



AIRPORT IDENTIFICATION BADGE APPLICATION

PLEASE PRINT OR TYPE IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE RETURNED.

INSTRUCTIONS

Airport Badge Types

AOA Badge – All individuals who require regular and routine access to the Airport Operations Area (AOA), which includes all areas of the airport inside the perimeter fencing except the “SIDA”, must obtain an AOA Badge.

SIDA Badge – The SIDA (Security Identification Display Area) Badge is required for all persons who have an operational need to access the Secured Areas surrounding the commercial passenger terminal. This badge is primarily issued to airline personnel, TSA personnel and Airport staff.

Badge Appointment Scheduling

Anyone needing an airport badge should schedule an appointment by calling (509) 884-2494 ext. 6. Airport ID Badges must be obtained prior to gaining unescorted access to the airport.

Application Process:

1. Please complete all applicable sections of the Airport Identification Badge application:
 - a. **Section 1** should be completed by the applicant.
 - b. **Section 2** must be completed by an Authorized Signatory if you are applying for access as an employee of an airport tenant or a member of a club or group.
 - c. **Section 3** will be completed by authorized Airport Staff if you have a direct lease or sub-lease agreement with the airport.
 - d. **Section 4 and 5** must be signed by all applicants. **Failure to comply with airport security regulations can result in financial penalties and/or the revocation of all access privileges.**
 - e. **Section 6** must be completed by **SIDA badge applicants only**.
2. **Section 7** will be completed by authorized Airport Staff. **Your application will not be accepted if you do not bring appropriate identification as listed in Section 7.**
3. Bring the completed application to the Security Office. Only original applications will be accepted.
4. **All applicants must provide proof of identity and eligibility to work in the United States.** See list of acceptable forms of identification in Section 5 of the application. **Photocopies of identification will not be accepted.**
5. If the applicant is not a US citizen or is a US citizen born outside of the US, please contact the Airport Security Office for additional ID recommendations.
6. All applicants accessing the AOA by vehicle must maintain current automobile insurance with limits of liability acceptable to the Airport. Minimum acceptable limits are \$500,000 per person and per occurrence, or \$500,000 combined single limit.

Training/Testing

AOA badge applicants need to read the Airport Security and Vehicle Operator Training Manual and complete both the Basic Security Exam and the Non-Movement Area Driver's Exam which can be found at:

<https://www.flywenatchee.com/airport-access-id-badging-information/>

SIDA applicants and individuals requiring access to the Movement Area will be required to complete additional training.



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Application Type – check one **New Application** **Renewal**

SECTION 1 – APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Legal Last Name	Legal First Name	Legal Middle Name
Alias Last Name (i.e. Maiden, etc.)	Alias First Name (No Nicknames)	Alias Middle Name
Additional Names Previously Used:		
Current Home Address		
City	State	Zip Code
Home Phone	Work Phone	Cell Phone
E-mail Address	Date of Birth	Place of Birth (City/State)
Country of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen? (Check One)	Citizenship (if other than U.S)
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender (Check One)
Eye Color <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray		
Hair Color <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Bald		
Auto Insurance Carrier	Limits of Liability	Policy Number / Expiration Date
ID/Drivers License #	State	Expiration

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 on this application can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code). I also understand the Federal regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense.

Applicant's Signature: _____ **Date:** _____

Social Security Number Verification for Security Threat Assessment Purposes

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-10)/Aviation Worker 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 fine or imprisonment or both.

Applicant's Signature: _____ **Date of Birth:** _____

Print Name: _____

SSN: _____



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SECTION 2 – EMPLOYER INFORMATION (TO BE COMPLETED BY AUTHORIZED SIGNATORY)

Applicant Name		Badge Type requested: (Check one) <input type="checkbox"/> SIDA <input type="checkbox"/> AOA	
Company/Organization		Applicant is: (Check one) <input type="checkbox"/> Employee <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Vendor/Contractor	
Expected Termination Date (Seasonal/Contractor)	Access Requested (List all gates and doors needed)		

If Applicant is a Contractor/Vendor please provide the following information:

Contractor/Vendor Company		
Business Address		Phone Number
City	State	Zip Code

As an Authorized Signatory for the above listed company, I certify that the named applicant has a need for the requested type of Identification badge. I accept responsibility for retrieving the badge at the time of project completion or applicant's termination. Additionally, I will **suspend** the applicants badge at termination or should he/she disclose any conviction of any disqualifying criminal offenses or if the applicant no longer meets the requirements for employment eligibility. I will return the badge promptly to the Airport Operations and Security Office within 24 hours (or on the next business day) of suspension notification. I also understand and agree to pay all fees associated with the badge.

Authorized Signatory (Please Sign): _____

Please Print Name of Auth. Signatory: _____ **Date:** _____

SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT OPERATIONS AND SECURITY OFFICE.

SECTION 3 – TENANT INFORMATION (TO BE COMPLETED BY AIRPORT STAFF)

Applicant Name		Badge Type requested: (Check one) <input type="checkbox"/> SIDA <input type="checkbox"/> AOA	
Hangar Number	Aircraft N-Number	Applicant is: (Check one) <input type="checkbox"/> Tenant <input type="checkbox"/> Sub-Tenant	
Expected Termination Date (if less than 2 years)	Access Requested (List all gates and doors needed)		

As a Trusted Agent for Pangborn Memorial Airport, I certify that I have taken the necessary steps to verify that the named applicant has a need for the requested type of Identification badge. The applicant is a tenant with an active lease, a verified sub-tenant of a tenant with an active lease, or an employee or sub-contractor of a company with an active construction, repair or maintenance contract.

Trusted Agent Signature (Please Sign): _____

Please Print Name of Trusted Agent: _____ **Date:** _____



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SECTION 4 – APPLICANT’S CERTIFICATION (TO BE COMPLETED BY APPLICANT)

By submitting this Airport Identification Badge Application, I hereby acknowledge and agree to comply with the following **Terms and Conditions**:

1. All ID Badges remain the sole property of Pangborn Memorial Airport. Badges must be returned to the airport at the end of employment or change of status that resulted in the original issuance of the ID Badge.
2. The transfer or use of ID Badges by an individual other than the badgeholder is strictly prohibited.
3. Holder of the ID Badge shall not aid or participate in allowing unauthorized access to secure or restricted areas or breach, disobey, or disregard any security directive, plan, or program at the airport.
4. Do not allow more than one vehicle to pass through the gate. Follow-throughs are not allowed unless vehicles are under escort. When providing escort the person(s) must remain under your direct control the entire time they are in the AOA or SIDA.
5. Pangborn Memorial Airport reserves the right to revoke the authorization for an ID Badge where such action is determined to be in the best interests of airport security. Pangborn Memorial Airport requires the immediate surrender of any ID Badge upon notification that airport authorization has been revoked.
6. Any individual possessing an ID Badge shall immediately notify Pangborn Memorial Airport in the event their ID Badge is lost or stolen. Failure to notify will result in a fine of \$100.
7. Any individual possessing an ID Badge shall pay all airport applicable security fees. A replacement ID Badge may only be issued if the individual possessing the ID Badge declares in writing that the ID Badge has been lost, damaged, or destroyed and upon payment of the replacement fee.
8. Any individual possessing a SIDA ID Badge shall wear their badge above the waist on the outermost garment whenever they are in the SIDA. All SIDA Badge holders acknowledge that the airport and or TSA personnel may conduct random searches of persons, vehicles and property accessing the SIDA and agree to fully cooperate with security personnel conducting inspections.
9. Any individual possessing an AOA ID Badge must keep the badge on their person at all times while in the AOA and must present the badge for inspection if requested. AOA Badge holders are encouraged to wear their ID Badges above the waist on the outermost garment when in the AOA.
10. Badge holders must cooperate with badge audits and inspections.
11. Any individual who willfully and knowingly violates any part of the Airport Security Program (ASP) will have their access revoked and be referred to the TSA for possible criminal and/or civil penalties. The TSA will issue fines of up to \$11,000 per person or company for security violations.
12. Additionally, the airport may impose sanctions for violations of the ASP. A letter will be sent to the violator and employer if applicable. For a first offense, retraining will be required. A second offense within three years will result in a suspension of access for 1 to 10 days. A third violation within three years will result in a 30-day suspension or permanent revocation of access privileges.

VIOLETIONS OF AIRPORT IDENTIFICATION BADGE TERMS AND CONDITIONS OR ANY SUCH AIRPORT SECURITY REGULATIONS AS MAY BE ESTABLISHED MAY RESULT IN CRIMINAL AND/OR CIVIL PENALTIES, FINANCIAL PENALTIES AND/OR IMMEDIATE REVOCATION OF IDENTIFICATION BADGE AND ACCESS PRIVILEGES.

Applicant Signature: _____ **Date:** _____



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SECTION 5 – PRIVACY ACT NOTICE (TO BE COMPLETED BY APPLICANT)

The Privacy Act of 1974
5 U.S.C. 552a (e)(3)

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 110-52, August 3, 2007); and Executive Order 9397, 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). If you provide your Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a (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 for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: 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 a security threat assessment.

I acknowledge that I have read and understand the above.

Applicant Signature: _____

Date: _____



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SECTION 6 – FINGERPRINT REQUEST (TO BE COMPLETED BY SIDA BADGE APPLICANTS ONLY)

Please indicate whether you have been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below, in any jurisdiction, in the past 10 (ten) years.

- A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
- Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
- A felony involving possession or distribution of stolen property
- A felony involving dishonesty, fraud, or misrepresentation
- A felony involving theft
- A felony involving burglary
- Armed robbery or felony unarmed robbery
- A felony involving importation or manufacture of a controlled substance
- Distribution of, or intent to distribute a controlled substance
- A felony involving aggravated assault
- Rape or aggravated sexual abuse
- A felony involving bribery
- A felony involving willful destruction of property
- A felony involving a threat
- Murder
- Assault with intent to murder
- Kidnapping or hostage taking
- Felony arson
- Extortion
- Carrying a weapon or explosive aboard an aircraft
- Conveying false information and threats
- Commission of certain crimes aboard an aircraft in flight
- Destruction of an aircraft or aircraft facility
- Interference with flight crew members or flight attendants
- Forgery of certificates, false making of aircraft and other aircraft registration violations
- Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements
- Interference with air navigation
- Espionage
- Aircraft piracy outside the special aircraft jurisdiction of the United States
- Aircraft piracy
- Improper transportation of a hazardous material
- Lighting violations involving transporting controlled substances
- Sedition
- Treason
- Violence at international airports
- Conspiracy or attempt to commit any of the aforementioned criminal acts.

I, _____ affirm that I have not been convicted or found not guilty by reason of insanity of any of the crimes listed above. I acknowledge that under Federal regulation 49 CFR 1542.209, I will notify the Airport within 24 hours if I am convicted of any disqualifying criminal offense. The information 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 form can be punished by fine or imprisonment, or both (see Section 1001 of Title 18 of the United States Code).

Applicant Signature: _____ **Date:** _____



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SECTION 7 – ELIGIBILITY VERIFICATION DOCUMENTS (TO BE COMPLETED BY AIRPORT STAFF)

- | | | | | |
|--|-----------|--|------------|---|
| <p>List A</p> <p>Documents that Establish Both Identity and Employment Authorization</p> <ol style="list-style-type: none"> 1. US Passport or US Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport with a temporary I-551 stamp or temporary I-551 printed notation on machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 7. TSA or non-LEO Federal employee agency ID | OR | <p>List B</p> <p>Documents that Establish Identity</p> <ol style="list-style-type: none"> 1. Driver's license or ID card Issued by a state or outlying Possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state, or local government agency or entities provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p>For persons under the age of 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 1. School record or report card 2. Clinic, doctor, or hospital record 3. Day-care or nursery school record | AND | <p>List C</p> <p>Documents that Establish Employment Authorization</p> <ol style="list-style-type: none"> 1. Social Security Account Number card unless the card includes one of the following restrictions: 1) Not Valid for Employment 2) Valid for Work Only with INS Authorization or 3) Valid for Work Only with DHS Authorization 2. Certification of Birth issued By the Department of State (FS-545, DS-1350, FS-240) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or territory of the United States bearing an official seal. 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. ID card for Use of Resident Citizen in the United States (Form I-179). 7. Employment authorization document issued by the Department of Homeland Security |
|--|-----------|--|------------|---|

THIS SECTION FOR AIRPORT SECURITY STAFF USE ONLY

	List A	List B	List C
Document Type:	_____	_____	_____
Issuing Authority:	_____	_____	_____
Document #:	_____	_____	_____
Expiration Date:	_____	_____	_____

Other Required Numbers: _____

TA Verifying Docs:		TA Submitting Bio Info:	
Badge Number	Date Issued	Badge Expiration Date	
Badge Type issued: (Check one) <input type="checkbox"/> SIDA <input type="checkbox"/> AOA	Movement Area Authorization: (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	Training Completed: (Check all that apply) <input type="checkbox"/> AOA/ASP <input type="checkbox"/> MA/ASP <input type="checkbox"/> SIDA	
Access Authorization (List all gates and doors approved)		Keys Issued (List all keys issued)	
TA Issuing Badge:		Fee paid: \$	