		
Current Home Address  City  State  Zip  Best Contact Phone Number  U.S.  Other  M/F  Social Security Number  Height  Weight  Gender  Race  Eye Color  Hair Color  CONVICTIONS: Have you been convicted of a felony or been semenced to one or more years in a penal institution? YES  A. Background Release: By my signature below, I authorize all of my former employers up to ten years preceding the date below and any other person or agency, including law enforcement, to furnish to my presson or agency, including law enforcements of muritish to my presson or agency, including law enforcements of muritish to my presson or agency, including law enforcements of mention and all liability which moves agencies and robust of more from an additional properties of the form of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which moves agencies and robust of the first step town and all liability which are all reasonable and promoting the task and the properties and the first step town and all liability which are all reasonable and promoting the task and the properties and the step town and the	SECTION A – BADGEHO	LDER INFORMATIO	ON (Must be	completed l	oy employee.)		
Email Address  Date of Birth  Social Security Number  Height  Weight  Gender  Race  Eye Color  Hair Color  CONVICTIONS: Have you been convicted of a felony or been sentenced to one or more years in a penal institution? YES   A. Background Release: By my signature below, I authorize all of my former employers up to ten years preceding the date below and any other person or agency, including law enforcement, to furnish to my present employer and the Port of Pasco or its contracted agent, written and ordar information pertaining to my former employment. I hereby release such former employers, pensons or agencies and the Port of Pasco or its contracted agent, written and ordar information pertaining to my former employment. I hereby release such former employers, pensons or agencies and the Port of Pasco or may and all liability which may be alleged to arise from the furnishing of such background information. Your application is the first step toward receiving a Tri-Cities Airport ID Badge and cannot be processed without the above information.  B. Display: I promise to display my badge properly while on duty in restricted areas and to support my co-workers in doing the same. I will fully eneage myself in my role as an important element of airport safety and security fromise to be consumity vigilant to the possibility of safety and security in promise to be consumity vigilant to the possibility of the badged population, I promise to expensible in the use of it Access Control System and that my performance of work at Tri-Cities Airport ID (badge) or displaying a valid brace of the promise to be consumed to the promise to avoid compromising the color authorization appropriate for that area. I will report any person refusing to display or produce a valid badge. I understand my access to restricted area as a privilege extended to me through my Tri-Cities Airport ID badge m	Last Name	First		MI		ALIAS (other names used)	
Email Address  Date of Birth  State  Country of Birth  M/F  Social Security Number  Height  Weight  Gender  Race  Eye Color  Hair Color  CONVICTIONS: Have you been convicted of a felony or been sentenced to one or more years in a penal institution? YES   NO   If yes, please explain   D. Accountability: I promise to take all reasonable and prudent steps proven or agency, including law enforcement, to furnish to my present employer and the Port of Paeso or its contracted agent, written and oral rainformation pertaining to my former employment. I hereby release such former employers, persons or agencies and the Port of Paeso or its contracted agent, written and oral rainformation pertaining to my former employment. I hereby release such former employers, persons or agencies and the Port of Paeso or its contracted agent, written and oral rainformation pertaining to my former employment. I hereby release such former employers, persons or agencies and the Port of Paeso or its contracted and oral rainformation and the properties of the properties						( )	
Email Address  Date of Birth  Social Security Number  Height  Weight  Gender  Race  Eye Color  Hair Color  CONVICTIONS: Have you been convicted of a felony or been sentenced to one or more years in a penal institution? YES   NO If yes, please explain the Port of Pasco or its contracted agent, written and oral rational pertaining to my former employment. I hereby release such former employers up to ten years preceding the date below and any other person or agency, including law enforcement, to furnish to my present remployer and the Port of Pasco or its contracted agent, written and oral rational pertaining to my former employment. I hereby release such former employers, persons or agencies and the Port of Pasco or form any and all liability which may be alleged to arise from the furnishing of such background information. Your application is the first step toward receiving a Tri-Cities Airport ID Badge and cannot be processed without the above information  B. Display: I promise to display my badge properly while on duty in restricted areas and to support my co-workers in doing the same. I will right engage myself in my role as an important element of airport safety and security. I promise to be constantly vigilant to the possibility of safety and security; I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. I promise to be constantly vigilant to the possibility of safety and security. The promise to be air properly at the safety of the badge o	Current Home Address	City		State	Zip	Best Contact P	hone Number
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Social Security Number	Email Address		Date of	Birth	State	Country of B	irth
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prevent my badge from becoming lost or stolen. I promise to immediate motify Airport Management if I lose possession of my badge, so it can i locked out of the Access Control System. I understand that my employement and the Port of Pasco or its contracted agent, written and oral all liability which may be alleged to arise from the furnishing of such background information. Your application is the first step toward meceiving a Tri-Cities Airport ID Badge and cannot be processed without the above information.  B. Display: I promise to display my badge properly while on duty in restricted areas and to support my co-workers in doing the same. I will fully engage myself in my role as an important element of airport safety and security. I promise to be constantly vigilant to the possibility of safety and security risks and to report such risks and weaknesses to my supervisor.  C. Challenge: I promise to challenge (when in restricted areas) anyone not displaying a valid Tri-Cities Airport ID (badge) or displaying a valid badge without the color authorization appropriate for that area. I will report any person refusing to display or produce a valid badge.  F. Non-disclosure: I will never reveal my knowledge of the Acce Control System or Tri-Cities Airport ID hadge or my supervisor.  G. Return: I promise to create my think of the provided of the Port of Pasco through my employer. I promise to avoid compromising the privilege of restricted area access by using my Tri-Cities Airport ID access on while on duty and performing the tasks assigned to me by my supervisor. I acknowledge that the privileges extended to me through my Tri-Cities Airport ID badge may be revoked along with the badge, at any time.  I certify I have read, understand and will abide by the foregoing provisions. 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 on the application can be punished by fine or imprisonment	CONVICTIONS: Have you been	convicted of a felony or bee	n sentenced to	one or more ye	ears in a penal institution	on? YES □ NO □	If yes, please explain:
to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on the application can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code). I also understant the Federal Regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 2 hours if I am convicted of any disqualifying criminal offense.  Applicant's Signature:  Date:  Date:	former employers up to ten years person or agency, including law employer and the Port of Pasco information pertaining to my for former employers, persons or age all liability which may be alleg background information. Your receiving a Tri-Cities Airport ID the above information  B. Display: I promise to disprestricted areas and to support r fully engage myself in my role and security. I promise to be consand security risks and to reposupervisor.  C. Challenge: I promise to chanct displaying a valid Tri-Cities badge without the color author report any person refusing to understand my access to restrict me by the Port of Pasco thro compromising the privilege of Cities Airport ID access only vassigned to me by my superviextended to me through my Tri-	s preceding the date below or enforcement, to furnish to or its contracted agent, wromer employment. I hereby encies and the Port of Pasco ed to arise from the furnis application is the first Badge and cannot be proceed to a properly who is an important element of stantly vigilant to the possibort such risks and weaken allenge (when in restricted Airport ID (badge) or dispitation appropriate for the display or produce a vertex and important element of stantly vigilant to the possibort such risks and weaken allenge (when in restricted Airport ID (badge) or dispitation appropriate for the display or produce a vertex and in the product of the pro	and any other o my present itten and oral or release such from any and shing of such step toward essed without ile on duty in esame. I will airport safety filty of safety lesses to my areas) anyone laying a valid at area. I will alid badge. I ge extended to mise to avoid using my Trining the tasks the privileges	prevent notify A locked of must indicharged  E. Info my super broken is or safet operation of the b Access Airport or dama  F. Non Control includin or known my super locked of the bolic control including the control incl	my badge from beconsirport Management is put of the Access Corollude a request for a replacement badgermation: I promise to the ervisor, if I become a sitem needing repair a y features. I acknown and use of the airpot adged population, I Control System and will not knowingly page or degrade any secondisclosure: I will System or Tri-Citic g my family or friency ledge of risks only wervisor.  Inn: I promise to refer immediately upon of the Port of Pasco.	ming lost or stolen. I p f I lose possession of htrol System. I unders eplacement badge. I u ges.  o immediately notify a ware of any problem ssociated with the air nowledge having rec ort's safety and securit promise to be respon that my performance blace any person or pr curity or safety measu never reveal my kno es Airport security p ls. I promise to discus with Airport Manager turn my Tri-Cities A a completion of my I acknowledge that m he Port of Pasco and if	promise to immediately my badge, so it can be stand that my employer understand a fee will be a higher than a fee of the a fee of work at Tri-Cities a fee of work at Tri-Cities a fee of work at Tri-Cities a fee of the access procedures to anyone, as my security concerns ment, Airport Police or a fee of the procedure of the access from the ac
Applicant's Signature: Date:  AIRPORT BADGING OFFICE USE ONLY:	to the best of my knowledg application can be punished	e and belief and is prov by fine or imprisonment	ided in good t or both (see	faith. I und Section 100	erstand that a know 11 of Title 18 of the	ving and willful fal e United States Cod	lse statement on this le). I also understand
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FP REPORT APPROVED STA Training Complete: \_\_\_\_\_Date\_\_\_\_/ /

Issued by: \_\_\_\_\_ Issue Date: \_\_\_\_ / \_\_\_ YR EXP: \_\_\_\_\_ Payment Info: \_\_\_

Please read the following and initial each box:						
Initials 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. The inspection/screening may extend to both the badge holder's person and property. I understand that I may be subject to such inspection/screening, acknowledge that my consent to such an inspection/screening is a condition for the Port of Pasco to issue me an ID Badge, and refusal to submit to an inspection/screening may result in the immediate suspension and revocation of my ID Badge.						
Privacy Act Notice						
The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 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.						
Social Security Number Verification For Security Threat Assessment Purposes						
I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollment 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 fine or imprisonment or both.						
Print Full Name:	SSN:					
Signature:	Date of Birth:					
SECTION B – EMPLOYER STATEMENT (To be completed	by employer.)					
Allegiant Alaska DGS G2 City of Pasco Fire Port of Pasco Construction (Name of Company) Temp Project	TSA Trego-Dugan Tailwind Bergstrom Sullins Utility Worker  (Name of Company) Other:					
Employee Hire Date / /						
A. Background: An employment background verification has been satisfactorily completed for the ten years preceding the date below. Therefore, it is my informed judgment that the badge holder is an acceptable security risk for the privileges defined above.  B. Training: I acknowledge the responsibility of the employer I represent to ensure that this badge holder completely understands his/her responsibilities under the Tri-Cities Airport Security Program and I certify that he/she has received adequate training on the safety and security obligations of badge holders as defined by the Tri-Cities Airport Security Program and Federal Aviation Regulations.						
C. Fines: I acknowledge responsibility for any fines levied against the Port of Pasco which result from the failure of this badge holder to adhere to the requirements of the Tri-Cities Airport Security Program and Federal Aviation Regulations.						
<b>D.</b> Access Requirement: I will ensure that Airport Police are immediately notified if and when this access requirement is no longer valid. Monetary/criminal charges will be filed for a non-returned/non-reported badge.						
Authorized Signature	Title	Date				