



Sample Documents and Application Forms for Program Participants

- Company Application Form (Version 3.0.0)
- Individual Membership Application (Version 3.1.0)



Corporate Membership Application

(Version 3.0.0)

STEP 1: Program Participation

Please enter the following information:

Organization Name:

United States IRS EIN:

Website Address:

Main Business Phone:

QUESTION: *Are you currently, or have you ever been, a member of SWAC? This refers to the individual, or Designated Administrative Contact (DAC) completing this application, not the Organization applying for membership.*

Yes No

DAC Membership ID #:

STEP 2: Primary Business Address Information

Please enter or confirm the following information regarding your current primary business address:

Address Line 1:

City:

Country:

State/Region:

Zip Code:

STEP 4: SWAC Membership Acceptance Form

QUESTION: *Is it acceptable for SWAC to list your organization's name in the SWAC Member Directory posting on the SWAC website at www.secureworker.com?*

Yes No

As the Designated Administrative Contact for Sample Company, I certify that the information provided on this Corporate Membership Application is true and correct to the best of my knowledge.

I Agree I Disagree

STEP 5: SWAC Account Payment Information

QUESTION: *Would you like to make a deposit to your organization's SWAC Debit Account using a credit card? This is required in order to process membership applications.*

Yes No

If you answered 'yes' above, please choose a deposit method below:



Individual Membership Application

(Version 3.1.0)

STEP 1: Corporate Sponsorship

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QUESTION: *Have you ever been a member of the SWAC (Secure Worker Access Consortium) Trusted Contractor Community?*

yes no

If 'Yes', then please enter your Membership ID number here (not required):

- XXXXXX

 -

[\(Click here for help locating this number\)](#)

QUESTION: *Do you have a Sponsor Account ID Number?*

yes no

If 'Yes', then please enter it here:

If 'No', continue to next step.



For security purposes, please enter the text from the image above.

Security Code:

CONTINUE TO STEP 2 OF 16 

STEP 2: Agency or Union Affiliation

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Please select the affiliation for which this application is being submitted.

Contractor:

Employee:

Union Member:

Please select:

- **'Contractor'** if you work for a subcontractor at one of the Agencies' work sites in the selection menu below.
- **'Employee'** if you are a direct employee of, and your paycheck comes from, one of the Agencies in the selection menu below.
- **'Union Member'** if you are self-sponsoring or sponsored by a Union listed in the selection menu below (after selecting Union Member).

Please select the agency for which this application is being submitted.

Please choose Agency

NOTICE: The Agency or Membership selected in the section will be printed on your ID card, if applicable. **PLEASE MAKE SURE YOUR SELECTIONS ARE CORRECT BEFORE PROCEEDING.** Failure to do so may result in additional card reprinting fees. If you are unsure which are correct for your specific application, please contact your sponsoring company's Designated Security Representative (DSR), for guidance.

QUESTION: *Were you directed to enter a Contract Reference Number (optional) with your application?*

yes no

If 'Yes', then please enter it here:

This application is being completed by:

Applicant

Designated Administrative Contact

Designated Security Representative

Other:

If this application is completed by the DAC, DSR, or any other corporate representative, SWAC strongly recommends that a signed, printed copy be retained for your protection.

STEP 3: Personal Information and Citizenship

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Please enter the following information:

Gender: Male Female

Prefix: Dr. Mr. Mrs. Ms. Sr. None

First Name: Middle Name:

Last Name: Suffix:

Date of Birth: MM / DD / YYYY

Place of Birth: Country:

State/Region:

City:

Mother's Maiden Name: (last name only)

QUESTION: *Are you a United States citizen?*

yes no

Social Security Number: - - (Not required for non-U.S. citizens)

Country of Citizenship:

National ID #:

Alien Registration Number: (aka Green Card)

Passport Country:

Passport Number:

Non-Immigrant Visa Type:

Non-Immigrant Visa Number:

STEP 4: Physical Characteristics

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Please enter or confirm the following information:

Ethnicity (optional): (optional)

Eye Color:

Hair Color:

Weight: lbs.

Height: ft. in.

[CONTINUE TO STEP 5 OF 16](#) 

Ethnicity Options

- African American
- Asian
- Caucasian
- Hispanic
- Other

Eye Color Options

- Blue
- Brown
- Green
- Hazel

Hair Color Options

- Hairless
- Black
- Blonde
- Brown / Brunette
- Gray / Silver
- Light Brown
- Red
- Other

STEP 5: Contact Information

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Please enter or confirm the following information:

Email:

Alternate Email:

Home Phone: 011-1- Primary Phone

Mobile (Cell) Phone: 011-1- Primary Phone

Business Phone: 011-1- ext. Primary Phone

Please enter or confirm the following **EMERGENCY CONTACT** information:

Name:

Relation:

Phone: 011-1- ext.

Alternate Phone: 011-1- ext.

[Click here to enter an alternate Emergency Contact.](#)

[CONTINUE TO STEP 6 OF 16](#) 

ALERT: Please check that you have entered your **FULL 10 year address history** to the best of your knowledge. If it is not complete, the processing of your SWAC application will be delayed.



I confirm my understanding that processing of my SWAC application will be delayed if I have not entered my **FULL 10 year address history** to the best of my knowledge.

[Yes, Continue](#)

[No, Cancel](#)



STEP 6: Home Address Information

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Please enter or confirm the following information regarding your current home address:

Address Line 1:

City:

Country: ▼

State/Region: ▼

Zip Code:

Time at this address:
 From: ▼ / ▼ To: Current

Please enter any previous home addresses within the last 10 years by filling out the form below and clicking the "Add Address" button for each historical address. You can add as many addresses as needed to fulfill the 10 year requirement.

Additional Addresses for 10 year history

Address Line 1: _____

 City: _____
 Country: _____
 State: _____
 Zip Code: _____

 From: _____ (MM/YYYY)
 To: _____ (MM/YYYY)

Address Line 1: _____

 City: _____
 Country: _____
 State: _____
 Zip Code: _____

 From: _____ (MM/YYYY)
 To: _____ (MM/YYYY)

Add Address

CONTINUE TO STEP 7 OF 16 

STEP 7: Business Address Information (optional)

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Please enter or confirm the following information regarding your current business address (optional if you are not self employed):

Use current Home Address as my Business Address.

Address Line 1:

City:

Country: 

State/Region: 

Zip Code:

CONTINUE TO STEP 8 OF 16 

STEP 8: Authorization for Criminal Background Check

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[Click here to view a list of disqualifying offenses.](#)

Applicants are subject to a criminal/terrorist history records check, and may be disqualified for information unfavorable to the interests of public safety and, while authorized a secure access control credential, ongoing Assurance Process which checks for updated information that indicates an individual may no longer be in compliance with qualifying criteria for a secure access control credential.

In addition, false statements, non-disclosure of pertinent information, or the inability to verify identity may disqualify an applicant.

QUESTION: *Have you ever been convicted of a felony?*

yes no

If YES, please provide details including dates, location, charge, court and final disposition:

QUESTION: *Are you presently under want, warrant, or indictment for any felony listed in the disqualifying criminal offenses as referenced in the attached Background Screening Specifications, Clearance Level Criteria?*

yes no

If YES, please provide details including dates, location, charge, court and final disposition:

STEP 8: Authorization for Criminal Background Check



QUESTION: *Have you previously served, and been discharged from the U.S. Armed Forces?*

yes no

If Yes, Type of Discharge:

- Honorable
- General (Under Honorable Conditions)
- Other Than Honorable
- Bad Conduct
- Dishonorable

If Dishonorable provide the details of the discharge:

QUESTION: *Are you lawfully present in the United States?*

yes no

QUESTION: *Have you ever been known by any other name(s)? Other names include nicknames, aliases, former married names, maiden names, or any part of the name of a relative, including for a example a mother or father's last name or a grandparent's last name, or foster or adopted last names.*

yes no

Please add at least one Alias:

Mr. Ms. Mrs. Dr. Sr. None

First Name: Middle Name:

Last Name: Suffix:

Save Alias

STEP 8: Authorization for Criminal Background Check

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QUESTION: *Select all the states (or "Out of Country: No States") you have **WORKED** in during the past ten (10) years.*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input checked="" type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> District Of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Out of Country: No States |

QUESTION: *Select all the states (or "Out of Country: No States") you have **RESIDED** in during the past ten (10) years.*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> District Of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Out of Country: No States |

STEP 8: Authorization for Criminal Background Check

-- Continued --



I certify that all information I have provided on this application is true, complete, correct, and accurate to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willful material false statement or omission made in connection with this application, and/or my failure to provide truthful and honest information by either omission or commission is sufficient cause for denial of the application or revocation of a prior approval. In addition, I understand that such a false statement may subject me to criminal charges. I consent to the background screening, ongoing Assurance Process, and release of results to authorized individuals at Agencies, Contractors, Unions, etc. as applicable.

QUESTION: *Do you accept the above statement?*

yes no

CONTINUE TO STEP 9 OF 16 

STEP 9: Background Screening Consent Form

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I, the undersigned do hereby authorize Secure Worker Access Consortium, LLC (SWAC), to produce a criminal history background report on me for the sole and only purpose of verifying my identity, identifying any criminal, terrorist, or other security-related information which suggests that I may pose a threat to the general public or high-risk areas of facilities, and to assess my truthfulness by validating the data that I supplied on the SWAC Individual Membership Application. I also authorize SWAC to provide my information to the Department of Homeland Security/Transportation Security Administration for security purposes. In addition, I give my continuing consent—while authorized a valid unexpired secure access control credential—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria for a secure access control credential.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal history background report of which I am the subject upon my written request to the independent background screening contractor, if such is made in accordance with the appeals process after the date hereof. Your rights to this program are similar to 15 U.S.C. § 1681 et. seq. as outlined below.

I hereby release SWAC, its independent contractor and/or agents, and any and all persons, business entities and government agencies, whether public or private, which provide information pursuant to this authorization, from any and all liability, claims, demands or lawsuits that I, my heirs or others on my behalf may have, arising from the sharing of such information in accordance with the authority I have give herein, but do not release any of the above from any intentional, negligent and/or improper misuse or misappropriation of such information, or from any other tort or criminal activity.

I understand that this Background Screening Consent Form shall remain in effect for the duration that I am in possession of a secure access control credential. I also understand that my application for a valid unexpired secure access control credential may be terminated, and/or my secure access control credential may be revoked based on any false or fraudulent information, or criminal report which suggests that I may pose a threat to the general public or high-risk areas of facilities.

It is understood that, notwithstanding anything else stated herein, any and all discipline shall be carried out in accordance with the terms and conditions of Local Union's collective bargaining agreements, including but not limited to, the grievance procedures delineated in that agreement. This form does not alter, modify or revise any current collective bargaining agreement(s) entered into between the Local Union(s) and their respective signatory employer(s) and/or employer association(s). By signing this form, I recognize and acknowledge the procedures necessary to obtain a SWAC ID card, but do not in any way surrender or waive any of the rights and privileges I may have under Local Union's collective bargaining agreements.

By signing this form, I am not granting any rights to any public or private individual employer and/or employer association, nor does this form change or modify any of the terms and conditions of my employment.

I willingly give my full consent that information required to verify my identity may be shared with authorized individuals.

I further understand that when biometrics, e.g., fingerprints, iris scans, etc., become a requirement to maintain a secure access control credential, that I shall willingly submit myself for said biometrics.

I understand that a material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval.

I certify that the following is my true and complete legal name, and that all information contained herein and on my SWAC Individual Membership Application is true and correct to the best of my knowledge.

Full Name of Applicant:

Date:

Social Security Number:

Date of Birth:

QUESTION: *Do you accept the above statement?*

yes no

STEP 10: Summary of Rights – Criminal History Background Report



Secure Worker Access Consortium, LLC (SWAC) promotes the accuracy, fairness, and privacy of information in the files of the SWAC program and background screening contractors. Here is a summary of your rights under the SWAC program. For more information go to www.secureworker.com or write to: Secure Worker Access Consortium, LLC, Attention: Customer Service Department, 12000 Lincoln Drive West, Suite 308, Marlton, NJ 08053.

You have the right to know what is in your file. You may request and obtain all the information about you in the SWAC database and/or background screening contractor criminal history background report. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your criminal history background report;
- You are the victim of identity theft;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the background-screening contractor, the background-screening contractor will direct you to the source of the information so that you may correct it.

Access to your file is limited. All information on file is held in strict confidence by SWAC and the background screening contractor, and by contract may not be sold to or shared with any third party non SWAC consortium member. All data is encrypted using industry best practices in accordance with National Institute of Standards & Technology (NIST) standards. At no time is data stored on desktop, laptop, or handheld PDA type devices. The only information available to authorized security individuals is information provided by the applicant during the application process, and the HIGH, MEDIUM, or STANDARD clearance level, or a FAILURE, that results from the criminal history background report.

You may seek damages from violators. If there is identity theft, or misuse of your information, and you present demonstrable evidence indicating a breach of personal security information that can be directly traced to a contractor of the SWAC program, you may be able to sue in state or federal court.

NO BRIGHT-LINE TESTING

The background-screening contractor does not adjudicate a dispassionate pass or fail result. A careful analysis of your file is made, taking into consideration all information available to construct a fair judgment on the applicant's level of clearance. In cases where the applicant has mitigating circumstances unavailable to the background-screening contractor, an appeals process is available.

QUESTION: *Do you accept the above statement?*

yes no

CONTINUE TO STEP 11 OF 16 

STEP 11: Appeals Process – Criminal History Background Report



In the event an applicant FAILS the criminal history background screening check, the background-screening contractor will send, via the United States Postal Service (U.S.P.S.), a letter to the applicant stating that the screening check returned a FAILURE.

If an applicant passes the screening with less than a HIGH clearance, no letter is mailed. The applicant may appeal the Medium or Standard clearance level through the normal appeal process.

The applicant, or the applicant and employer, or the applicant and union local representative are welcome to assist in the appeals process. The Local Union, or employer shall then be afforded the right, if the applicant so chooses, to represent the applicant throughout the course of the appeal process.

The letter from the background-screening contractor gives contact information for the applicant to begin the appeals process within ten (10) business days upon receipt of a regular U.S.P.S. letter, and a letter as confirmed by certified mail/return receipt.

The applicant has the right to dispute directly with the background-screening contractor the accuracy or completeness of any information provided by it. Additionally, if required, you will be provided with the source of the information in dispute.

If the background-screening contractor has not heard from the applicant within one week, a second letter is mailed reminding him of his right to appeal.

When an appeal is heard, and a determination made to upgrade the clearance, the background-screening contractor will notify SWAC, who in turn will amend the clearance in their data server.

QUESTION: *Do you accept the above statement?*

yes no

CONTINUE TO STEP 12 OF 16 

STEP 12: Identity Document Selection



Please present your Social Security Card or Foreign National Identification to the SWAC Agent.

- Social Security Card - (original, unlaminated)
- Foreign National ID Card - (unexpired)

Any **one (1)** of the following original identification documents must be presented to the SWAC Agent prior to your application being approved.

- U.S. Passport or U.S. Passport Card - (Unexpired)
- U.S. Birth Certificate - (original or certified copy)
- Foreign Passport - Unexpired document that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)
- Alien Registration Receipt Card - (INS Form I-551, aka "Green Card")
- Certificate of U.S. Naturalization - (Form N-550 or N-570)
- Certificate of U.S. Citizenship - (Form N-560 or N-561)
- Unexpired Temporary Resident Card - (INS Form I-688)
- Unexpired Employment Authorization Card - (INS Form I-688A)
- Permanent Resident Card or Alien Registration Receipt Card
(NOTE: If your PRC expires before the term of your membership, (3 Years), your membership will be limited to the PRC Expiration Date) - Form I-551
- Employment Authorization Document (Card) that contains a photograph
(NOTE: If your EAD expires before the term of your membership, (3 Years), your membership will be limited to the EAD Expiration Date) - Form I-766
- Non-Immigrant Alien authorized for work with specific employer - In the case of a non-immigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien non-immigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form

AND, **any two (2)** of the following ORIGINAL forms of Government issued identification, **at least one (1) of which is from Column A**, MUST be presented to the SWAC Agent prior to your application being approved.

(IF TWO (2) ARE FROM COLUMN A THAN COLUMN B IS NOT REQUIRED)

Present One (1) from Column A
Column A (PHOTO ID)

- Passport - (Unexpired U.S. or Foreign)
- Driver's License or ID card issued by a state or outlying possession of the United States - (Document must contain a photograph or information such as name, date of birth, gender, height, eye color, and address)
- U.S. State Learner's Permit
- ID card issued by U.S. federal, state or local government agencies or entities - (Document must contain a photograph or information such as name, date of birth, gender, height, eye color, and address)
- Public Assistance Card
- U.S. Military ID Card or draft record
- Military Dependent's ID Card
- U.S. Coast Guard Merchant Mariner Card
- Driver's License issued by a Canadian government authority
- U.S. State or City Employee ID
- Customs Zone Access Card
- U.S. State Security Guard ID Card

Present One (1) from Column B
Column B (NON-PHOTO ID)

- Non-Immigrant Visa/I-94
(NOTE: If your Visa expires before the term of your membership, (3 Years), your membership will be limited to the Visa Expiration Date) - In the case of a non-immigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien non-immigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
- ESTA Authorization Document
(NOTE: By choosing this document your SWAC Membership will be limited to the ESTA "Date of Entry" plus 90 days and you will not receive a SWAC card.) - ESTA enables foreign nationals to enter the U.S. on a temporary basis (less than 90 days) for business purposes.
- Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
- Vehicle Registration (in your name) - (in your name)
- U.S. Citizen Identification Card (Form I-197) or U.S. Certificate of Citizenship (Form N-560)
- Native American Tribal Document
- Marriage Certificate
- Baptismal Certificate
- Union Labor ID Card
- Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
- Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
- Identification Card for Use by Resident Citizen in the United States (Form I-179)
- WTC Site Only: PATH Roadway Worker Protection Card - (if applicable)

STEP 13: SWAC Membership ID Card Delivery Options

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SPECIAL EXEMPTION FOR LIMITED ACCESS TO CONFIDENTIAL INFORMATION ONLY.

I am eligible for a special exemption for limited access to Confidential Information only (e.g. project bid documents). This exemption entitles me to bypass the ID card issuance process. I understand that this will severely limit my SWAC membership rights.

Under this exemption I will not be able to access sensitive facilities that require program participation, and will only be able to receive Confidential Information.

**** Select this exemption ONLY if you were instructed to enroll for the sole purpose of receiving bid documents.**

I hereby certify that I am eligible for this special Confidential Information exemption.

Please select the location of where you want your SWAC Membership ID sent:

George Washington Bridge

GWB - SWAC
Port Authority Admin. Building,
Main Lobby
220 Bruce Reynolds Boulevard
Bridge Plaza South
Fort Lee, NJ 07024 USA

Hours of Operation:
Tuesdays 6:00AM to 12:00PM

John F. Kennedy International Airport

JFK - SWAC
130th Place & W. Hanger Road,
Bldg. 208
(Located inside Tutor Perini
Office Trailer)
Jamaica, NY 11430 USA

Hours of Operation:
Fridays 6:00AM to 12:00PM

Newark Airport

EWR - SWAC
70 Brewster Road
Building #70 Lobby
Newark, NJ 07114 USA

Hours of Operation:
Mondays & Thursdays 7:30AM
to 3:30PM

Bayonne Bridge

BB - SWAC
248 John St.
(Located inside Office Trailer in
front of Admin. Bldg.)
Staten Island, NY 10302 USA

Hours of Operation:
Tuesdays 7:30AM to 3:30PM

Port Authority Bus Terminal

PABT - SWAC
625 8th Ave. (42nd St. Entrance)
North Wing, 2nd Floor (Located
inside WDF, Inc. Office)
New York, NY 10018 USA

Hours of Operation:
Tuesday & Friday 6:30 AM -
12:30 PM

La Guardia Airport

LGA - SWAC
Hanger #7S
2nd Floor
Flushing, NY 11372 USA

Hours of Operation:
Wednesdays 6:00AM to
12:00PM

World Trade Center Complex

WTC - SWAC
116 Nassau Street
New York, NY 10006 USA

Hours of Operation:
Monday through Friday
6:00AM to 5:00PM

CONTINUE TO STEP 14 OF 16 

STEP 14: SWAC Membership Acceptance Form



I, the undersigned do hereby accept membership in Secure Worker Access Consortium (SWAC) in accordance with the terms and condition herein. In addition, I give my continuing consent—while authorized a valid unexpired secure access control credential—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria for a secure access control credential.

I understand that I am responsible for maintaining possession of my SWAC Membership ID Card and in the event this card is lost or stolen, it is my responsibility to notify SWAC. Further, if I wish to be reissued a replacement SWAC Membership ID Card, I agree to pay a processing and service fee of \$60 per replacement card issued.

I understand that this Membership Acceptance Form shall remain in effect for the duration that I am in possession of a secure access control credential. I also understand that my application for a valid unexpired secure access control credential may be terminated, and /or my secure access control credential may be revoked based on any false or fraudulent information, or criminal report which suggests that I may pose a threat to the general public or high-risk areas of facilities.

I willingly and intentionally reaffirm my acceptance of the following documents as part of the application and membership process:

- Individual Membership Application
- Background Screening Consent Form
- A Summary of Your Rights, Criminal History Background Report
- Criminal History Background Report Appeals Process
- Required Identification Documents

- Membership Acceptance Form

I certify that the following is my true and complete legal name, and that all information contained within the above referenced documents is true and correct to the best of my knowledge.

Upon completion and submittal of this application form, I acknowledge and accept that SWAC does not provide refunds under any circumstances.

Full Name of Applicant:

Date:

Social Security Number:

Date of Birth:

QUESTION: *Do you accept the above statement?*

yes no

CONTINUE TO STEP 15 OF 16 

STEP 15: Summary of Application and Screening Fees



ATTENTION: This application is not complete until the "FINAL SUBMISSION" link is clicked.

The following membership, application and background screening fees will apply. Please proceed to the next page to enter your payment information.

Membership and Application Fees	Amount (U.S. \$)
SWAC Membership Application:	\$256.88
SWAC Application Handling Fee	\$15.00
Membership and Application Fees Subtotal	\$ 271.88
<hr/>	
SWAC Account Deposit	Amount (U.S. \$)
Deposit - PIV & Criminal Background Check (US)	\$236.33
<p>** NOTE: The above Background Screening and Certification Fee Deposit was derived by using the address history provided in this application. The actual fees will be determined by background screening company & invoiced at a later date.</p>	
SWAC Account Deposit Subtotal	\$ 236.33
<hr/>	
Current Invoice Total	\$ 508.21

CONTINUE TO STEP 16 OF 16 

STEP 16: Payment Information



The total required payment at this time is: **\$508.21**

Please enter application payment information (exactly as it appears on your credit card):

Cardholder First Name:

Cardholder Last Name:

Please enter billing address information (billing address for credit card statements):

Address Line 1:

Address Line 2:

Country:

City:

State:

Zip:

Please enter transaction information:

Amount (US\$): \$508.21

Credit Card Type:

Card Number:

Expiration Date: /

Security Code (CCV):

-- Continued --



Application Wizard

For customer service, call:
1-212-608-0855

MADE IN THE USA

STEP 16: Payment Information



Payment receipt information:

Email:

I hereby certify that I am authorized to post charges against the above referenced banking account. It is my willful intent to charge the amount stated, plus, when available, applicable background screening charges, to this account. **I acknowledge and accept that SWAC does not provide refunds under any circumstances.**

I agree. I do not agree.

FINAL SUBMISSION

