



SECURITY DIVISION – CREDENTIALING SECTION
 Terminal D, 3rd floor
 Miami-Dade Aviation Department
 Post Office Box 025504 AMF, Miami, Florida 33102
 (305) 876-7188

AIRPORT IDENTIFICATION BADGE APPLICATION

All areas must be completed upon submission and must be typed. Signatures by the employee and authorized company representatives will only be accepted using blue ink. The Miami-Dade Aviation Department (MDAD) will not accept this form if it is altered (including use of correction fluid), torn, folded, bent or otherwise defaced. The application must be processed within two weeks of the date it is signed by the authorized company representative (s).

Section I-Applicant Information

Social Security Number: _____

First Name: _____ Middle Name: _____ Last name: _____

Date of Birth: (MM/DD/YYYY) _____ Job Title: _____ Height: _____ Hair color: _____ Sex: M F
 Weight: _____ Eye color: _____ Race: _____

Home Address (incl. City/State/Zip): _____ Phone Number: _____

Other Names Used (Including Maiden name and any aliases)		
FIRST NAME	MIDDLE NAME	LAST NAME

- Every Applicant must present two forms of unexpired identification issued by a government authority and at least one of which must have a photo. Acceptable forms of identification are those listed in the table below.
- For U.S. Citizens, two forms of ID as described in paragraph (1) if no ID from List A, you must provide one ID from List B and one ID from List C in the table below.
- For U.S. Citizens born abroad or naturalized U.S. Citizens, have at least one of the following: (i) U.S. Passport, (ii) Certification of Naturalization, or (iii) Certificate of Birth Abroad (Form DS-1350 or Form FS-545).
- For Individuals who hold a non-immigrant visa, provide the visa control number.
- For Individuals who are not U.S. Citizens, have at least one of the following: (i) Permanent Resident Card or Alien Registration Receipt Card (Form I-551), (ii) Arrival-Departure Record (Form I-94) when presented with an unexpired foreign passport bearing the same name and containing an endorsement of the individual's non-immigrant status.

List A	*OR*	List B	*AND*	List C
<input type="checkbox"/> US Passport _____ Exp. _____ <input type="checkbox"/> Perm. Res. Card _____ Exp. _____ <input type="checkbox"/> Foreign Passport with I-551 Stamp: Country _____ # _____ Exp. _____ <input type="checkbox"/> Employment Auth. Card _____ Exp. _____ <input type="checkbox"/> Naturalization Certificate # _____ <input type="checkbox"/> Non-Immigrant Visa and I-94# _____		<input type="checkbox"/> Driver's License: State _____ # _____ <input type="checkbox"/> ID card issued by federal, state or local gov't agencies with photo # _____ Exp. _____ <input type="checkbox"/> School ID card with photo <input type="checkbox"/> Canadian Driver's License # _____ Exp. _____		<input type="checkbox"/> Social Security Card <input type="checkbox"/> Dept. of State Certification of Birth (FS-545) _____ <input type="checkbox"/> Dept. of State Report of Birth (DS-1350) _____ <input type="checkbox"/> Birth Certificate issued by a State, County, Municipal Authority, or US Territory

Country of Birth: _____ Country of Citizenship: _____

CUSTOMS AND BORDER PROTECTION ONLY

CBP Approval Signature: _____ (BLUE INK ONLY) Approval Date: ____/____/____ Comments: _____

******FOR MDAD ACCESS CONTROL OFFICE USE ONLY******

SIDA Training Date: _____	Badge Number: _____	Badge Access Level: _____	Date Issued: _____	Expiration Date: _____	Applicant's Initials
---------------------------	---------------------	---------------------------	--------------------	------------------------	----------------------

ID Processed By: _____ Reason for GU/Reprint: _____ GU/Reprint approved by: _____

FINGERPRINT PAYMENT		ID PAYMENT	
Date _____	FP Processed by: _____	Payment Type: M C A	
Payment Type: M C A	Company: _____	Receipt Number: _____	
Receipt Number: _____	Case # _____	Billed No Charge Damaged	
MIA # _____	FP Date Rec'd _____	Replacement – Reason: _____	
U.S. Carrier _____	STA Approved? Y N Date _____	Lost – Badge #: _____	

Section II- Applicant's Criminal History (Must check "Yes" or "No" for each item listed)

Persons seeking unescorted access to the Security Identification Display Areas (SIDA) or Sterile Areas of an airport and individuals performing security checkpoint screening functions at an airport and their supervisors are subject to the requirements of Title 49 of the Code of Federal Regulations, Parts 1542.209 or 1544.229. These requirements include a Criminal History Records Checks (CHRC). Indicate below, by checking "Yes" or "No" for each item listed, if you have ever pleaded guilty or nolo contendere ("no contest"), had adjudication withheld, been convicted or found not guilty by reason of insanity to any of the following:

Yes	No	Forgery of certificates, false marking of aircraft, and other aircraft registration violations	Yes	No	Aircraft piracy
Yes	No	Interference with air navigation	Yes	No	Murder
Yes	No	Improper transportation of a hazardous material	Yes	No	Assault with intent to murder
Yes	No	Felony involving violence at International Airports	Yes	No	Espionage
Yes	No	Interference with flight crew members or flight attendants	Yes	No	Sedition
Yes	No	Commission of certain crimes aboard aircraft in flight	Yes	No	Kidnapping or hostage taking
Yes	No	Carrying a weapon or explosive aboard an aircraft	Yes	No	Treason
Yes	No	Conveying false information and threats	Yes	No	Rape or aggravated sexual abuse
Yes	No	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon	Yes	No	Extortion
Yes	No	Lighting violations involving transporting controlled substances	Yes	No	Felony arson
Yes	No	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements	Yes	No	Distribution of or intent to distribute a controlled substance
Yes	No	Destruction of an aircraft or aircraft facility	Yes	No	Armed or felony unarmed robbery
Yes	No	Aircraft piracy outside the special aircraft jurisdiction of the United States	Yes	No	Felony involving dishonesty, fraud, or misrepresentation
Yes	No	Felony involving possession or distribution of stolen property	Yes	No	Felony involving a threat
Yes	No	Felony involving willful destruction of property	Yes	No	Felony involving aggravated assault
Yes	No	Felony involving importation or manufacture of a controlled substance	Yes	No	Felony involving bribery
Yes	No	Felony involving burglary	Yes	No	Felony involving theft
Yes	No	Felony involving the illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year	Yes	No	Conspiracy or attempt to commit any of the criminal acts listed on this table

The MDAD Airport Security Coordinator keeps confidential the criminal history record obtained from the FBI and uses it only for determining whether to issue an Airport Identification Badge (ID Badge). You may get a copy of your criminal history record sent by the FBI to the Airport Security Coordinator by submitting a written request within 30 days after being advised that your criminal history shows you are disqualified from being issued an ID Badge. If you believe that any information is inaccurate, you may directly contact the agency that reported the disqualifying conviction to correct your record.

I understand that I have a continuing obligation under Title 49, CFR, Parts 1542.209 or 1544.229 to disclose to the airport operator within 24 hours if I plead guilty or nolo contendere ("no contest") to, have an adjudication withheld, been convicted or found not guilty by reason of insanity to any of the disqualifying crimes listed on this application or the federal security regulations.

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 110-52, August 3, 2007); and

Executive Order 9397, as amended. Purpose. The Department of Homeland Security (DHS) will use the biographic 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 the 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 a 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 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: 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 a security threat assessment.

MDAD has advised me of the purpose, disclosure and uses for submitting my personal information to the Credentialing Section when requesting MDAD issued ID badge media as per Transportation Security Administration (TSA) Security Directive 1542-04-08 series.

Section III-Applicant's Certification

I hereby submit to MDAD Credentialing Section this application for an ID Badge and agree to the following:

1. To comply at all times with the security rules and policies of MDAD, including the provisions of Chapter 25 and the Transportation Security Administration (TSA), an agency of the United States, including the provisions of Title 49, CFR, Parts 1540,1542, and 1544.
2. All ID Badges remain the property of MDAD; My ID Badge cannot be transferred to another individual or used for any purpose by another individual; I will visibly display my ID Badge outside my garments on my upper body whenever I am in any area of the airport; I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas) nor will I otherwise breach, disobey or disregard any security directive, plan or program at the airport; I will challenge any person who enters a secured/restricted area if the person does not properly display an ID Badge. If the person I challenge cannot produce a valid ID Badge, I will immediately notify the Miami-Dade Police Department or the MDAD at (305) 876-0385.
3. Use of the ID Badge constitutes consent to search and monitoring at any area of the airport.
4. MDAD reserves the right to revoke authorization for an ID Badge where such action is determined to be in the best interest of airport security. You must immediately return the ID Badge to MDAD Credentialing Section or your employer upon notification that your authorization has been revoked; I will immediately notify my Supervisor or MDAD of any unattended bags and or suspicious activity; I will immediately notify my employer if my ID Badge is lost or stolen. A non-refundable fee of \$75.00 will be assessed for the first replacement and \$100.00 for the second replacement within 24 months of original issuance. There will not be a replacement issued for a third time within 24 months of original issuance. The Security Credentialing Section will collect the fee before a replacement ID Badge is issued. Furthermore, a replacement ID Badge may only be issued if I declare in writing that the ID Badge has been lost, stolen, or destroyed. **The ID Badge is the property of MDAD. You must immediately return your ID Badge to your employer or the MDAD Credentialing Section at the end of employment or upon receiving notification that your MDAD ID Badge is being revoked. The MDAD Credentialing Office will issue a receipt as proof of ID Badge return. Failure to comply within 24 hours is in direct violation of the Airport Security Program ASP and you can be subject to a potential \$10,000 Civil Penalty Fine assessed by the Transportation Security Administration TSA under title 49 of the Code of Federal Regulations CFR Part 1540.105; 49 USC 46301.**
5. In the event of any change in my employee status (i.e. transfer, job title), I will obtain a new ID Badge noting the change and return the original ID Badge.
6. I will immediately notify MDAD and/or my Supervisor if I am arrested of any of the crimes listed under Title 49, CFR, Parts 1542.209 or 1544.229.
7. Contractor Identification Badges are valid only within the construction site to which I am assigned by my employer, within those areas authorized by MDAD and only until the contract is closed out and/or terminated, suspended.

I understand and agree to comply with the terms and conditions provided for in this application and agree to comply with any changes or amendments to the terms and conditions that may be imposed by MDAD. *The information that I have provided on this application 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 this application can be punished by fine or imprisonment or both. (See Section 1001, of Title 18 United States Code); (See also: Title 49 of the Code of Federal Regulations, Sections 1540.103 and 1542.209)*

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-10)/Aviation Worker Program, 601 South 12th 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.

Applicant's Name _____ Social Security _____ Date of Birth _____

Applicant's Signature _____ Date _____
(SIGN IN BLUE INK ONLY)

Section IV – Access Requirements (to be completed by the employer)

Check all of the following that apply:

New Applicant Renewal/Replacement Lost Badge Damaged Badge Federal & Local Law Enforcement

Badge Type

Check the one that applies: Green & Brown (Ramp & Cargo Access) Brown & Green (Cargo & Ramp Access) Brown (only) (Cargo Access) Green (only) (Ramp Access)

White (Terminal Access) Lime & Orange (Cargo Warehouse) Blue (MDAD Employee) White with Concourse Access (Security Checkpoint Concourse Access) Yellow (Contractor)

Special Certifications:

CBP Seal (Upon CBP Approval) Extended Ajar (Letter Required) Escort Authority (Letter Required) LEO (Letter Required)

Section V - Employer's Certification

I certify that all information provided by or on behalf of the Employer is true, accurate, and complete. I certify that: (1) I have verified the applicant's identity by reviewing at least two forms of identification (one of which bears the applicant's photograph); (2) the applicant has presented to the representative signed below that he or she has not been convicted of a crime identified in 49 CFR 1542.209 or 1544.229; (3) The Employer will immediately report to MDAD Credentialing Section any information that becomes available to us indicating that the applicant was arrested, indicted or convicted of one of the crimes identified in 49 CFR 1542.209 or 1544.229; **(4) The ID Badge is the property of MDAD. The employer will immediately notify and return the employee's ID Badge to the MDAD Credentialing Section if the employee's employment is terminated, contract work at the Airport is completed or the employee's ID Badge is being revoked. Failure to notify MDAD within 24 hours, collect and return the employee's ID Badge to the MDAD Credentialing Section can subject the employer to a Civil Penalty of up to \$10,000, assessed by the Transportation Security Administration TSA in accordance with title 49 of the United States Code Service 49 USC 46301 (a) (6);** (5) The Employer will immediately notify MDAD Credentialing Section if the applicant's ID Badge is reported as being lost or stolen and; (6) I certify that the Employer has complied with, and will continue to comply with the provisions of Title 49, CFR, Parts 1540, 1542, and 1544. I also certify that the Employer will inform MDAD Credentialing Section if either of the following applies:

- (i) the applicant was unable to support statements made on the application form;
- (ii) there are significant inconsistencies in the information provided on the application; or
- (iii) information has become available to us indicating a possible conviction of the crime(s) listed in 49 CFR 1542. 209 or 1544.229

I have read and understand the potential penalties described in this application for providing false or misleading information or failing to report as required.

Company Name: _____ Company Code: _____

Mailing Address: _____

Telephone Number: (_____) _____ Email Address: _____

Authorized Representative: _____ Title: _____
(Print Name)

Authorized Representative's Signature: _____ Date: _____
(SIGN IN BLUE INK ONLY) (APPLICATION EXPIRES 2 WEEKS FROM THIS DATE)

NOTE: SIGNATURE MUST BE ORIGINAL. NO COPIES/STAMPS WILL BE ACCEPTED.