



Brainerd Lakes Regional Airport

Brainerd Lakes Regional Airport – Access Application

Application Fees:
AOA Badge - \$25.00
SIDA/Secured- \$60.00

SECTION I: APPLICANT INFORMATION							
FULL LEGAL NAME OF APPLICANT							
LAST NAME (W/ SUFFIX)			FIRST NAME			MIDDLE NAME	
PREVIOUS NAMES/ALIASES – IF APPLICABLE							
LAST NAME (W/ SUFFIX)			FIRST NAME			MIDDLE NAME	
CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP)							
DAYTIME PHONE NUMBER		EMAIL ADDRESS			DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER		Sex M F	RACE	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT
PLACE OF BIRTH (STATE/COUNTRY)				CITIZENSHIP COUNTRY			
IF YOU ARE REQUIRED TO PROVIDE ONE OF THE FOLLOWING, BRING THE ORIGINAL DOCUMENT TO YOUR APPOINTMENT							
IF YOU ARE A U.S. CITIZEN BORN ABROAD OR A NATURALIZED U.S. CITIZEN – PROVIDE AT LEAST ONE OF THE FOLLOWING:				IF YOU ARE <u>NOT</u> A U.S. CITIZEN – PROVIDE AT LEAST ONE OF THE FOLLOWING DOCUMENTS:			
U.S. PASSPORT/PASSPORT CARD		PASSPORT NUMBER		ALIEN REGISTRATION FORM		ARN NUMBER (8 OR 9 DIGITS)	
CERTIFICATE OF NATURALIZATION N-550 OR N-570		CERTIFICATE NUMBER		I-94 ARRIVAL/DEPARTURE FORM		FORM NUMBER (11 DIGITS)	
CERTIFICATE OF BIRTH ABROAD DS-1350 OR FS-545		CERTIFICATE NUMBER		*IF YOU HOLD A NON-IMMIGRANT VISA, PROVIDE THAT DOCUMENT WITH THE I-94 DOCUMENTATION			
CERTIFICATE OF U.S. CITIZENSHIP N-560 OR N-561		CERTIFICATE NUMBER		*NON-IMMIGRANT VISA		CONTROL NUMBER	
SECTION II: COMPANY/EMPLOYER INFORMATION (TO BE COMPLETED BY AUTHORIZED SIGNATORY ONLY)							
REASON FOR BADGE:				BADGE ACCESS NEEDED: AOA SIDA STERILE			
DRIVING PRIVILEGES:							
1. DOES APPLICANT NEED TO DRIVE OR OPERATE EQUIPMENT ON THE RUNWAY OR TAXIWAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
2. DOES APPLICANT NEED TO DRIVE OR OPERATE EQUIPMENT ON THE APRONS/RAMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
APPLICANT POSITION TITLE:				EMPLOYER (IF APPLICABLE)			
SUPERVISOR NAME (IF APPLICABLE)		EMPLOYER PHONE (IF APPLICABLE)			EMPLOYER EMAIL (IF APPLICABLE)		
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP) – IF APPLICABLE							
I ATTEST THAT THIS APPLICANT IS ACTIVELY EMPLOYED AND A NEED EXISTS TO PROVIDE THEM UNESCORTED ACCESS AUTHORITY AT THE BRAINERD LAKES REGIONAL AIRPORT AND I WILL IMMEDIATELY NOTIFY AIRPORT STAFF WHEN THE MEDIA HOLDER NO LONGER REQUIRES ACCESS. I ALSO ATTEST THAT THIS APPLICANT ACKNOWLEDGES THEIR SECURITY RESPONSIBILITIES UNDER 49 CFR §1540.105(a).							
AUTHORIZED SIGNATORY – NAME (PRINTED): _____				TITLE: _____			
AUTHORIZED SIGNATORY – SIGNATURE: _____				DATE: _____			



SECTION III: RULES AND REGULATIONS

I agree to follow the access control rules and regulations set by the Transportation Security Administration and/or the Brainerd Lakes Regional Airport, and amendments thereto, as follows:

1. Immediate notification to BRD Airport of lost or stolen key(s), access card, or I.D. badge.
2. Keys, access cards, and I.D. badges are the property of the Brainerd Lakes Regional Airport, are non-transferable, and must be returned upon transfer or termination of employment. Brainerd Lakes Regional Airport reserves the right to recall keys, access cards and I.D. badges at any time. Lost, stolen, or unreturned badges will result in a fee up to \$70 per badge. Lost, stolen, or unreturned keys will result in a fee equal to the cost of changing all associated door hardware and re-issuance of new keys to all assigned personnel. Failure to return may also result in criminal penalty.
3. Keys, access cards, I.D. badges may not be loaned to other persons. Doing so is a violation of federal law.
4. Access must be controlled while gate/door is open. Gate/door must be closed after entering or exiting the area (stop and wait procedure).
5. I.D. Badges may ONLY be used in the performance of official job duties. Never use a badge to bypass TSA screening to board a flight.
6. Never falsify, forge, alter, or counterfeit any I.D. badge
7. Never tamper with any security devices.
8. Any person whose act or failure to act results in a fine or penalty being assessed against the Airport or City of Brainerd by any Federal, State, or local governmental agency having jurisdiction shall be fully liable for the payment or reimbursement to the Airport of such fine or penalty. This liability would extend to and includes the costs associated with the restitution, modification, repair, or clean-up of conditions resulting from such violations including attorney fees. These situations may include security, safety, environmental, aeronautical, health or any other airport related issues.
9. Violation of access control rules, any rules listed in BRD's training performed during badge issuance, any rules in the Media I.D. Responsibilities Handout, and/or any Airport Violations, may result in fines, violations, or revoking of keys, access card, and I.D. badge.
10. Some employees receiving keys, access card, and I.D. badge will be required to complete 49 CFR Part 1542.213 training for access onto the Security Identification Display Area (SIDA). While in the SIDA, the I.D. badge shall be displayed above the waist on the outer most garment, at all times. Challenge procedures must be adhered to.
11. It is unlawful for any person to make a false statement or false representation, orally or in writing, to a designated airport official if that false statement allows that person to access or enter the SIDA, Air Operations Area (AOA), or any other secured area at the airport. (Section 1001 of Title 18 United States Code)

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).

Applicant's Name (Print): _____ Signature: _____ Date: _____

SECTION IV: PRIVACY ACT NOTICE & SSN VERIFICATION

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. Airport operator-issued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the centralized revocation database for five years from the date the violation occurred. 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. § 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 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 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.

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.

SOCIAL SECURITY VERIFICATION STATEMENT

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 I 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 Full Name (Print): _____ SSN: _____ Signature: _____

Date of Birth: _____ Today's Date: _____



SECTION V: CRIMINAL HISTORY DECLARATION (SIDA/Secured Badges Only)

This section must be reviewed and signed prior to submission of fingerprints.

Disqualifying Criminal Offenses as Defined by 49 CFR 1542.209 A conviction within the last 10 years involving:

(1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C., 46306.	(17) Kidnapping or hostage taking.
(2) Interference with air navigation; 49 U.S.C. 46308.	(18) Treason.
(3) Improper transportation of a hazardous material; 49 U.S.C. 46312.	(19) Rape or aggravated sexual abuse.
(4) Aircraft piracy; 49 U.S.C. 46502.	(20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
(5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504.	(21) Extortion.
(6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.	(22) Armed or felony unarmed robbery.
(7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.	(23) Distribution of, or intent to distribute, a controlled substance.
(8) Conveying false information and threats; 49 U.S.C. 46507.	(24) Felony arson.
(9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).	(25) Felony involving a threat.
(10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.	(26) Felony involving –
(11) Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314.	(i) Willful destruction of property;
(12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.	(ii) Importation or manufacture of a controlled substance;
(13) Murder.	(iii) Burglary;
(14) Assault with intent to murder.	(iv) Theft;
(15) Espionage.	(v) Dishonesty, fraud, or misrepresentation;
(16) Sedition.	(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; 18 U.S.C. 37.
	(28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.

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.

In accordance with 49 CFR 1542.209(c)(2), when a CHRC discloses a disqualifying criminal offense for which the conviction or finding of not guilty by reason of insanity, the Airport will immediately suspend that individual’s authority.

By signing this application, I am stating that I do not have a disqualifying criminal offense described in the paragraph above. By signing this application, I am acknowledging that I have been informed that Federal Regulations under 49 CFR 1542.209(l) impose a continuing obligation to disclose to the Airport Operator and surrender the SIDA access medium to the Airport Operator within 24 hours of the conviction or the finding of not guilty by reason of insanity of any disqualifying criminal offense(s) that occur(s) while I have unescorted access authority. 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 application can be punished by a fine or imprisonment or both (see Section 1001 of Title 18 United States Code).

Applicant’s Name (Print): _____ Signature: _____ Date: _____

Note: A copy of the criminal record received by the FBI will be provided to the applicant, if requested by the applicant in writing. The point of contact for applicant questions about the CHRC, or from individuals who seek correction of their FBI criminal record, is Steven Wright, Airport Director/Airport Security Coordinator at (218) 454-5631.



Brainerd Lakes Regional Airport

THIS PAGE IS FOR BADGING OFFICE USE ONLY

APPLICANT NAME:	APPLICATION RECEIVED DATE:
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APPLICATION/IDENTITY/WORKAUTHORIZATION/IDENTIFICATION VERIFICATION:

(TWO PIECES OF GOVERNMENT ISSUED I.D., ONE MUST HAVE A PHOTO, SEE LIST OF ACCEPTABLE DOCUMENTS)

	I.D. #1	I.D. #2
I.D. TYPE		
I.D. NUMBER		
I.D. EXPIRATION		
SIGNATURE		
NAME/TITLE		

FINGERPRINT RESULT

___ APPROVED ___ DENIED ___ N/A	CHRC#	DATE:	INITIALS:
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APPLICANT ENROLLED IN RAP BACK: ___ YES ___ NO ___ N/A

FEDERAL EMPLOYEE:

THREAT ASSESSMENT RESULT

___ PASS ___ REJECTED	ASSESSMENT#	DATE:	INITIALS:
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APPLICANT HAS ACTIVE STA: ___ YES ___ NO ___ N/A

FEDERAL EMPLOYEE:

Application Signed by Authorized Signatory: ___ Yes ___ No (Resubmission Req'd) ___ ASC is Authorized Signatory

Access Granted: ___ Yes ___ No Approved By: _____ Access Group: _____

Badge Color: ___ Green ___ Red

Driving Privileges: ___ Movement Area Driving ___ Non-Movement Area Driving ___ No Driving

Badge I.D. Number: _____ Date Issued: _____ Issued By (Print): _____

Additional Information: _____

I CERTIFY THAT THE APPLICANT SATISFACTORILY COMPLETED THE FOLLOWING 49 CFR 1542.213 TRAINING:

___ SIDA ___ STERILE ___ AOA

NAME (PRINT): _____ SIGNATURE: _____ TRAINING DATE: _____

I CERTIFY THAT THE APPLICANT SATISFACTORILY COMPLETED THE FOLLOWING DRIVERS TRAINING:

___ MOVEMENT AREA ___ NON-MOVEMENT AREA ___ NO DRIVING

NAME (PRINT): _____ SIGNATURE: _____ TRAINING DATE: _____