



Lanai Airport NEW BADGE APPLICATION



BADGE TYPE

STERILE AOA (General Aviation) PUBLIC: Greeter Porter Baggage

SECTION 1: APPLICANT INFORMATION

Handwritten applications will be rejected. Complete all applicable sections. Incomplete forms will be rejected.

FULL LEGAL NAME (As stated on government issued identification)

LAST NAME	FIRST NAME	MIDDLE NAME
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ALIASES (Include all previous names, married, maiden)

ALIAS 1 (Last Name, First, Middle)	ALIAS 2 (Last Name, First, Middle)
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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
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GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	HEIGHT (ft./in.)	WEIGHT (lbs.)	EYE COLOR	HAIR COLOR
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PLACE OF BIRTH (STATE)	PLACE OF BIRTH (COUNTRY)	COUNTRY OF CITIZENSHIP
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MAILING ADDRESS	APT #	CITY	STATE	ZIP CODE
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DAYTIME PHONE #	E-MAIL ADDRESS
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COMPANY NAME

FOR PASS AND ID OFFICE USE ONLY

FORMS OF IDENTIFICATION

List A: No. _____ Exp: _____	List B: No. _____ Exp: _____	List C: _____
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BADGE INFORMATION

Visible ID: _____	Notified: _____ Pulled: _____	STA: _____ <input type="checkbox"/> Green <input type="checkbox"/> Red
Badge #: _____	_____	CHRC: _____ <input type="checkbox"/> Q <input type="checkbox"/> DQ
Issued: _____	SIDA Training Date: _____ Deactivate: _____	Rap Back: _____
Exp: _____	_____	Rap Back Exp: _____

<input type="checkbox"/> Signatory	<input type="checkbox"/> Escort	<input type="checkbox"/> Temp NHB	<input type="checkbox"/> Key: ^{BC14}	<input type="checkbox"/> CBP1 <input type="checkbox"/> CBP2
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LOST BADGE (Report Date) Replacement Visible ID: _____	LOST BADGE (Report Date) Replacement Visible ID: _____	Airport Security Manager's Approval 3 rd LOST BADGE: _____
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SECTION 2: COMPANY INFORMATION SIGNATORY AUTHORIZATION		MUST be completed by AUTHORIZED SIGNATORY of the sponsoring company. Type or print legibly or application will be rejected	
APPLICANT'S FULL LEGAL NAME (Last, First, Middle)			
BADGE TRANSACTION		Signatory Initial	Date
<input type="checkbox"/> New	<input type="checkbox"/> New Hire Temporary Badge		
<input type="checkbox"/> Renew			
<p>I, as the Authorized Signatory, attest to the following:</p> <ol style="list-style-type: none"> 1. The named applicant on this application is employed with the company I represent. My company is this applicant's sponsor. 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 specific unescorted access authority and requested badge designations. 3. I have reviewed this application for accuracy and legibility and have verified the employment eligibility of the applicant. 4. I have reviewed the original documents which are the source of the information provided in Section 1 of this application and find that the documents appear genuine. The information from those original documents was correctly entered in Section 1 of the application. <p>On behalf of the company, I further acknowledge the following responsibilities as the Authorized Signatory:</p> <ol style="list-style-type: none"> 1. Immediately notify Pass & ID Office or Airport Security Coordinator (during business hours), 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 OGG Pass & ID Office or the LNY AOM III 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. 			
COMPANY / SIGNATORY INFORMATION			
COMPANY NAME		DEPARTMENT	
AUTHORIZED SIGNER (Print)		DATE: (Valid for 30 days after signed and dated)	
AUTHORIZED SIGNER (Signature)		E-MAIL ADDRESS:	
PROJECT DURATION / CONTRACT END DATE:		PHONE NUMBER:	
GENERAL CONTRACTOR / PROJECT NUMBER		Pass & ID Office Trusted Agent:	

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

SECTION 3: TSA CRIMINAL HISTORY QUESTIONNAIRE -49 CFR 1542.209

MUST be completed by the applicant

Have you ever been convicted (under Federal Law "deferred adjudication" or similar outcome is considered a conviction), entered a plea of *nolo contendere* or been found not guilty by reason of insanity, of any of the crimes listed below in the last 10 years? Please check the appropriate box next to each crime description.

List of Crimes	YES	NO	List of Crimes	YES	NO
Forgery of certificates, false marking of aircraft, and other aircraft registration violation (49 U.S.C. 46306)	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.	<input type="checkbox"/>	<input type="checkbox"/>
Interference with air navigation (49 U.S.C. 46308)	<input type="checkbox"/>	<input type="checkbox"/>	Extortion	<input type="checkbox"/>	<input type="checkbox"/>
Improper transportation of a hazardous material (49 U.S.C. 46312)	<input type="checkbox"/>	<input type="checkbox"/>	Armed or felony unarmed robbery	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft piracy (49 U.S.C. 46502)	<input type="checkbox"/>	<input type="checkbox"/>	Distribution of, or intent to distribute, a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>
Interference with flight crew members or flight attendants (49 U.S.C. 46504)	<input type="checkbox"/>	<input type="checkbox"/>	Felony arson	<input type="checkbox"/>	<input type="checkbox"/>
Commission of certain crimes aboard aircraft in flight (49 U.S.C. 46506)	<input type="checkbox"/>	<input type="checkbox"/>	Felony involving a threat	<input type="checkbox"/>	<input type="checkbox"/>
Carrying a weapon of explosive aboard aircraft (49 U.S.C. 46505)	<input type="checkbox"/>	<input type="checkbox"/>	Felony involving:	YES	NO
Conveying false information and threats (49 U.S.C. 46507)	<input type="checkbox"/>	<input type="checkbox"/>	• Willful destruction of property	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft piracy outside the special aircraft jurisdiction of the United States (49 U.S.C. 46502(b))	<input type="checkbox"/>	<input type="checkbox"/>	• Importation or manufacture of a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>
Lighting violations involving transporting controlled substances (49 U.S.C. 46315)	<input type="checkbox"/>	<input type="checkbox"/>	• Burglary	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful entry into an aircraft area that serves air carriers of foreign air carriers contrary to established security requirements (49 U.S.C. 46314)	<input type="checkbox"/>	<input type="checkbox"/>	• Theft	<input type="checkbox"/>	<input type="checkbox"/>
Destruction of an aircraft or aircraft facility (18 U.S.C. 32)	<input type="checkbox"/>	<input type="checkbox"/>	• Dishonesty, fraud or misrepresentation	<input type="checkbox"/>	<input type="checkbox"/>
Murder	<input type="checkbox"/>	<input type="checkbox"/>	• Possession or distribution of stolen property	<input type="checkbox"/>	<input type="checkbox"/>
Assault with intent to murder	<input type="checkbox"/>	<input type="checkbox"/>	• Aggravated Assault	<input type="checkbox"/>	<input type="checkbox"/>
Espionage	<input type="checkbox"/>	<input type="checkbox"/>	• Bribery; or	<input type="checkbox"/>	<input type="checkbox"/>
Sedition	<input type="checkbox"/>	<input type="checkbox"/>	• Illegal possession of controlled substance punishable by a maximum term of imprisonment of more than one (1) year	<input type="checkbox"/>	<input type="checkbox"/>
Kidnapping or hostage taking	<input type="checkbox"/>	<input type="checkbox"/>	Violence at international airports (18 U.S.C.37)	<input type="checkbox"/>	<input type="checkbox"/>
Treason	<input type="checkbox"/>	<input type="checkbox"/>	Conspiracy to attempt to commit any of the aforementioned criminal acts	<input type="checkbox"/>	<input type="checkbox"/>
Rape or aggravated sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Do you have pending or unresolved judicial (court) proceedings for any of the disqualifying crimes?

YES **NO** Any person applying for an ID media badge who is charged with a Disqualifying Crime and awaiting a final judicial disposition will be denied issuance until a final judicial disposition is made. If you have any outstanding warrants, your badge will not be issued until the warrant is handled (within 30 days)

Have you been released from prison within the last 12 months for any of the disqualifying crimes?

YES **NO** Persons with a conviction of a Disqualifying Crime shall be ineligible to apply for ID media badge for at least 12 months from the date of release from imprisonment for a Disqualifying Crime.

Have you been arrested and convicted of a non-disqualifying crime committed on Airport property?

YES **NO** The Airport Security Coordinator may deny issuance of an ID media Badge based on an applicant's conviction for a non-disqualifying if the offense occurred on Airport property and the offense interfered with or threatened the property, safety, comfort efficiency or security of passengers, employees, tenants or Airport operations. Maximum period of denial under this provision shall be (1) for a misdemeanor conviction, one year from the conviction date; (2) for a gross misdemeanor conviction, three years from conviction date; or (3) for a felony conviction, ten years from conviction date.

If the Criminal History Records Check reveals a conviction of one or more of the disqualifying crimes in the past 10 years, you will not be granted approval and you will be notified of your appeal rights at that time. In the event the TSA determines that you do not meet the Security Threat Assessment eligibility requirements, you will be contacted by the TSA and given the basis of the determination and information on how you may appeal the determination. If there is any discrepancy or incorrect information contained in your criminal history record, you have 30 days to notify the Airport Security Coordinator in writing of your intent to have the record corrected. You must then notify the Airport Security Coordinator when the record has been corrected so that a new investigation can be submitted. In order to correct your record, you must contact the law enforcement agency that provided the information.

APPLICANT CERTIFICATION

By signing below, I am certifying that the information provided above 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.)

NOTE: Federal regulations under 49 CFR 1542-209(l) imposes a continuing obligation for badge holders to notify the Airport Security Coordinator with 24 hours of any conviction of any disqualifying crime or any pending judicial proceedings. Badge must be surrendered upon demand.

APPLICANT SIGNATURE

DATE

SECTION 4: 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, §193(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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 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.

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(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will 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 authorized 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 12th 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

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

SECTION 6: APPLICANT'S SECURITY RESPONSIBILITIES

MUST be completed by applicant after badge training.

As an LNY badge holder, I acknowledge and hereby agree to the following:

1. The ID Badge(s) issued to me is the property of LNY. I will surrender the badge(s) upon request by Airport Operations personnel, Airport Security and/or Airport Police services.
2. The ID Badge(s) must be returned immediately to the Pass & ID Office or my employer if any of the following occurs: suspension, separation from company, conviction of a disqualifying felony, or for any other reason that the badge is no longer needed
3. The Airport ID Badge is a security item. I am responsible for immediately notifying the Pass & ID Office, my supervisor, and the company's Authorized Signatory if my badge is lost or stolen.
4. The ID 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 ID 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 at the airport, I will only use my ID 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 ID 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 ID Badge or key that authorizes the access into the secured areas, AOA, sterile, or SIDA.
11. I will always display my ID Badge on the front of my outermost garment, at the waist or above, in a manner that permits immediate visual detection while in the SIDA/Sterile/AOA/Secured Areas.
12. I understand and agree to the fees associated with the Airport ID Media.
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 the Airport security personnel as required by prevailing security conditions.
15. I must comply with the challenge procedures as set forth by LNY. I will challenge and report any individual in the SIDA who is not displaying an Airport ID Badge.
16. I will swipe my ID 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 ID Badge to conduct an escort into the SIDA, AOA and Sterile areas. I am fully responsible for the escorted individual(s) and their actions and will ensure those individual(s) properly display the Temporary Escort Required Badge. I will maintain positive control – be within voice range, within 10', and in direct, unobstructed line of sight – of the person(s) until they have exited the SIDA, AOA and Sterile areas.
18. I will not prop open any door leading to a restricted area unless it is authorized by Airport Operations personnel or Airport Security Coordinator.
19. I will immediately report any security violation I witness to the Airport Security Services, Airport Police, and/or Airport Operations personnel.
20. I will not give out confidential security information.
21. 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, monetary fine, 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_____

I, the undersigned, 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 can result in fines and/or imprisonment, and/or the permanent denial and/or revocation of all access medium privileges. I also acknowledge my security responsibilities under 49 CFR 1540.105(a).

APPLICANT'S SIGNATURE	DATE
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BADGE ISSUANCE AND RECEIPT **Signed upon issuance and receipt of badge**

Badge Received by: (Applicant's Signature and Date)	Badge Issued by: (TA's Initial and Date)
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