



FINGERPRINT APPLICANT PROCESSING DATA FORM
FORMULARIO DE PROCEDIMIENTO PARA HUELLAS DIGITALES

The applicant must present two forms of identification. Government authority must have issued one of the IDs and one must include a photo. The identification must show proof of eligibility to work in the United States and proof of identity.

Favor de completar y entregar este formulario con letra de molde acompañado de dos identificaciones. Una debe ser emitida por el gobierno y la otra, debe contener fotografía. Dichas identificaciones deben ser mostradas como prueba de elegibilidad para trabajar en los Estados Unidos y la que tiene la fotografía, como prueba de identidad.

- 1. Name/Nombre:
2. Date of Birth/Fecha de Nacimiento:
3. Sex/Sexo: M /F Height/Estatura: Weight/Peso:
4. Eye Color/Color de Ojos: Hair Color/Color del Pelo:
5. Race/Raza: Asian/Asiático Black/Negro Indian/Indio White/Blanco
6. Place of Birth/País de Nacimiento:
Country of Citizenship/País de Ciudadanía:
7. Social Security #: Telephone/Teléfono#
8. Current Address/Dirección Actual:
9. City/Ciudad: State/Estado: Zip Code/Código Postal:
10. Visa #: Alien Registration #:
Passport Country Passport #:
11. Company fingerprinting for/Compañía para la que va a trabajar:

12. Have you been fingerprinted in the last 30 days? If so, please circle YES and inform the person at the window. YES NO

¿Le han tomado a usted huellas digitales en los últimos 30 días? Si la respuesta es afirmativa, circule SI y avise a la persona en la ventanilla.

SI NO

I acknowledge that the above information is accurate and that once the information is transmitted that I am no longer entitled to a fee refund due to a mistake on my part.

Admito que la información que he proporcionado es correcta y después de haber sido sometida y registrada la misma no obtendré reembolso alguno.

Section II- Criminal History

Persons seeking unescorted access to secured 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. Indicate below 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:

| | Y | N | | Y | N |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---------------------------------------------------------------------------------------------------------------------------------------|---|---|
| • Forgery of certificates, false marking of aircraft, and other aircraft registration violations. | | | • Rape or aggravated sexual abuse. | | |
| • Interference with air navigation. | | | • Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon. | | |
| • Improper transportation of a hazardous material. | | | • Extortion. | | |
| • Aircraft piracy. | | | • Armed or felony unarmed robbery. | | |
| • Interference with flight crew members or flight attendants. | | | • Distribution of, or intent to distribute, a controlled substance. | | |
| • Commission of certain crimes aboard aircraft in flight. | | | • Felony arson | | |
| • Carrying a weapon or explosive aboard an aircraft. | | | • Felony involving a threat. | | |
| • Conveying false information and threats. | | | • Felony involving willful destruction of property. | | |
| • Aircraft piracy outside the special aircraft jurisdiction of the United States. | | | • Felony involving importation or manufacture of a controlled substance. | | |
| • Lighting violations involving transporting controlled substances. | | | • Felony involving burglary. | | |
| • Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements. | | | • Felony involving theft. | | |
| • Destruction of an aircraft or aircraft facility. | | | • Felony involving dishonesty, fraud or misrepresentation. | | |
| • Murder. | | | • Felony involving possession or distribution of stolen property. | | |
| • Assault with intent to murder. | | | • Felony involving aggravated assault. | | |
| • Espionage. | | | • Felony involving bribery. | | |
| • Sedition. | | | • Felony involving the illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. | | |
| • Kidnapping or hostage taking. | | | • Felony involving violence at international airports. | | |
| • Treason | | | • 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 grant access to controlled areas or divulging security sensitive information. 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 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)

Applicant's Name _____

(PRINT)

Applicant's Signature _____ Date _____