

Grant County International Airport Badge Application

SECTION 1 - BADGE APPLICATION-TO BE COMPLETED BY APPLICANT

TWO FORMS OF ACCEPTABLE ID (see Review of Eligibility and Identity Verification) ARE REQUIRED WITH YOUR APPLICATION. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE REJECTED. Please Print Full Legal Name As Stated On Your Government Issued Identification

Last Name _____

First Name, Middle Name _____

List all possible legally used alias including maiden names you have used starting with the most recent. If you have additional alias please an additional sheet of paper.

List Alias Name: (Most Recent) _____

Current Physical Address: _____

Mailing Address if Different from above _____

City State Zip Code: _____

Date of Birth _____ Country/ Place of Birth _____
Month/Day/Year (City & State or City & Country)

Citizenship Country _____

Gender M F Drivers License# _____ State/Expiration Date _____

Company/Job Title/Position/Hangar Number _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Telephone Number _____ E-mail Address: _____

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 on this application can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code). I also understand the Federal regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense.

Applicant's Signature: _____ Date: _____

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 any 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.

Routine Uses: The information may be shared with third parties during the course of a security threat assessment or employment investigation.

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.

Applicant's Signature: _____ Date: _____

Social Security Number Verification for Security Threat Assessment Purposes

I 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 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. I understand the general risks of identity theft and release and hold the Port of Moses Lake harmless for any claims associated with my voluntary release of my social security number. **Initials:**

Applicant's Signature: _____ Date of Birth: _____

Print Name: _____ SSN: _____

TO BE COMPLETED BY APPLICANT WHEN BADGE IS RECEIVED

I have received my Grant County International Airport ID Badge and I am aware of the Airport's Administrative Policies for security violations.

Applicant's Signature: _____ Date: _____

BADGE# _____

Lost or Stolen Badge Charge

I understand that my signature below obligates me for any charges incurred by the Port for loss of this badge, to be \$100 for first badge and \$150 for the second. In any action to collect these charges the prevailing party shall be awarded reasonable costs and attorney fees.

Applicant's Signature: _____ Date: _____

Please Print Name: _____

SECTION 2 - TO BE COMPLETED BY AUTHORIZED SIGNATORY

SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT SECURITY OFFICE.
PLEASE PRINT IN INK OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Check all that apply): SIDA MOVEMENT AREA RAMP EMERGENCY FAA
 T-Hangar CONSTRUCTION ARFF TRAINING FACILITY

STATUS (circle one): New Ramp Badge (\$30) New SIDA/Movement Badge (\$50) Signatory Authority (\$20) Renewal (\$15)

AUTHORIZED SIGNATORY CERTIFYING FOR: _____
(Print Name of Applicant)

As an Authorized Signatory for the below listed company, I certify that the named applicant has a need for the requested type of Identification Badge. I accept responsibility for retrieving the Badge at the time of project completion or applicant's termination. Additionally, I will **suspend** the applicants badge at termination or should he/she disclose any conviction of any disqualifying criminal offenses or if the applicant no longer meets the requirements for employment eligibility. I will return the badge promptly to the Airport Security Office within 24 hours (or on the next business day) of suspension notification. I also understand and agree to pay all fees associated with the badge.

Authorized Signatory (Please Sign) _____

Please Print Name of Auth Signatory _____ Date _____

Authorized Signatory Contact Phone No _____ Company _____

Employer, Contractor/Vendor please provide the following information for the above-named applicant:

Applicant's employer name _____

Company Business Address _____

City, State Zip Code _____

Supervisor's Last Name _____ First Name _____

Supervisor's Phone Number _____ Supervisor's Job Title _____

AUTHORIZED REPRESENTATIVE FROM THE CONTRACTOR/VENDOR COMPANY:

As an **Authorized Representative** from the above listed company, I certify that the named applicant has a need for the requested ID badge. I accept responsibility for retrieving the ID Badge at the time of project completion or employees' termination. Additionally, I will **suspend** the applicant's badge at termination, or should he/she disclose any conviction of any disqualifying criminal offenses or if the applicant no longer meets the requirements for employment eligibility. I will return the badge within 24 hours or on the next business day to the Security Office. I also understand and agree to pay all fees associated with the badge.

Authorized Representative from Contractor/Vendor Company (Please Sign) _____

Please Print Name of Representative _____ Date _____

Representative Contact Phone Number _____

SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT OPERATIONS AND SECURITY OFFICE.

Billing Information:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Contact Person: _____

Return Completed Applications to Rich Mueller or Linda Jackson at Grant County International Airport
7810 Andrews St. NE Ste. 200
Moses Lake, WA 98837
rjmueller@portofmoseslake.com
lbjackson@portofmoseslake.com

Grant County International AIRPORT
CRIMINAL HISTORY

Have you been convicted or found not guilty by reason of insanity of any of the following in the past ten (10) years?
Forgery of certificates, false marking of aircraft, and other aircraft registration violation, 49 U.S.C. 46306
Yes No

- 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. 46505
- Conveying false information and threats, 49 U.S.C. 49 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. 46314
- Destruction of an aircraft or aircraft facility, 18 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; or 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. 37.
- Conspiracy or attempt to commit any of the aforementioned criminal acts

I understand my signature below reflects that I have not been convicted of any of the above listed disqualifying crimes during the past ten year period. Federal Regulations under 49 CFR 1542.209 (1) imposes a continuing obligation to disclose to the airport operator within 24 hours if you have been convicted of any disqualifying criminal offense that occurs while you have unescorted access authority to the Secured Area or Security Identification Display Area (SIDA) at the Grant County International Airport (MWH). 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 fine or imprisonment or both. (See section 1001 of Title 18 United States Code.)

Name (please print): _____

Signature: _____ Date: _____

If a Criminal History Records Check (CHRC) was performed as part of this application process, a copy of the results received from the FBI will be issued to you provided your request is made in writing to the security division. If you have any questions concerning the results of the CHRC, the Airport Security Coordinator is your point of contact.

3. Review of Eligibility and Identity Verification

Review of Eligibility and Identity Verification

Documents must be examined and recorded below by the airport security staff. Documents examined must be from either List A, or one document from List B and one from List C, Record below the title, number, and expiration date if any, of the document(s). All documents must be unexpired.

Applicant's Name:

List of Acceptable Documents

List A	OR	List B	AND	List C
<p style="text-align: center;">Documents that Establish Both Identity and Employment Authorization</p> <ol style="list-style-type: none"> 1. US Passport or US Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form 1-551) 3. Foreign passport with a temporary 1-551 stamp or temporary I-551 printed notation on machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form 1-766) 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or R 		<p style="text-align: center;">Documents that Establish Identity</p> <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by Federal, state, or local government agency or entities provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under the age of 18 who are unable to present a document listed above</p> <ol style="list-style-type: none"> 1. School record or report card 2. Clinic, doctor, or hospital record 3. Day-care or nursery school record 		<p style="text-align: center;">Documents that Establish Employment Authorization</p> <ol style="list-style-type: none"> 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States 2. Certification of Birth Abroad issued By the Department of State (FS-545) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form 1-197) 6. ID Card for Use of Resident Citizen in the United States (Form 1-179) 7. Employment authorization document issued by the Department of Homeland Security 8. Certification of Report of Birth issued by the Department of State (DS-1350)

This Section For Airport Security Use Only

List A

List B

List C

Document Type: _____

Issuing Authority: _____

Document #: _____

Expiration: _____

Signature of TA Verifying Documents: _____

Signature of TA Submitting Biographical Information: _____

Signature of TA Issuing Badge: _____