



New Renewal Replacement

3201 Cira Dr, Bloomington IL, 61704 Administration Office: (309) 663-7384

Revised: May 2023

Section I – Applicant/Employee Information

Applicant must fill out Section I and Section III

To be completed by the applicant/employee. You must bring in the completed Airport Identification Badge Application Form AND two (2) forms of unexpired Government issued identification (one to establish identity AND one to establish employment authorization) to the Airport Administration Office in the main passenger terminal.

Name (Last, First, Middle): _____

Other Legal Names/Aliases: (ex. maiden/previous married name) _____

Social Security Number: _____

Submission of SSN is mandatory for SIDA badge applicants, STA may be delayed/prevented for other applicants if not submitted.

Home Mailing Address:

Street _____

City _____ State _____ Zip _____

Email _____ Cell Phone _____

Hair Color Black Blonde Brown Red Gray White Bald Other _____

Eye Color Black Blue Brown Gray Green Hazel

Race/Ethnicity Asian Black Caucasian or Latino Native American Other _____

Gender Male Female Height ____ Ft. ____ In. Weight _____ lbs.

Date of Birth _____ Place of Birth (CITY, STATE, COUNTY) _____ Country of Citizenship _____

If you are born outside the United States, you must provide one of the following:

Alien Registration Number, Non Immigrant Visa, I94 Arrival/Departure number, _____

DS1350 Certificate of Birth Abroad, Naturalization number, or US Passport Document Number

Section II – Applicant/Employee Badge Type and Privileges

To be completed by Organization's Authorized Signatory

Company Name/Hangar _____ Phone _____

Street _____ City _____ State _____ Zip _____

The applicant requires access to the following security area:

SIDA STERILE AREA AOA TSA: Badge Number _____

Does the applicant require ESCORT PRIVILEGES? Yes No

Does the applicant need to drive in the Air Operations Area? Yes No (If Yes, List Driver's License Information Below)

Non-Movement Area (Air Carrier Ramp / Cargo Ramp / General Aviation Apron)

Movement Area (Aircraft Movement Areas)

Applicant Driver's License Number: _____ State: _____ Expiration Date: _____

As the Authorized Signatory for my organization, I certify that upon the Badge Holder's termination or loss of the ID Badge or key, it is my responsibility to notify the Airport Operations Department IMMEDIATELY at (309) 834-7396. My company/organization will reimburse the Bloomington-Normal Airport Authority for any TSA fines levied against the Airport which are caused by the failure of the applicant and/or this company to adhere to the Central Illinois Regional Airport Security Program. My signature is on file with the Bloomington-Normal Airport Authority Office and I am authorized to request Airport identification that allows unescorted access to secured areas, SIDA, AOA or Sterile Area of the airport on behalf of my company/organization. I have met all requirements for being granted unescorted access to areas of the airport in accordance with TSA regulations (CHRC, STA, training, badging). I certify the required access investigation and/or CHRC, in accordance with TSA regulations, has been satisfactorily completed when not completed by the airport. I request that the applicant be issued unescorted access identification.

Authorized Signatory Name (Print) _____ Signature _____

Date ____ / ____ / _____ Contact Number/Email _____

AIRPORT AUTHORITY USE ONLY

BADGE TYPE: SIDA STERILE AOA TSA

ESCORT PRIVILEGES: Yes No (verify authorization above)

DRIVING PRIVILEGES N/A NON-MOV MOV _____

DL Number _____

State _____ Expiration Date ____/____/____

STA Approval _____ ASC CHRC Approval _____

Initials

Initials

Badge ID Number _____ Badge Exp Date _____ Issued by: _____

I certify that the applicant has successfully completed security training in accordance with a TSA approved curriculum in the Central Illinois Regional Airport Security Program.

ASC/Trusted Agent Initials _____ Date ____/____/____

Identification Verification

- Driver's License _____
- State ID _____
- US Passport _____
- Foreign Passport _____
- Alien Registration _____
- Other _____

- Social Security Card _____
- Birth Certificate _____
- Certificate of Birth Abroad (Form FS-545 or DS-1350) _____
- Other _____
- TSA Badge Number: _____

Date: _____

By: _____

Section III – Disqualifying Criminal Offenses

To be completed by applicant/employee from Section I

By Signing where indicated below, I certify that I have reviewed the list of disqualifying criminal offenses listed below on this application, and I certify that I have not been convicted of, or found not guilty by reason of insanity, of any of the disqualifying criminal offenses listed below within the past ten (10) years. I acknowledge that Federal regulations under 49 CFR 1542.209 (I) impose a continuing obligation to disclose to the Airport within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. If I have any questions or would like to request a copy of my fingerprint results, I will contact the Airport Security Coordinator.

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| <ul style="list-style-type: none">(1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation(2) Interference with air navigation(3) Improper transportation of a 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 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. | <ul style="list-style-type: none">(20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.(21) Extortion.(22) Armed or felony unarmed robbery.(23) Distribution of, or intent to distribute, a controlled substance.(24) Felony arson.(25) Felony involving a threat.(26) Felony involving—<ul style="list-style-type: none">(i) Willful destruction of property;(ii) Importation or manufacture of a controlled substance;(iii) Burglary;(iv) Theft;(v) Dishonesty, fraud, or misrepresentation;(vi) Possession or distribution of stolen property;(vii) Aggravated assault;(viii) Bribery; or(ix) 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 aforementioned criminal acts |
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Date _____/_____/_____ Applicant/Employee Name (print) _____

Applicant/Employee Signature _____

Section IV – Responsibilities

To be completed by applicant/employee from Section I

I understand I am required to always display my Airport Identification badge during working hours and/or conducting business at the Airport. I understand it is an offense to use my badge to bypass security and board an aircraft. If I use my badge in such a way, my badge will be suspended or revoked and I could face criminal charges. My Airport Identification badge must be displayed on my outermost garment waist level or above, and I will present it when challenged by another airport employee. I understand I am responsible for challenging any individual who is not properly displaying an Airport Identification badge. I should immediately contact Airport Operations if I encounter any person who cannot produce a valid Airport Identification badge. In the event of a life threatening emergency call 911 first, then contact the Airport Operations Department at 309-834-7396. I understand it is an offense to lend, borrow, duplicate, or make alterations to any Airport Identification badge and these offenses are subject to revocation of restricted area access privileges and confiscation. I will notify the Airport Operations Department immediately if my airport badge is lost or stolen. I understand the Airport Identification badge (and key) is the property of the Airport Authority and I will surrender it to Airport Operations upon request. I agree to abide by Central Illinois Regional Airport ground vehicle operating regulations. I understand that I am subject to fines and revocation of driving and/or badging privileges for violating regulations enforced by the Central Illinois Regional Airport.

SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Date _____/_____/_____ Applicant/Employee Name (print) _____

Applicant/Employee Signature _____

Section V – Certification

To be completed by applicant/employee from Section I

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 or Title 18 of the United States Code).

“I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.” 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: _____

Date of Birth: _____

Social Security Number and Full Name: _____

Section VI– TSA Privacy Act Notice

To be completed by applicant/employee from Section I

PRIVACY ACT NOTICE

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 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. § 552a(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.

Date _____/_____/_____ Applicant/Employee Name (print) _____

Applicant/Employee Signature _____

Badge Receipt Acknowledgment (to be completed at time of badge issuance)

I received my Airport Identification on _____/_____/_____ Applicant/Employee Signature _____

CENTRAL ILLINOIS REGIONAL AIRPORT / AIRPORT SECURITY PROGRAM

Record of Training for Unescorted Access to the Air Operations Area (AOA) (All Badge

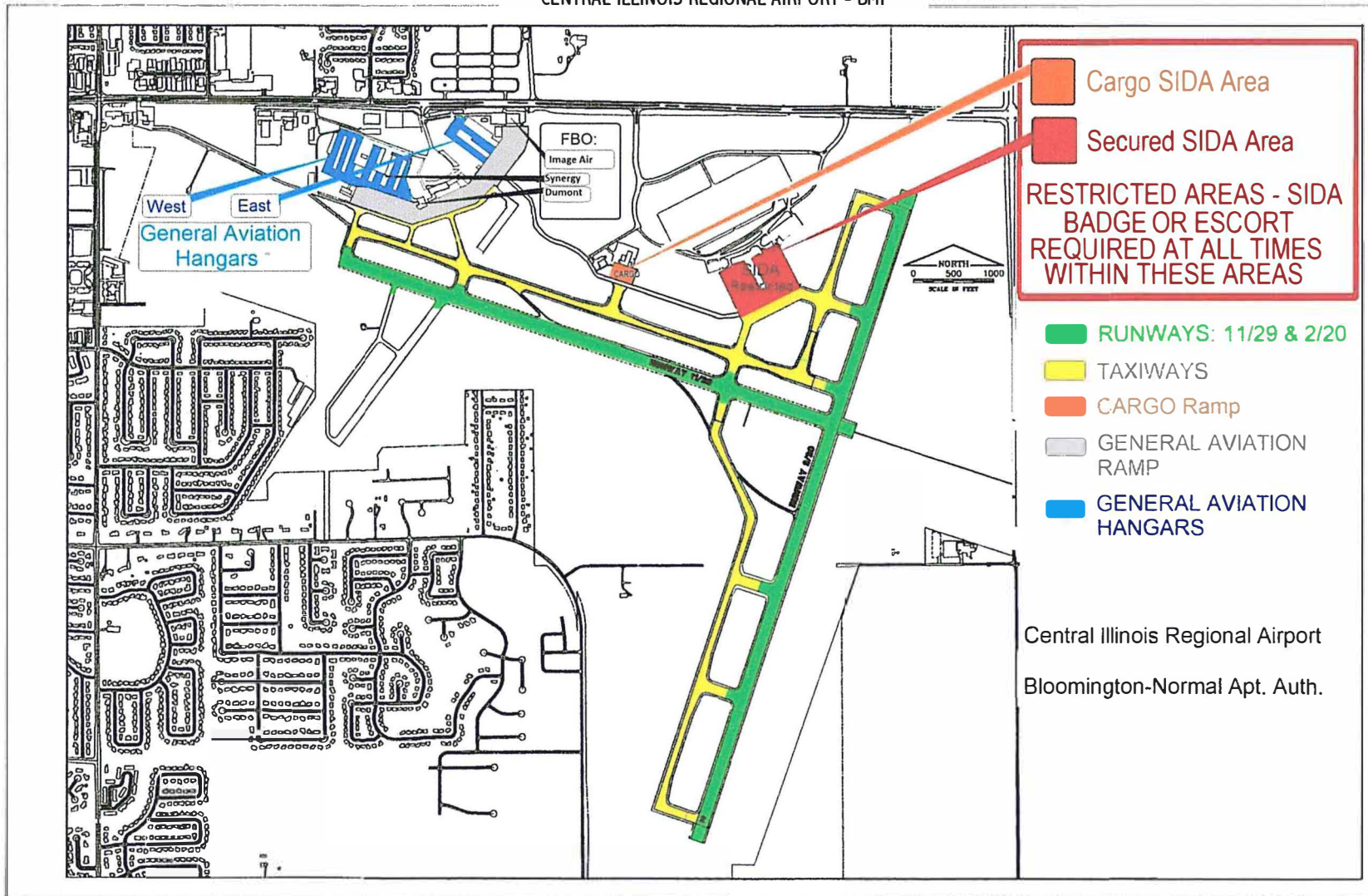
Holders Reference: 49 CFR 1520, 1540, 1542, 1544)

I understand that I am granted unescorted access to very specific areas of the Air Operations Area (AOA) and/or the Commercial Security Identification Display Area (SIDA) at the Central Illinois Regional Airport, necessary to my assigned duties and/or necessary to access my lease hold. This airport privilege is subject to all rules, regulations and ordinances of the Airport Authority, Transportation Security Administration and as referenced in the Airport's Security Plan. My signature below verify that I understand the limits of my access and my specific security responsibilities in accessing (1) Hangar # _____ or (2) Airline Name _____ or (3) Company Name _____.

- a) Access to the SIDA and/or AOA is strictly limited and granted ONLY for the purpose of performing my assigned duties and/or accessing my private lease hold. I WILL remain within my authorized area(s) at all times.
- b) I WILL properly display my airport-issued access medium at all times while within the Air Operations Area (AOA) which includes all the hangar sites or the Security Identification Display Area (SIDA).
- c) I WILL immediately challenge and report any individual I observe who appears to be in an unauthorized area of the airport property. I will report suspicious activity to Airport Operations at 309-834-7396, or to Bloomington law enforcement (911) or the Airport Security Coordinator/Assistant Security Coordinator at 309-663-7384.
- d) I WILL NOT tamper or interfere with, compromise, modify, attempt to circumvent or cause another to do the same to any security system, measure, procedure or airport security representatives.
- e) I WILL comply with all existing systems, measures, and procedures applied to control access to, and movement in, the Air Operations Area (AOA) and/or Security Identification Display Area (SIDA).
- f) When provided an airport-issued ID and/or access medium (e.g., key), I WILL use that ID and-or access medium ONLY in the manner for which it was issued. All media remain the property of the Airport Authority and will be surrendered upon request. Lost or stolen media will be reported immediately to Airport Operations at 309-309-7396.
- g) I WILL NOT record or reveal any information concerning security systems, methods and-or procedures employed or in place at the Central Illinois Regional Airport.
- h) I WILL NOT allow any unauthorized person(s) access to the AOA and/or SIDA. I am responsible to monitor/escort any individual I grant access onto the AOA/SIDA who has not been issued a valid access permit. **Every person having been issued an AOA/General Access Badge must swipe/acknowledge their badge prior to entering or exiting any aircraft hangar/storage area.** I WILL remain at any OPEN gate until such time as the gate has closed and I will report any malfunctioning security devices immediately. [Airport Operations at 309-834-7396]
- i) Any person accessing the secure or sterile area of the airport is subject to a TSA search of his or person and accessible property, pursuant to Title 49 USC §44903. **Screening Notice:** *Any employee holding a credential granting access to a Security Identification Display Area may be searched at any time while gaining access to, working in, or leaving a Security Identification Display Area.*

Print Name _____ Signature _____ Date _____

CENTRAL ILLINOIS REGIONAL AIRPORT - BMI



This map depicts the locations of the Security Identification Display Areas (SIDA), along with other restricted areas. My signature acknowledges I understand the location of these RESTRICTED areas and that I WILL NOT ENTER these areas without proper authorization. I will enter ONLY the area(s) of the airport as authorized by my access media.

SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be searched at any time while gaining access to, working in, or leaving a Security Display Area.

General Aviation Tenants and their guests are authorized access to the AOA for the sole purpose of transportation between the access gate and their assigned hangar space.

Printed Name _____

Signature _____

Date _____

Hangar # _____