



YAMPA VALLEY REGIONAL AIRPORT

AIRPORT IDENTIFICATION ACCESS MEDIA APPLICATION

APPLICANTS SECTION – PLEASE PRINT

Last Name _____ First Name _____ Middle _____

Home address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Contact Phone (required) (_____) _____ - _____ 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 _____

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, **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 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) _____

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)

Signature _____

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AIRPORT SECURITY ADMINISTRATION USE

ID's _____ CHRC _____ STA _____ TSC _____ Master _____ GVO _____ S2 _____ Parking _____ Badge # _____ Prox # _____

Access Level _____ SIDA _____ AOA _____ Sterile _____ Driver Y _____ N _____ New _____ Renewal _____ Issued By _____

SIDA/Security Training Date _____ Drivers Training _____

YAMPA VALLEY REGIONAL AIRPORT

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)

- Forgery of certificates, false marking of aircraft, and other aircraft registration violation, 49 U.S.C.46306
- Interference with air navigation, 49 U.S.C.46308
- Improper transportation of a hazardous material, 49 U.S.C.46312
- Aircraft piracy, 49 U.S.C. 46502
- Interference with flight crew members or flight attendants 49 U.S.C. 46504
- Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506
- Carrying a weapon or explosive aboard aircraft, 49 U.S.C.46502
- Conveying false information and threats, 449 U.S.C.46507
- Aircraft piracy outside the special aircraft jurisdiction of the United States, 49 U.S.C.46502 {b}
- Lighting violations involving transporting controlled substances 49 U.S.C.46315
- 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
- Destruction of an aircraft or aircraft facility, 48 U.S.C. 32
- Murder
- Assault with intent to murder
- Espionage
- Sedition
- Kidnapping or hostage taking

- Treason
- Rape or aggravated sexual abuse
- Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
- Extortion
- Armed or felony unarmed robbery
- Distribution, of, or intent to distribute, a controlled substance
- Felony arson
- Felony involving a threat
- Felony involving
 - Willful destruction of property
 - Importation or manufacture of a controlled substance
 - Burglary
 - Theft
 - Dishonesty, fraud, or misrepresentation
 - Possession or distribution of stolen property
 - Aggravated assault
 - Bribery
 - Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
 - Violence at international airports, 18 U.S.C. 337
 - Conspiracy or attempt to commit acts listed in this paragraph (d)

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.

If the background check contains any outstanding warrant(s) for your arrest for any offense(s) , whether disqualifiable or not, your security badge will be denied until such time as documentation is provided to the ASC that said warrant(s) have been cleared from your record and are no longer active.

Applicants Signature _____

Date _____

EMPLOYER/AUTHORIZED SIGNATORY SECTION

Signing any document as an Authorized Signatory without verifying the information you are certifying is and will be considered a fraudulent act and a violation of Yampa Valley Regional Airport's Airport Security Plan (ASP). A Violation Notice will be issued, loss of Authorized Signatory privileges & possible civil penalties can be assessed to Authorized Signatory by the Transportation Security Administration and badge suspension.

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

Badge Area Access (Check one): SIDA AOA Sterile **Badge Type (Check one):** New Renewal

Driving Privileges (Check one): No Non-Movement (Apron) 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.**
- **I acknowledge that I will NEVER sign an incomplete or blank form without verifying the information is correct.**

Signature _____

Date _____