



SECURITY DIVISION - IDENTIFICATION SECTION

Heliport, Dolphin Garage 6th Level
 Miami-Dade Aviation Department
 Post Office Box 025504 AMF, Miami, Florida 33102
 (305) 876-7188

AIRPORT IDENTIFICATION BADGE APPLICATION

All areas must be completed, typed or printed in ink (black or blue). 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

Social Security Number:		First Name:		Middle Name:		Last Name:	
Date of Birth: (MM/DD/YYYY)		Title:		Height: _____ Weight: _____		Hair Color: _____ Eye Color: _____	
Gender: _____		Race: _____		Home Address:		City/State/Zip:	
Home Phone Number: () _____ - _____		Driver License Number:		Country of Birth: (If in the U.S. please specify city and state.)		Other Names Used including Alias or Nick names:	
Expiration Date:		State Issued:		Citizen of What Country:			
U.S. Citizen: ()		U.S. Resident: ()		Non-Immigrant Authorized to Work: ()			
U.S. Passport Number: (If Applicable) _____		Alien Resident Number: Expiration Date: ____ Month ____ Day ____ Year		Employment Authorization Number: Authorized to Work Until: ____ Month ____ Day ____ Year			
INS Inspector Only							
INS Inspector Approval Signature: _____ Approval Date: _____				Comments: _____ Any Prior Deportations: Yes () No () Classification: _____			

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:

<ul style="list-style-type: none"> • Forgery of certificates, false marking of aircraft, and other aircraft registration violations. 			<ul style="list-style-type: none"> • Rape or aggravated sexual abuse. 		
<ul style="list-style-type: none"> • Interference with air navigation. 			<ul style="list-style-type: none"> • Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon. 		
<ul style="list-style-type: none"> • Improper transportation of a hazardous material. 			<ul style="list-style-type: none"> • Extortion. 		
<ul style="list-style-type: none"> • Aircraft piracy. 			<ul style="list-style-type: none"> • Armed or felony unarmed robbery. 		
<ul style="list-style-type: none"> • Interference with flight crew members or flight attendants. 			<ul style="list-style-type: none"> • Distribution of, or intent to distribute, a controlled substance. 		
<ul style="list-style-type: none"> • Commission of certain crimes aboard aircraft in flight. 			<ul style="list-style-type: none"> • Felony arson 		
<ul style="list-style-type: none"> • Carrying a weapon or explosive aboard an aircraft. 			<ul style="list-style-type: none"> • Felony involving a threat. 		
<ul style="list-style-type: none"> • Conveying false information and threats. 			<ul style="list-style-type: none"> • Felony involving willful destruction of property. 		
<ul style="list-style-type: none"> • Aircraft piracy outside the special aircraft jurisdiction of the United States. 			<ul style="list-style-type: none"> • Felony involving importation or manufacture of a controlled substance. 		
<ul style="list-style-type: none"> • Lighting violations involving transporting controlled substances. 			<ul style="list-style-type: none"> • Felony involving burglary. 		
<ul style="list-style-type: none"> • Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements. 			<ul style="list-style-type: none"> • Felony involving theft. 		
<ul style="list-style-type: none"> • Destruction of an aircraft or aircraft facility. 			<ul style="list-style-type: none"> • Felony involving dishonesty, fraud or misrepresentation. 		
<ul style="list-style-type: none"> • Murder. 			<ul style="list-style-type: none"> • Felony involving possession or distribution of stolen property. 		
<ul style="list-style-type: none"> • Assault with intent to murder. 			<ul style="list-style-type: none"> • Felony involving aggravated assault. 		
<ul style="list-style-type: none"> • Espionage. 			<ul style="list-style-type: none"> • Felony involving bribery. 		
<ul style="list-style-type: none"> • Sedition. 			<ul style="list-style-type: none"> • Felony involving the illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. 		
<ul style="list-style-type: none"> • Kidnapping or hostage taking. 			<ul style="list-style-type: none"> • Felony involving violence at international airports. 		
<ul style="list-style-type: none"> • Treason 			<ul style="list-style-type: none"> • Conspiracy or attempt to commit any of the criminal acts listed on this table 		

Y N Y N

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 and 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.

Section III-Applicant's Certification

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

1. By submitting this application for an ID Badge, I agree 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.
3. My ID Badge cannot be transferred to another individual or used for any purpose by another individual.
4. I will visibly display my ID Badge outside my garments on my upper body whenever I am in any area of the airport.
5. Use of the ID Badge constitutes consent to search and monitoring at any area of the airport.
6. 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 ID Section or your employer upon notification that your authorization has been revoked.
7. 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.
8. 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.
9. 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.
10. I will immediately notify my Supervisor or MDAD of any unattended bags and or suspicious activity.
11. I will immediately notify my Supervisor or MDAD if I am arrested of any of the crimes listed under Title 49, CFR, Parts 1542.209 and 1544.229.
12. 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.
13. 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 & Safety ID Section will collect the fee before a replacement ID Badge is issued.
14. A replacement ID Badge may only be issued if I declare in writing that the ID Badge has been lost, stolen, or destroyed.
15. The ID Badge must be returned to the employer at the end of my employment. (The Identification Badge may also be returned to the ID Section located at the Heliport 6th floor during regular business or office hours. The ID Section will issue a receipt to me as proof that the ID Badge was returned).

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 _____ Social Security _____
(PRINT)

Applicant's Signature _____ Date _____

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 and 1544.229; (3) The Employer will immediately report to MDAD ID 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 and 1544.229; (4) The Employer will immediately notify MDAD ID Section if the applicant's employment is terminated or contract work at the airport is completed, and the Employer will promptly return his or her ID Badge to MDAD ID Section; (5) The Employer will immediately notify MDAD ID 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 ID 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 and 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.

Employer Name _____
(PRINT)

Authorized Representative: _____ Title _____
(PRINT) (PRINT)

Authorized Representative's Signature _____ Date _____

Section VI - Employer's Certification - Carrier

The U.S Air Carrier _____

I certify that a fingerprint-based Criminal History Record Check (CHRC) has been conducted

for _____ on _____

In accordance with 49 CFR 1544.229. The CHRC Case Number is _____

received _____.

I hereby request the Identification Badge Office to submit fingerprints on behalf of

_____ for _____
(Name of the U.S. Air Carrier) (Applicant's Name)

I certify that all information provided by or on behalf of the U.S. Air Carrier is true, accurate, and complete. I certify that I have complied with, and will continue to comply with the provisions of Title 49, CFR, Parts 1540, 1542, and 1544. The U.S. Air Carrier will immediately notify MDAD ID Section if the U.S. Air Carrier learns that the applicant's ID Badge has been lost or stolen, and the U.S. Air Carrier will promptly return to MDAD ID Section the applicant's ID Badge upon termination of his or her employment or completion of his or her contract at the airport.

I have read and understand the potential penalties described in this application for providing false or misleading information on this application.

Authorized Representative: _____ Title _____

Authorized Representative's Signature _____ Date _____

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

SIDA Training Date:	Badge Number:	Badge Access Level:	Date Issued:	Expiration Date:
ID Process By:		Fingerprint Department		ID Section Payment
Reason for Reprint:		Date _____	Cash _____	
Reason for GU:		Money Order _____	Billed _____	
Approved By:		Check # _____	No Charge _____	
		Charge _____	Replacement _____	
		MIA # _____	Damage _____	
		U.S. Carrier _____	Lost _____	

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

Company Fingerprinted By:	Date Sent:	Fingerprint Case Number:	Date Results Received:

******FOR MDAD ACCESS CONTROL OFFICE USE ONLY****
SECURITY THREAT ASSESSMENT (STA)**

Date STA Sent:	Date STA Received:	STA Results:

Rejected Airport Identification Badge Application

Rejected By:	Date:
Reason:	
1. White-Out / Correction () 2. Wrong Selection () 3. Expired Application ()	
Other:	



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Privacy Act Notice

Authority: 49 U.S.C. §114 authorizes the collection of this information.

Purpose: DHS will use this information to conduct a security threat assessment on airport employees and other personnel or applicants who work in or have unescorted access to the **AOA**, secured area, sterile area, SIDA, or any area for which the airport has issued a personnel identification media.

Routine Uses: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to aviation security. Additionally, DHS may share the information with facility operators, law enforcement or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the completion of your security threat assessment, which may prevent your access to the **AOA**, secured area, sterile area, SIDA, or other area or purpose for which personnel identification media are issued.

The Miami-Dade Aviation Department (MDAD) has advised me of the purpose, disclosure and uses for submitting my personal information to the ID Section when requesting MDAD issued ID badge media as per Transportation Security Administration (TSA) Security Directive 1542-04-08D. I acknowledge receiving a copy of the Privacy Act Notice.

(Print Name)

(Signature)

Date Received