



# **MOHAVE COUNTY AIRPORT AUTHORITY, INC LAUGHLIN/BULLHEAD INTERNATIONAL AIRPORT**

## **AIRPORT ID BADGE APPLICATION PROCESS**

- Step 1 Make copies of the Required Identification Documents**  
A list of the acceptable documents is attached  
Example: US Passport OR  
Driver's License AND Social Security Card
- Step 2 Fill out Photo Identification Application**
- Page 1 / Section 1: Applicant fill out Clearly and Completely  
Applicant sign and date
  - Page 1 / Section 2: Supervisor fill out Clearly and Completely  
Supervisor sign and date
  - Page 1 / Section 3: Leave blank
  - Remaining Pages: Answer questions and sign where indicated
- Step 3 Get fingerprints, if applicable**
- Step 4 Turn into MCAA Administrative Office:**  
ID Copies  
Fully Completed and Signed Application  
Fingerprints, if applicable

**In approximately 10 to 14 days, the Security Coordinator will call you.  
He will give you a date and time to come in and complete the badging process.**

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



LAUGHLIN/BULLHEAD INTERNATIONAL AIRPORT  
MOHAVE COUNTY AIRPORT AUTHORITY, INC

PHOTO IDENTIFICATION APPLICATION

**SECTION 1** APPLICANT INFORMATION

NAME \_\_\_\_\_ SS NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DL # \_\_\_\_\_ STATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT \_\_\_\_\_ POUNDS

SEX  MALE  FEMALE EYES \_\_\_\_\_ HAIR \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 2** TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

Reason Photo ID Required \_\_\_\_\_ Business Phone \_\_\_\_\_

Type of badge requested  AOA/GA  Public Area  SIDA/Secure Area

Does the Individual need Driver Access?  YES  NO

I certify that the above named individual has met all requirements to obtain a Photo ID Badge.

\_\_\_\_\_  
Supervisor's Signature Title Date

**SECTION 3** AIRPORT OPERATIONS OFFICE USE ONLY

Identification  Passport  DL & SS Card

Fingerprints  Matched \_\_\_\_\_ Date sent in  N/A

Entered into STA  Passed STA

Appointment set to get badge  
Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ Date SIDA training complete \_\_\_\_\_ N/A

\_\_\_\_\_ Date driver training complete \_\_\_\_\_ N/A

Type of Issue
<input type="checkbox"/> Initial
<input type="checkbox"/> Renewal
<input type="checkbox"/> Replacement (if lost, \$200 cash)

Billing
<input type="checkbox"/> Prepaid
<input type="checkbox"/> Sent to A/R
<input type="checkbox"/> N/A

## SOCIAL SECURITY NUMBER VERIFICATION

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-19) / Aviation Worker Program  
601 South 12<sup>th</sup> Street, Arlington, VA 22202

"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."

Signature: \_\_\_\_\_

Full Name Printed: \_\_\_\_\_

(Last name, First name, Middle name)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Attachment A**

NOTE: This Privacy Act Notice should *not* be marked as sensitive Security Information when issued to an individual.

**Privacy Act Notice**

**Authority:** 49 U.S.C. §114, **44936** authorizes the collection of this information.

**Purpose:** The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. 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.

**Routine Uses:** This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

**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 identification media.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

**Appendix #23 – Photo Identification Application-**

**PART II: IFP PHOTO BADGE APPLICATION  
CONVICTION INFORMATION**

EMPLOYEE'S FULL NAME: \_\_\_\_\_

List of all aliases and nicknames used presently or in the past:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are subject to an employment history verification for the past ten (10) years and FBI criminal history check. Within the past ten (10) years, have you been convicted or found not guilty by reason of insanity involving any of the following offenses?

	YES	NO
1. Forgery of certificates, false making of aircraft, and other aircraft registration violations;	_____	_____
2. Interference with air navigation;	_____	_____
3. Improper transportation of hazardous material;	_____	_____
4. Aircraft piracy;	_____	_____
5. Interference with flight crew members or flight attendants;	_____	_____
6. Commission of certain crimes aboard aircraft in flight;	_____	_____
7. Carrying a weapon or explosive aboard an aircraft;	_____	_____
8. Conveying false information and threats;	_____	_____
9. Aircraft piracy outside the special aircraft jurisdiction of the United States;	_____	_____
10. Lighting violations involving transporting controlled substances;	_____	_____
11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements;	_____	_____

SENSITIVE SECURITY INFORMATION

**Appendix #23 – Photo Identification Application-**

	YES	NO
12. Destruction of an aircraft or aircraft facility;	_____	_____
13. Murder;	_____	_____
14. Assault with intent to murder;	_____	_____
15. Espionage	_____	_____
16. Sedition;	_____	_____
17. Kidnapping or hostage taking;	_____	_____
18. Treason;	_____	_____
19. Rape or Aggravated Sexual Assault	_____	_____
20. Unlawful possession, use, sale, distribution or Manufacture of an explosive or weapon	_____	_____
21. Extortion;	_____	_____
22. Armed robbery;	_____	_____
23. Distribution or intent to distribute, a controlled substance	_____	_____
24. Felony arson	_____	_____
25. Felony involving a threat	_____	_____
26. Felony involving		
a. Willful destruction of property	_____	_____
b. Importation or manufacture of a controlled substance	_____	_____
c. Burglary	_____	_____
d. Theft	_____	_____
e. Dishonesty, fraud, or misrepresentation	_____	_____
f. Possession or distribution of stolen property	_____	_____
g. Aggravated assault	_____	_____
h. Bribery	_____	_____
i. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.	_____	_____
27. Violence at international airports	_____	_____
28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.	_____	_____

*Appendix #23 – Photo Identification Application-***EMPLOYMENT ACKNOWLEDGMENT  
(Must accompany IFP Photo ID Badge Application)**

I understand that if I am convicted of any of the below listed crimes, I am to notify the Mohave County Airport Authority immediately and surrender my IFP Badge within twenty-four (24) hours.

1. Forgery of certificates, false making of aircraft, and other aircraft registration violations;
2. Interference with air navigation;
3. Improper transportation of a hazardous material;
4. Aircraft piracy;
5. Interference with flight crew members or flight attendees;
6. Commission of certain crimes aboard aircraft in flight;
7. Carrying a weapon or explosive aboard an aircraft;
8. Conveying false information and threats;
9. Aircraft piracy outside the special aircraft jurisdiction of the United States;
10. Lighting violations involving transporting controlled substances;
11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements;
12. Destruction of an aircraft or aircraft facility;
13. Murder
14. Assault with intent to murder;
15. Espionage;
16. Sedition;
17. Kidnapping or hostage taking;
18. Treason;
19. Rape or aggravated sexual abuse;
20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon;
21. Extortion;
22. Armed robbery;
23. Distribution of, or intent to distribute, a controlled substance;
24. Felony arson
25. Felony involving a threat
26. Felony involving—
  - a. Willful destruction of property
  - b. Importation or manufacture of a controlled substance
  - c. Burglary
  - d. Theft
  - e. Dishonesty, fraud, or misrepresentation
  - f. Possession or distribution of stolen property
  - g. Aggravated assault
  - h. Bribery
  - i. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
27. Violence at international airports
28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_



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 can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code).

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Applicant Signature

Date: \_\_\_\_\_

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Please print name