

**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 Information

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: Yes or No U.S. Passport Number: _____ Naturalization # _____ (if applicable)							
U.S. Resident: () Alien Resident Number: _____ Expiration Date: ____/____/____							
Non-Immigrant Authorized to Work: () Employment Authorization #: _____							
Authorized to Work Until: _____ Type of Visa: _____ Visa #: _____							
US Citizens Born Abroad: () DS-1350 () FS-545 () Certification # _____ (if applicable)							
CUSTOMS AND BORDER PROTECTION ONLY							
INS Inspector Approval Signature:		Approval Date: ____/____/____		Comments: _____			

****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 _____			
				Money Order _____			Billed _____			
				Check # _____			No Charge _____			
				Charge _____			Replacement _____			
Reason for GU:				MIA # _____			Damage _____			
Approved By:				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:				

Employee Name:

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 <input type="checkbox"/>	No <input type="checkbox"/>	Forgery of certificates, false marking of aircraft, and other aircraft registration violations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aircraft piracy
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Interference with air navigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Murder
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Improper transportation of a hazardous material	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Assault with intent to murder
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving violence at International Airports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Espionage
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Interference with flight crew members or flight attendants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sedition
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Commission of certain crimes aboard aircraft in flight	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kidnapping or hostage taking
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Carrying a weapon or explosive aboard an aircraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Treason
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Conveying false information and threats	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rape or aggravated sexual abuse
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Extortion
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lighting violations involving transporting controlled substances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony arson
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distribution of or intent to distribute a controlled substance
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Destruction of an aircraft or aircraft facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Armed or felony unarmed robbery
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aircraft piracy outside the special aircraft jurisdiction of the United States	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving dishonesty, fraud, or misrepresentation
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving possession or distribution of stolen property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving a threat
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving willful destruction of property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving aggravated assault
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving importation or manufacture of a controlled substance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving bribery
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving burglary	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving theft
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Felony involving the illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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: Under title 49 United States Code (U.S.C.) Part §§114.44936 authorizes the collection of this information. 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. 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. 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.

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 1542-04-08 series.

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. 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 ID 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 & Safety ID 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 ID Section at the end of employment or upon receiving notification that your MDAD ID Badge is being revoked. The MDAD ID 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 my Supervisor or MDAD 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-19)/Aviation Worker Program, 601 South 12th 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.

Applicant's Name _____ Social Security _____ Date of Birth _____
(PRINT)

Applicant's Signature _____ Date _____

Employee Name: _____

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

Check all of the following that apply:

☐ New Applicant ☐ Renewal ☐ 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 ☐ Yellow
(Contractor) (Anti-pass back)

Special Certifications:

☐ CBP Seal ☐ Extended Ajar
(Letter Required) ☐ Escort Authority

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 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 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 ID 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 ID 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 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 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: (_____) _____ Fax Number: (_____) _____

Authorized Representative: _____ Title: _____

Authorized Representative's Signature: _____ Date: _____