



YAMPA VALLEY REGIONAL AIRPORT AIRPORT IDENTIFICATION ACCESS MEDIA APPLICATION

APPLICANTS SECTION – PLEASE PRINT

Last Name _____ First Name _____ Middle _____

Street _____ Contact Phone (required) (____) _____ - _____

City _____ State _____ Zip _____ e-mail _____

Employer _____ Job Title _____

Employer Address _____ City, State, Zip _____

Date of Birth - ____/____/____ Place of Birth (City State Country) _____ Nation of Citizenship _____

Gender ____ Ethnicity _____ Height ____ FT ____ IN Weight _____ lbs. Eye Color _____ Hair Color _____

Aliases – Last _____ First _____ Middle _____

Social Security # _____ - _____ - _____ Passport # _____ Passport Country _____

Alien Registration # _____ Non Immigrant Visa # _____

What is your airport affiliation _____ Hangar and N # _____

Applicant acknowledges their security responsibilities under 49 CFR 1540.105(a)

Signature _____ Date _____

- I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis. 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 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. I have had the opportunity to keep/review the Privacy Act Notice. I understand that DHS uses the information provided for security threat assessment (STA) on any personnel or applicant who will be issued personnel identification media
- 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.

Applicants Signature _____ Date _____

SSN and Print Full Name (REQUIRED) _____

EMPLOYER/AUTHORIZED SIGNATORY SECTION

Employer/Signatory Name _____ Escort (circle one) Y N

Badge Area Access: SIDA AOA Sterile

Driving Privileges: None Non-Movement Movement

Access requested for what doors/gates _____

I certify that the applicant has a specific need for unescorted access authority under 49 CFR 1540.105(a) at YVRA

Authorized Signatory Authority (Print Name) _____

Signature _____ Date _____

AIRPORT SECURITY ADMINISTRATION USE

ID's ____ CHRC ____ STA ____ Master ____ Monthly ____

Badge # _____ Prox # _____ Access Level SIDA AOA Sterile

Driver Y N SIDA/Security Training Date _____ Drivers Training _____

Initial Expiration _____ New _____ Replacement _____ Date _____ Issued By _____

YAMPA VALLEY REGIONAL AIRPORT

SAIRPORT IDENTIFICATION ACCESS MEDIA APPLICATION

DISQUALIFYING CRIMINAL OFFENSES – SIDA/SECURED/STERILE ONLY

FAR §1542.209 (d) An individual has a disqualifying offense if the individual has been convicted, or found not guilty of or by reason of insanity, of any of the disqualifying crimes listed in this paragraph in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority.

HAVE YOU BEEN CONVICTED, OR FOUND NOT GUILTY BY REASON OF INSANITY OF ANY OF THE FOLLOWING IN THE PAST 10 YEARS? (Mark any that apply)

<ul style="list-style-type: none"> <input type="checkbox"/> Forgery of certificates, false marking of aircraft, and other aircraft registration violation, 49 U.S.C.46306 <input type="checkbox"/> Interference with air navigation, 49 U.S.C.46308 <input type="checkbox"/> Improper transportation of a hazardous material, 49 U.S.C.46312 <input type="checkbox"/> Aircraft piracy, 49 U.S.C. 46502 <input type="checkbox"/> Interference with flight crew members or flight attendants 49 U.S.C. 46504 <input type="checkbox"/> Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506 <input type="checkbox"/> Carrying a weapon or explosive aboard aircraft, 49 U.S.C.46502 <input type="checkbox"/> Conveying false information and threats, 449 U.S.C.46507 <input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the United States, 49 U.S.C.46502 {b} <input type="checkbox"/> Lighting violations involving transporting controlled substances 49 U.S.C.46315 <input type="checkbox"/> 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.46317 <input type="checkbox"/> Destruction of an aircraft or aircraft facility, 48 U.S.C. 32 <input type="checkbox"/> Murder <input type="checkbox"/> Assault with intent to murder <input type="checkbox"/> Espionage <input type="checkbox"/> Sedition <input type="checkbox"/> Kidnapping or hostage taking 	<ul style="list-style-type: none"> <input type="checkbox"/> Treason <input type="checkbox"/> Rape or aggravated sexual abuse <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon <input type="checkbox"/> Extortion <input type="checkbox"/> Armed or felony unarmed robbery <input type="checkbox"/> Distribution, of, or intent to distribute, a controlled substance <input type="checkbox"/> Felony arson <input type="checkbox"/> Felony involving a treat Felony involving <ul style="list-style-type: none"> <input type="checkbox"/> Willful destruction of property <input type="checkbox"/> Importation or manufacture of a controlled substance <input type="checkbox"/> Burglary <input type="checkbox"/> Theft <input type="checkbox"/> Dishonesty, fraud, or misrepresentation <input type="checkbox"/> Possession or distribution of stolen property <input type="checkbox"/> Aggravated assault <input type="checkbox"/> Bribery <input type="checkbox"/> Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year <input type="checkbox"/> Violence at international airports, 18 U.S.C. 337 <input type="checkbox"/> Conspiracy or attempt to commit acts listed in this paragraph (d)
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NONE

Federal regulations under 49 CFR 1542.209(l) impose a continuing obligation to disclose to the airport operator within 24 hours if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority.

By signing this application below I acknowledge that I have not been convicted or found not guilty by reason of insanity of any of the disqualifying criminal offenses listed within the last 10 years, nor have I been arrested for any of the disqualifying offenses and am awaiting judicial proceedings. Additionally, by signing this application below I acknowledge that I will notify YVRA within 24 hours if I am convicted or found not guilty by reason of insanity of any disqualifying criminal offense while I have unescorted access authority.

AGREEMENTS

DOOR ACCESS – I understand that I am responsible for the security of any door/gate that I open, electronically or manually or assume responsibility for, while it remains open/disabled. My Airport Identification Badge/Access Media has been authorized to open certain doors/gates, operating on the Airport's electronic access system, and I will use them in accordance with access rules. **INITIAL** _____

AIRSIDE DRIVING – I agree to abide by all Airport and FAA Rules and Regulations pertaining to the operation of a vehicle within the Airport and understand that failure to do so may result in revocation of my Airport driving privileges and-or position. Personnel are not authorized to drive on or across runways or taxiways unless they have been authorized by Airport Administration or are escorted. **INITIAL** _____

RULES AND REGULATIONS – Misrepresentations, omissions, falsifications or violations of any rule/regulation of the DHS, TSA, FAA or Yampa Valley Regional Airport are grounds for immediate revocation of the Yampa Valley Regional Airport issued badge/access media. Lost badge fees consist of \$100.00 replacement. **INITIAL** _____

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. (Section 1001 of Title 18 USC)

Applicants Signature _____ **Date** _____