



**LAUGHLIN/BULLHEAD INTERNATIONAL AIRPORT
MOHAVE COUNTY AIRPORT AUTHORITY, INC.
PHOTO IDENTIFICATION APPLICATION
DATE RECEIVED ___/___/___**

SECTION 1 APPLICANT INFORMATION

NAME _____ SSN _____
 STREET _____
 ADDRESS _____ DATE OF BIRTH ___/___/___
 CITY, STATE, ZIP _____
 HOME PHONE _____ CELL _____
 WORK PHONE _____ COUNTRY OF BIRTH _____
 EMAIL _____ DL# _____ STATE _____
 HEIGHT ___Ft ___In WEIGHT ___Lbs. Sex M F EYES ___ HAIR ___
 _____/___/___
APPLICANT SIGNATURE **DATE**

EMPLOYER _____ JOB TITLE _____

SECTION 2 TO BE COMPLETED BY AUTHORIZED SIGNATORY

Type of badge requested (Select one) Public Area AOA/GA SIDA/Secured Area
 Does the individual need Driving Access? ___ Yes ___ No STERILE Area
 Does the individual need Escort Authority? ___ Yes ___ No
 I certify that the above named individual has met all the requirements to obtain a Photo ID Badge.

_____/___/___
SIGNATORY **TITLE** **DATE**
 Printed Name: _____

SECTION 3 AIRPORT SECURITY/BADGING OFFICE USE ONLY

Identification: Passport Driver's License Social Security Card Birth Certificate Alien Reg.
 Exp: _____ Exp: _____

CHRC: Date sent in _____ Matched _____ N/A Database RAP Back

STA: Date entered _____ Passed _____

Date SIDA training complete _____ Sterile training _____

Date driver training complete _____ AOA training _____

Appointment set to get badge _____ Public training _____

Date Notified: _____

Date Printed: _____ Card Stock ID# _____

BADGE # _____

PIN # _____ Received By: _____

Date: _____

Type of Issue
___ Initial
___ Renewal
___ Replacement
Billing
___ Prepaid
___ Sent to A/R
___ N/A

SOCIAL SECURITY NUMBER VERIFICATION

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-19) / Aviation Worker Program
601 South 12th Street, Arlington, VA 22202

"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."

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Full Name Printed: _____

(First, Middle, Last)

Signature: _____

CONVICTION INFORMATION

Applicant's FULL NAME _____

List of all aliases and nicknames used presently or in the past:

1. _____ 2. _____

You are subject to an employment history verification for the past ten (10) years and FBI criminal history check. Within the past ten (10) years, have you been convicted or found not guilty by reason of insanity involving any of the following offenses?

	YES	NO
1. Forgery of certificates, false making of aircraft, and other aircraft violations;	_____	_____
2. Interference with air navigations;	_____	_____
3. Improper transportation of hazardous material;	_____	_____
4. Aircraft piracy;	_____	_____
5. Interference with flight crewmembers or flight attendants;	_____	_____
6. Commission of certain crimes aboard aircraft in flight;	_____	_____
7. Carrying a weapon or explosive aboard an aircraft;	_____	_____
8. Conveying false information and threats;	_____	_____
9. Aircraft piracy outside the special aircraft jurisdiction or 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 regulations;	_____	_____
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 Assault;	_____	_____
20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon;	_____	_____
21. Extortion;	_____	_____
22. Armed robbery;	_____	_____
23. Distribution or intent to distribute, a controlled substance;	_____	_____
24. Felony arson;	_____	_____
25. Felony involving a threat;	_____	_____
26. Felony involving:		
a. Willful destruction of property	_____	_____
b. Importation or manufacture of a controlled substance	_____	_____
c. Burglary	_____	_____
d. Theft	_____	_____
e. Dishonesty, fraud, or misrepresentation	_____	_____
f. Possession or distribution of stolen property	_____	_____
g. Aggravated assault	_____	_____
h. Bribery	_____	_____
i. 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 criminal acts listed in this paragraph	_____	_____

EMPLOYMENT ACKNOWLEDGEMENT

I understand that if I am convicted of any of the below listed crimes, I am to notify the Mohave County Airport Authority immediately and surrender my IFP Badge within twenty-four (24) hours.

1. Forgery of certificates, false making of aircraft, and other aircraft violations;
2. Interference with air navigations;
3. Improper transportation of hazardous material;
4. Aircraft piracy;
5. Interference with flight crewmembers or flight attendants;
6. Commission of certain crimes aboard aircraft in flight;
7. Carrying a weapon or explosive aboard an aircraft;
8. Conveying false information and threats;
9. Aircraft piracy outside the special aircraft jurisdiction or 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 regulations;
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 Assault;
20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon;
21. Extortion;
22. Armed robbery;
23. Distribution or intent to distribute, a controlled substance;
24. Felony arson;
25. Felony involving a threat;
26. Felony involving:
 - a. Willful destruction of property
 - b. Importation or manufacture of a controlled substance
 - c. Burglary
 - d. Theft
 - e. Dishonesty, fraud, or misrepresentation
 - f. Possession or distribution of stolen property
 - g. Aggravated assault
 - h. Bribery
 - i. 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 criminal acts listed in this paragraph

Signature: _____ **Date:** _____ / _____ / _____

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

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 Number (SSN), 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.

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: 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.

Printed Name: _____ **Signature:** _____

Date: ____ / ____ / ____

CERTIFICATION STATEMENT

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).

Printed Name: _____ **Signature:** _____

Date: ____ / ____ / ____