



- Airport Tenants – 1542
- Federal & Government
- Airlines 1544
- Non – Sida
- Renewal

**LUIS MUÑOZ MARÍN INTERNATIONAL AIRPORT  
SECURITY OFFICE  
ID BADGE APPLICATION**

ID # \_\_\_\_\_

COMPANY (TENANT) NAME: \_\_\_\_\_

ID CARD E/T # \_\_\_\_\_

PRINT COMPANY (TENANT) REP.: \_\_\_\_\_

FINGER PRINTS E/T # \_\_\_\_\_

By my signature, and authorized by the above employer (tenant) to execute (sign) this application. I hereby certify that based upon this company's verification of the information contained within this application, the information presented has been determined to be true and accurate. As its representative, I certify that above employer (tenant) has obtained, and will maintain, five year employment verification on file for the above applicant. I certify that the above employer (tenant) will provide information to officials of the Transportation Security Administration (TSA) or Puerto Rico Ports Authority (PRPA) upon request to include applicable records of those employees who are terminated or whose access is no longer required (49 CFR Reg. 1542.209(L)2, 1544.229(L)2).

By my signature, I certify that this applicant has undergone five-year employment history verification and is hereby approved to have an ID Badge with unescorted access in the secured areas of the LUIS MUÑOZ MARÍN INTERNATIONAL AIRPORT.

The above employer (tenant) agrees that should PRPA be fined by TSA for any security violation resulting from negligence by this employer (tenant) associated with this certification; the PRPA will place responsibility on this employer (tenant) for reimbursement or direct payment to PRPA for any fine levied for each violation.

COMPANY (TENANT) REPRESENTATIVE: \_\_\_\_\_

Signature

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DATE YEAR

**EMPLOYEE APPLICATION**

**JOB POSITION:** \_\_\_\_\_

**(NONE U.S. BORN EMPLOYEES)**

Last Name		First Name		Place of Birth (Country)	
Middle Name		Alias/Nickname (1)	Alias/Nickname (2)	Citizenship	I-94 Arrival/Departure Form Number
Social Security #		Hair Color	Eye Color	Non-Immigrant Visa Number	None U.S. Passport Number
Height FT IN	Weight	Date of Birth (MM/DD/YYYY)		Alien Registration Number	Certificate of Naturalization Number
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>				Certification of Birth Abroad or Form DS-1350	

**HOME ADDRESS:**

**MAILING ADDRESS**

Street		Apartment		P.O. Box	
City		State		City	State
Zip Code		Zip Code			
Home Phone (Day Time) (787)		Work Phone (787) -			

TYPE OF IDENTIFICATION PROVIDED (Must have two)		OTHER (U.S. Passport) Photo <input type="checkbox"/>	
DRIVER LICENSE: Photo <input type="checkbox"/>		OTHER Photo <input type="checkbox"/>	
Exp. Date ____ / ____ / ____			

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). I agree to comply with all the rules and regulations established at the LUIS MUÑOZ MARIN INTERNATIONAL AIRPORT.

Failure to do so may result in the revocation to my ID Badge and my authorized access at the airport. I will return the Airport ID Badge issued to me upon request or termination

SIGNATURE OF APPLICANT/REQUESTER: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

**PRPA Representative Approval**

_____	DATE: _____ / _____ / _____
Print Name	Month Date Year
_____	<b>SON # 465 (SJU)</b> <b>Airport Category "X"</b>
Signature	

**IDENTIFICATION MEDIA FOR WHICH APPLICATION BEING MADE:**

**SIDA**

- 1. ( ) **ORANGE GOLD/WHITE**  
(PRPA ONLY)
- 2. ( ) **DARK GRAY/WHITE**  
(CARGO AREA)
- 3. ( ) **DARK BLUE/WHITE**  
(FED/GOV/AGENCIES)
- 4. ( ) **LIGHT IVORY/WHITE**  
(TENANTS ONLY)
- 5. ( ) **WAREHOUSE/WHITE**  
(TENANTS ONLY)

**STERILE AREA**

- 1. ( ) **RED/WHITE**  
(CHECKPOINT ONLY)

**NON-SIDA**

- 1. ( ) **LIGHT BLUE/WHITE**  
(PUBLIC AREA)
- 2. ( ) **LIGHT YELLOW/WHITE**  
(BAGGAGE CLAIM AREA)

**OTHER AIRPORT** YES \_\_\_ NO \_\_\_

**DISASTER AREA PRIVILEGE**

YES \_\_\_ NO \_\_\_

**ARMED PRIVILEGE**

YES \_\_\_ NO \_\_\_

**UNIVERSAL PRIVILEGE**

YES \_\_\_ NO \_\_\_

**RAMP PRIVILEGE**

YES \_\_\_ NO \_\_\_

**ESCORT PRIVILEGE**

**NEED LETTER (WHY)**

**PSE** \_\_\_ **BQN** \_\_\_ **VQS** \_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIDA TRAINING DATE M/D/Y

\_\_\_\_\_  
SIDA TRAINER

I \_\_\_\_\_ **CERTIFY THAT I HAVE READ, UNDERSTAND AND**  
Print Name

**AGREE TO THE FOLLOWING INFORMATION:**

- 1. I AGREE TO ABIDE BY THE RULES AND REGULATIONS ESTABLISHED UNDER 49 CFR PARTS 1520, 1540, 1542, 1544 AND 1546.
- 2. AN ID BADGE CAN ONLY BE USED BY THE PERSON TO WHOM IT IS ISSUED.
- 3. EMPLOYEES WHO HAVE BEEN PREVIOUSLY ISSUED AN ID BADGE FOR SIDA ACCESS AND WHO ARE NOT IN POSSESSION OF THAT ID WILL NOT BE ESCORTED INTO THE SIDA AREA WITHOUT FURTHER PROCESSING BY THE ID SECTION OF PRPA.
- 4. EVERY PERSON WHO HAS BEEN ISSUED AN AIRPORT ID BADGE HAS THE INDIVIDUAL AND PERSONAL RESPONSIBILITY FOR CHALLENGE ANY INDIVIDUAL IN THE SIDA AREA WHO IS NOT DISPLAYING AN AIRPORT APPROVED ID OR WHOSE ID DOES NOT MATCH THE BADGE HOLDER.
- 5. LOST OR STOLEN ID BADGES WILL BE IMMEDIATELY REPORTED TO THE PRPA SECURITY OFFICE.
- 6. ALL APPLICANTS WILL BE SUBJECT TO AN FBI CRIMINAL HISTORY RECORDS CHECK. IF A CRIMINAL HISTORY RECORDS CHECK DISCLOSES A DISQUALIFYING CRIMINAL OFFENSE, UNESCORTED ACCESS PRIVILEGES WILL BE DENIED.
- 7. A COPY OF MY CRIMINAL HISTORY RECORD CHECK WILL BE PROVIDED TO ME IF I MAKE A WRITTEN REQUEST FOR IT.
- 8. IF I HAVE ANY QUESTIONS ABOUT THE RESULTS OF MY CRIMINAL HISTORY RECORD CHECK, I SHOULD DIRECT THEM TO THE AIRPORT SECURITY COORDINATOR.
- 9. A WRITTEN RECORD OF ANY INVESTIGATION CONDUCTED WILL BE MAINTAINED BY THE EMPLOYER FOR 180 DAYS AFTER TERMINATION OF THE INDIVIDUAL'S UNESCORTED ACCESS PRIVILEGES.
- 10. THE REGULATIONS REQUIRE THAT AN INDIVIDUAL HAS THE RIGHT TO CHALLENGE THE ACCURACY OF HIS/HER CRIMINAL HISTORY RECORD. THIS RULE REQUIRES THAT THE INDIVIDUAL MUST NOTIFY THE AIRPORT OPERATOR (PRPA) OR ITS DESIGNEE WITHIN 30 DAYS OF RECEIPT OF HIS/HER INTENT TO CORRECT ANY INFORMATION BELIEVED TO BE INACCURATE.
- 11. ALL APPLICATIONS MUST LIST **ANY** DISQUALIFYING CRIMINAL OFFENSES OCCURRING IN THE PAST TEN YEARS.
- 12. A LIST OF THE DISQUALIFYING CRIMINAL OFFENSES FOLLOWS.

I, \_\_\_\_\_, HEREBY AUTHORIZE PRPA SECURITY OFFICE TO CONDUCT A  
(PRINT NAME)  
CRIMINAL HISTORY RECORD CHECK FOR THE PAST 10 YEARS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE