

HXD ACCESS BADGE APPLICATION

The Hilton Head Island Airport reserves the right to revoke authorization of an individual for an airport access badge, parking, or the privilege to be escorted where such action is determined to be in the best interest of airport security.

SECTION 1 – SIGNATORY AUTHORIZATION (To be Completed ONLY by the Authorized Signatory) Please Type or Print Clearly					
The Authorized Signatory is requesting the following for their applicant:					
Initial Badge	Badge Renewal	Replacement (Lost or Stolen)		Replacement (Damaged)	
Name Change	Change Badge Type to:		Add / Remove Privilege (explain):		
Requested Badge Type (for Initial Badge Requests):					
AOA	SIDA	STERILE AREA	SECURED	RESERVED	RESERVED
REQUEST ESCORT PRIVILEGE	YES	NO	REQUEST RAMP DRIVING PRIVILEGE	YES	NO
Are you requesting to have employees of your company escort this individual until an Airport ID Badge is issued (may not be escorted longer than 30 days)?				YES	NO
Applicant Organization:		Applicant Title:		Applicant Hire Date:	Termination Date:
Authorized Signer Organization:			Work Phone:		
<p>I affirm that the employee listed herein is in good standing with this organization and requires an Access Badge to perform his/her job duties. The information I have provided in 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 can be punished by fine, imprisonment, or both (see Section 1001 of Title 18 of the United States Code). I HAVE READ AND UNDERSTAND THE AUTHORIZED SIGNATORY RESPONSIBILITIES IDENTIFIED IN THE AUTHORIZED SIGNATORY TRAINING MANUAL.</p>					
Name of Authorized Signer (Type or Print):					
<u>Authorized Signatory's Signature:</u>				<u>Date:</u>	

*****Applicant Please Complete Form Below*****

Section 2 – Badge Applicant Personal Information					
Please Type or Print Clearly					
Last Name:	First Name:	Middle Name:		Aliases:	
Personal Phone:			Work Phone:		
Home Address (No P.O. Box & must include apt #):					
City:		State:		Zip Code:	
Driver's License No.:		State:	Expiration:	SSN:	DOB:
Race:	Height:	Weight:	Hair Color:	Eye Color:	Gender:
State of Birth:		Country of Birth:		Country of Citizenship:	
If you are a U.S. Citizen, BORN OUTSIDE OF THE U.S., Provide one of the Following:					
Passport Number:			Passport Issuing Country:		
Certificate of Naturalization:			DS-1350 Certificate of Birth Abroad:		
If you are not a U.S. Citizen, Provide one of the Following:					
Alien Registration Number:			1-94 Arrival/Departure Form Number:		
<p>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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).</p>					
BADGE APPLICANT SIGNATURE:				DATE:	

WARNING: This record contains Sensitive Security Information that is controlled under CFR Parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR Parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C 552 and 49 CFR Parts 15 and 1520.

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SOCIAL SECURITY NUMBER (SSN) 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 20598
- I am the individual to whom the information applies and wants 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.

PRINT FULL NAME:	DATE OF BIRTH:
BADGE APPLICANT SIGNATURE:	SSN:

Section 3 – Disqualifying Crimes FAR Part 1542.209 (Please Type or Print Clearly)

Please check YES or NO if you have been convicted of or found not guilty by reason of insanity of any of the following crimes during the ten (10) years before the date of application or while you have had unescorted access privileges at HXD.

YES	NO	Interference with air navigation; 49 U.S.C. 46308
YES	NO	Improper transportation of a hazardous material; 49 U.S.C. 46312
YES	NO	Aircraft Piracy; 49 U.S.C 46502
YES	NO	Interference with flight crew members or flight attendants
YES	NO	Commission of certain crimes aboard aircraft in flight
YES	NO	Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505
YES	NO	Conveying false information and threats; 49 U.S.C. 46507
YES	NO	Aircraft piracy outside the special aircraft jurisdiction of the United States
YES	NO	Lighting violations involving transporting controlled substances
YES	NO	Destruction of an aircraft or aircraft facility; 18 U.S.C. 32
YES	NO	Felony involving dishonesty, fraud, or misrepresentation
YES	NO	Espionage
YES	NO	Sedition
YES	NO	Treason
YES	NO	Distribution of, or intent to distribute, a controlled substance
YES	NO	Forgery of certificates, false making of aircraft, and other aircraft registration violations
YES	NO	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established requirements
YES	NO	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon

YES	NO	Felony involving importation or manufacture of a controlled substance
YES	NO	Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
YES	NO	Felony involving possession or distribution of stolen property
YES	NO	Felony arson
YES	NO	Felony involving a threat
YES	NO	Felony involving willful destruction of property
YES	NO	Felony involving burglary
YES	NO	Felony involving theft
YES	NO	Felony involving aggravated assault
YES	NO	Felony involving bribery
YES	NO	Felony involving violence at international airports
YES	NO	Rape or aggravated sexual abuse
YES	NO	Extortion
YES	NO	Armed or felony unarmed robbery
YES	NO	Kidnapping or hostage taking
YES	NO	Assault with intent to murder
YES	NO	Murder
YES	NO	Conspiracy or attempt to commit any of the aforementioned criminal acts

IN ACCORDANCE WITH 49 CFR 1542.209

- I have been advised and understand that Hilton Head Island Airport (HXD) must collect and process one set of legible and classifiable fingerprints for a Criminal History Records Check. I understand that the fingerprint process must occur under the direct control of a HXD employee.
- I have been advised and understand that as long as I have unescorted access privileges I am under the obligation to disclose to HXD Security Department, within twenty-four (24) hours, should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.
- I have been advised and understand that I am under the obligation to surrender the HXD issued Access Badge immediately should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.
- I have been advised and understand that a copy of the criminal history record received from the Federal Bureau of Investigation (FBI) will be provided to me after making the request in writing.
- I have been advised and understand that the HXD Airport Security Coordinator is my point of contact for any and all questions pertaining to my criminal history records check.
- I have been advised and understand that if a disqualifying crime has been disclosed, I will have thirty (30) days to notify HXD Security Department of my intention to correct information that is incorrect. This notification must be made in writing. If written notification to correct the criminal history record is not made within 30 days, a final decision to deny unescorted access privileges will be made.
- I have been advised and understand that if my fingerprints are not legible or classifiable, I will be fingerprinted a second time and that this fingerprint process must occur under the direct control of a HXD employee.
- I have been advised and understand that if my hands or fingers will not render a classifiable set of prints because of injury or missing digits, my employer will submit a ten (10) year work history and five (5) year verification.

The information I have provided in 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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

BADGE APPLICANT SIGNATURE:	DATE:
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SECTION 4 - BADGE HOLDER'S RESPONSIBILITIES

(PLEASE READ CAREFULLY)

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 Area.

- As a Badge Holder, you are required to:
- Display your access badge at all times while in the SIDA/Secured Areas
- Wear your badge on your upper body (waist level or above) and on your outermost garment
- Report security matters immediately to the Security Office at (843)441-5443 or notify Law Enforcement
- Never piggyback or allow anyone else to piggyback through secured doorways or vehicle gates
- Remain with anyone that you are escorting at all times
- Never share your badge or any confidential Code/PIN number
- Never deface your badge or post it on social media
- Comply with all rules and regulations of HXD and TSA governing airport security and identification badging.

AIRPORT SECURITY AND SIDA VIOLATIONS

The following penalties apply for all persons who: Do not properly display their access badge on the upper body (waist level or above) on the outermost garment; Do not challenge another person in their area who is not properly displaying their access badge; Allow another person to piggyback on their card through a 1542.201 entry; or, Allow unauthorized access to the SIDA through a 1542.203 entry. It is necessary for each employee entering the SIDA/Secured Areas to enter their PIN/Fingerprint along with having their badge read by the appropriate device.

SIDA/AOA Violations

Penalties include: training, access suspension, badge confiscation, fines, permanent revocation.

RETURNING YOUR BADGE

All access badges issued by the Security and Badging Office are the property of the Hilton Head Island Airport and must be returned upon expiration, separation of affiliation (for any reason), when job function no longer requires an airport-issued access badge and/or upon demand from HXD. Any misuse or willful failure to return an access badge is punishable by criminal misdemeanor prosecution. Access badges are non-transferable and must be used only by the person they are issued to. The access badge must be returned to your

Authorized Signatory at the end of affiliation and Signatory must return the badge to the Security and Badging Office. FAILURE TO DO SO WILL RESULT IN FEES CHARGED TO THE COMPANY AND/OR PERSON.

LOST, STOLEN, DAMAGED BADGES

All lost or stolen badges must be immediately reported to the Security and Badging Office at (843)441-5443 or via email to the Airport Security Coordinator, available 24 hours a day, 7 days a week. If no answer, please leave a detailed message. In the event of a lost, stolen, or misplaced access badge, a payment will be collected by the Security and Badging Office before a replacement is issued.

DRIVING IN THE SIDA

All persons driving in the SIDA shall possess and carry a valid U.S. driver's license and appropriate issued access badge. Each driver is required to receive and successfully complete Non-Movement Area Drivers Training before operating a vehicle in the SIDA. In order to possess proper authorization to operate in the Movement Areas (Taxiways and Runways) the individual must receive further training from Airport Operations. **IT IS STRICTLY PROHIBITED TO OPERATE IN EITHER AREA WITHOUT PROPER AUTHORIZATION.**

ESCORT PRIVILEGES

Individuals must be provided authorization for escort privileges. Those individuals authorized with escort privileges must keep escorted persons under their sight and sound at all times. Failure to do so will result in immediate suspension of escort privileges and possible suspension of access badge.

RELEASING AIRPORT SECURITY INFORMATION

No person issued an access badge may divulge any information concerning an act of unlawful interference with civil aviation if such information is likely to jeopardize the safety of domestic or international aviation, or regarding any airport or airport tenant's security system to unauthorized persons.

BADGING FEES:

I agree to abide by the Badge Fee Schedule of Hilton Head Island Airport. (Fees are subject to change at anytime).

FINES LEVIED AGAINST THE AIRPORT OR BEAUFORT COUNTY GOVERNMENT:

I acknowledge that I am responsible for any DHS/TSA fines levied against Hilton Head Island Airport or Beaufort County Government, which were caused by my negligence or failure to adhere to regulations of the Airport Security Program or DHS/TSA.

PRIVACY ACT NOTICE

Authority: 49 U.S.C. 114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US/VISIT(s) 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's records to ensure the validity of your name and SSN.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T/STAS), DHS/TSA 002.

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 identification media.

I HAVE READ AND UNDERSTAND THE BADGE HOLDER'S RESPONSIBILITIES AND HAVE RECEIVED A COPY OF THE PRIVACY ACT OF 1974

BADGE APPLICANT SIGNATURE:

DATE: