



Daniel K. Inouye International Airport  
NEW BADGE APPLICATION



Choose PIN (No 0)

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<b>BADGE TYPE</b>						
<input type="checkbox"/> SIDA (Security Identification Display Area) <input type="checkbox"/> STERILE <input type="checkbox"/> AOA (General Aviation) <input type="checkbox"/> PUBLIC: Greeter <input type="checkbox"/> Porter <input type="checkbox"/> Baggage						
<b>SECTION 1: APPLICANT INFORMATION</b>			<b>Handwritten and incomplete forms will be rejected. All fields are required. Enter N/A for fields that are not applicable.</b>			
<b>FULL LEGAL NAME</b> (As stated on government issued identification)						
LAST NAME		FIRST NAME		MIDDLE NAME		
<b>ALIASES</b> (Include all previous names, married, maiden)						
ALIAS 1 (Last Name, First, Middle)			ALIAS 2 (Last Name, First, Middle)			
SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/yyyy)	RACE/ETHNICITY (For fingerprint purposes)			
			<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other			
GENDER	HEIGHT (ft./in.)	WEIGHT (lbs.)		EYE COLOR	HAIR COLOR	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other						
PLACE OF BIRTH (STATE)		PLACE OF BIRTH (COUNTRY)		COUNTRY OF CITIZENSHIP		
MAILING ADDRESS			APT #	CITY	STATE      ZIP CODE	
MOBILE PHONE NUMBER:			PERSONAL E-MAIL ADDRESS			
WORK PHONE NUMBER			WORK E-MAIL ADDRESS			
<b>APPLICANT SIGNATURE:</b>			<b>DATE:</b>			
<b>COMPANY NAME</b>						
DEPARTMENT:			TITLE:			
COMPANY MAILING ADDRESS:			PHONE NUMBER:			
<b>FOR PASS AND ID OFFICE USE ONLY</b>						
<input type="checkbox"/> Signatory		<input type="checkbox"/> Escort		<input type="checkbox"/> Temp NHB		
<input type="checkbox"/> Keys		<input type="checkbox"/> CBP Seal				
<b>BADGE INFORMATION</b>						
Visible ID: _____		Issue Date: _____		STA: _____ <input type="checkbox"/> Green <input type="checkbox"/> Red		
Badge #: _____		Expiration Date: _____		CHRC: _____ <input type="checkbox"/> Q <input type="checkbox"/> DQ		



**SECTION 3: PRIVACY ACT NOTICE****MUST be read by applicant**

**Authority:** 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, (November 22, 1943), as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

**Disclosure:** Pursuant to § 1934© of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applicants for Secure Identification Display Area credentials. For SIDA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

**SECTION 5: SOCIAL SECURITY RELEASE****This section MUST be completed by the applicant**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation Program (TSA-10)/Aviation Workers Program, 601 South 12<sup>th</sup> Street, Arlington, VA 20598.

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 SIGNATURE

APPLICANT'S FULL LEGAL NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

**SECTION 4: APPLICANT'S SECURITY RESPONSIBILITIES****MUST be completed by applicant after badge training.****As a Daniel K. Inouye International Airport (HNL) ID Media (badge) holder, I acknowledge and hereby agree to the following:**

1. The badge issued to me is the property of HNL. I will surrender the badge upon request by Airport Operations personnel, Airport Security and/or Airport Police services or when no longer needed. Failure to do so may result in criminal charges against me.
2. The badge must be returned immediately to the Pass & ID Office or my employer if any of the following occurs: leave (vacation, sick, or other) of 30 calendar days or more, employment suspension, separation from company, resignation, termination for any reason, transfer, lay off, furlough, conviction of a disqualifying felony, badge suspension, badge disabled, badge expired and/or badge confiscated, or for any other reason that the badge is no longer needed
3. The badge is a security item. I am responsible for immediately notifying the Pass & ID Office, my supervisor, and/or the company's Authorized Signatory if my badge is lost or stolen.
4. The badge is for Official Business Use Only. I will use my badge for work related purposes only. I will not access or attempt to access any areas of the airport without a valid OPERATIONAL NEED.
5. Access privileges and badge usage are limited to my work hours. I will not use the badge for non-work-related reasons.
6. At no time will I utilize my badge to bypass security screening to board an aircraft as a passenger or when not on official business.
7. I will not allow unauthorized access through a controlled access door or gate (piggybacking).
8. If I am employed by more than one company (which includes Tenants, Lessees, Private Plane Owners, Permittees, Agencies, and/or organizations at HNL) at the airport, I will only use my badge to access the areas consistent with the job functions I am performing at the time I am on Airport property.
9. I will not tamper with, deface, mutilate, alter, loan, or reproduce my badge in any manner. If my badge is faded, I will return to the Pass & ID Office for a new one.
10. I will always keep my badge and PIN number secured. I will NOT use or allow others to use any airport issued badge or key that authorizes the access into the AOA, Sterile, SIDA, and/or secured areas.
11. I will always display my badge on the front of my outermost garment, at the waist or above, in a manner that permits immediate visual detection while in the AOA, Sterile, SIDA, and/or Secured Areas.
12. I understand and agree to all fees associated with the badge.
13. I will not bring, carry or transport any items on the TSA Prohibited Item List on to Airport property without valid operational need or Airport authorization.
14. While in the security areas, I understand that I am subject to all applicable state, federal and airport rules and regulations pertaining to conduct and operating procedures and am subject to search and/or detention by Airport security and/or Airport Police personnel as required by prevailing security conditions.
15. I must comply with the challenge procedures as set forth by HNL. I will challenge and report any individual in the SIDA who is not displaying a badge.
16. I will swipe my badge and enter my PIN each time I enter/exit an access-controlled door or gate. I will remain at the door or gate until it has closed.
17. I must have an "E" on my badge to conduct an escort into the secured, SIDA, AOA and Sterile areas. I am fully responsible for the escorted individual(s) and their actions. I will ensure that escorted individuals properly display the Temporary Escort Required Badge. I will maintain positive control of the individual(s) under escort and be within a distance not to exceed ten (10) feet. I will remain in direct and unobstructed line of sight and within normal voice range of the persons under escort until they have exited the secured, SIDA, AOA and Sterile areas.
18. I will not obtain a Temporary Escort Required Badge to gain access to the SIDA, AOA, and/or Sterile areas when I am not in possession of my HNL issued badge or when my HNL issued badge has been deactivated.
19. I will not prop open any door leading to a restricted area without notification and authorization by Airport Operations personnel or the Airport Security Coordinator.
20. I will immediately report any security violation I witness to Airport Security, Airport Police, and/or Airport Operations personnel.
21. I will not give out confidential security information.
22. Use of my access badge in any manner or method which violates the airport, state and/or federal rules and regulations or the conditions prescribed in this agreement may result in one or more of the following: administrative action, arrest, fines, imprisonment, retraining, and/or revocation of all clearances into the security areas.

**Right of Rejection or Revocation:** The State of Hawaii, Department of Transportation, Airports Division reserves the right to withhold, deny or revoke any airport security clearance access to any individual or organization that fails to meet the prescribed access clearance criteria. It should be clearly understood that such denial or revocation is based solely on airport security considerations prescribed by law and does not in any way constitute a determination by the State with regards to private employment by an individual or organization.

**SCREENING NOTICE:** Any employee holding a credential granting access to any area of the airport (SIDA, Sterile, AOA) may be screened at any time while gaining access to, working in, or leaving the area (SIDA, Sterile, AOA). I understand and acknowledge that my refusal to comply with this consent search may result in my airport badge being confiscated and my Airport access being denied. By initialing here, I certify that I have read and understand this statement. Initials X \_\_\_\_\_

By signing below, I certify that the information 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 providing any false information on this application is a violation of federal and Airport regulations and may result in fines and/or imprisonment, and/or the permanent denial and/or revocation of all access medium privileges. I understand that if I violate aviation security requirements resulting in revocation of my badge, my name will be added to Centralized Revocation Database for a period of 5 years. I also acknowledge my security responsibilities under 49 CFR 1540.105(a).

APPLICANT'S SIGNATURE	DATE
<b>BADGE ISSUANCE AND RECEIPT</b>	<b>Signed upon issuance and receipt of badge</b>
Badge Received by: (Applicant's Signature and Date)	Badge Issued by: (TA's Initial and Date)

**SECTION 5: SIGNATORY AUTHORIZATION**      **MUST be completed by AUTHORIZED SIGNATORY.**

**APPLICANT'S FULL LEGAL NAME (Last, First, Middle)**

<b>BADGE TRANSACTION</b>			<b>Signatory Initial</b>	<b>Date</b>	<b>TA Initial</b>
<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>CBP</b>	<input type="checkbox"/> <b>New Hire Temporary Badge</b>			
<input type="checkbox"/> <b>Renew</b>	<input type="checkbox"/> <b>CBP</b>				

On behalf of the company (which includes Tenants, Lessees, Private Plane Owners, Permittees, Agencies, and/or organizations at HNL) for which I represent as the Authorized Signatory, I attest to the following:

1. The named applicant on this application is employed with the company I represent. As this applicant's sponsor, the company is responsible for the accountability of the badge. This applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).
2. A specific need exists for this applicant to obtain the requested ID Media badge, its access authority, and badge designations.
3. I have reviewed this application for accuracy and verified the applicant's employment eligibility.
4. I have reviewed the applicant's original documents which are the source of the information provided in Section 1 of this application. I attest that the documents provided appear genuine and are acceptable by the Pass and ID office. The information from those original documents was correctly entered in Section 1 of the application.
5. Ensure that Temporary Escort Required Badges are not provided to allow badged employees to gain access into the SIDA, AOA or Sterile areas when they are not in possession of their HNL issued badge or when their badge has been deactivated.

On behalf of the company, I acknowledge the following responsibilities as the Authorized Signatory:

1. Immediately notify Pass & ID Office or Airport Security Coordinator (during business hours) or the Airport Duty Manager and/or Airport Security Services (24/7) to deactivate the employee's badge if any of the following occurs: suspension, separation from company, resignation, termination for any reason, transfer, lay off, conviction of a disqualifying felony, or for any other reason that the badge is no longer needed or if there is any reasonable belief that the person may present a danger to the Airport, civil aviation, employees of the airport, the travelling public, and/or airport users.
2. Ensure that airport-issued ID Media, including expired badges, are returned to the HNL Pass & ID Office within **five** business days of notification to deactivate since the company, as the sponsor, is responsible for the accountability of the badge.
3. If this badge is not returned within **five** business days of notification to deactivate, my company, as sponsor, will pay applicable unrecoverable badge fees on time. I understand that my company's agreement, as sponsor, to be responsible for such charges and fees is a material condition to the Airport's issuance of the badge, and that without such an agreement from the sponsor, the Airport would not issue a badge to the applicant.
4. Ensure that no airport-issued ID Media are transferred to or used by any person other than to whom they were issued.
5. Understand that the company may be responsible for their employees' infractions and may be subject to fines and/or civil penalties.

**Fingerprinting & Criminal History Records Check (CHRC)**

- I request that the airport operator fingerprint the applicant for the purpose of the CHRC required under 49 CFR 1542.209 and agree to the fees associated with fingerprinting the applicant.
- I certify that an FBI CHRC will be conducted for the applicant in accordance with 49 CFR 1542.209. I will provide written certification of the required information to the HNL Pass & ID Office.
- I certify that the applicant is a federal, state, or local government employee who, as a condition of employment, was subjected to an employment investigation that included a criminal history records check in accordance with 49 CFR 1542.209 which disclosed no disqualifying offenses within the previous ten years.

<b>SIGNATORY INFORMATION</b>	
AUTHORIZED SIGNER (Print)	DATE: (Valid for 30 days after signed and dated)
AUTHORIZED SIGNER (Signature)	E-MAIL ADDRESS: