

READING REGIONAL AIRPORT

Appendix 7 Fingerprint Application

RDG Airport ID/Access Badge Application

Secure Area /Security Identification Display Area/Airport Operations Area

Full Name: _____
First Middle Last Date: _____
PLEASE LIST ALL ALIAS NAMES i.e. maiden names, legal name changes, extended last names, spelling variations, or any additional names reflected on I-94 documents: _____

Address: _____ Phone#: _____
Gender: (M) or (F) Race: _____
Weight: _____ Eye Color: _____ Hair Color: _____
Social Security No.#: _____ Date of Birth: _____

Place of Birth – State: _____ Country: _____ (Two letter Identifier) Citizenship: _____

For US Citizens Born abroad or Naturalized Citizens: **If not a Citizen:**
Passport No#: _____ Country of Citizenship: _____
Or cert. of Birth Abroad #: _____ Alien Registrations#: _____
Or Cert. of Naturalization #: _____ or I-94 Form#: _____

Driver's License No.#: _____
Employer / Organization / Tenant of: _____
Title / Department: _____
Email: _____

- SELECT ONE OF THE FOLLOWING:
- FINGER PRINT BACKGROUND CHECK REQUIRED FOR UNESCORTED (SIDA) ACCESS**
 - SECURITY THREAT ASSESSMENT REQUIRED FOR AOA AND TENANT GATE ACCESS**

REQUESTED ACCESS AREAS: (Please list all gates and areas you are requesting to access) i.e.: Secure Areas, AOA, North T- Hangar #4, through Gate #5

Date of Ground Vehicle Operations Training (as per FAR 139.329): _____

Date of (TSA) Training (as per TSR 1542.213): _____

APPLICANTS SIGNATURE: _____

Card No.#: _____ Expiration Date: 2 years from date of issue

Signature of Authorized Representative of Employee: _____

** FBO Authorization as a Tenant or Employer Authorization*

WARNING: THIS RECORD CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER 49 C.F.R. PARTS 15 AND 1520. NO PART OF THIS RECORD MAY BE DISCLOSED TO PERSONS WITHOUT A "NEED TO KNOW," AS DEFINED IN 49 C.F.R. 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 PENALTIES OR OTHER ACTION. FOR U.S. GOVERNMENT AGENCIES, PUBLIC DISCLOSURE GOVERNED BY 5 U.S.C. 552 AND 49 C.F.R. PARTS 15 AND 1520.

TSA APPROVED: _____ DATE: _____

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Unescorted Access (SIDA) applicants must read the next section of this application and ensure that they meet the requirements under TSR 1542.209 for Fingerprint-based criminal history records checks (CHRC).

As an applicant for unescorted (SIDA) access at Reading Regional Airport, I attest to the fact that I have not been convicted, or have not been found guilty by reason of insanity, of any on the following *Disqualifying criminal offenses*:

1. *Forgery of certificates, false marking of aircraft, and other aircraft registration violations; 49U.S.C.46306*
2. *Interference with air navigation; 49 U.S.C.46308*
3. *Improper transportation of hazardous material; 49 U.S.C.46312*
4. *Aircraft piracy; 49 U.A.C. 46502*
5. *Interference with flight crew members or flight attendants; 49 U.S.C.46504*
6. *Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506*
7. *Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505*
8. *Conveying false information and threats; 49 .U.S.C.46507*
9. *Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C.46502*
10. *Lighting violations involving transporting controlled substances; 49 U.S.C. 46315*
11. *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*
12. *Destruction of an aircraft or aircraft facility; 18 U.S.C. 32*
13. *Murder*
14. *Assault with intent to murder*
15. *Espionage*
16. *Sedition*
17. *Kidnapping or hostage taking*
18. *Treason*
19. *Rape or aggravated sexual abuse*
20. *Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon*
21. *Extortion*
22. *Armed or felony unarmed robbery*
23. *Distribution of, or intent to distribute, a controlled substance*
24. *Felony arson*
25. *Felony involving a threat*
26. *Felony involving-*
 - (i) *Willful destruction of property;*
 - (ii) *Importation or manufacture of a controlled substance;*
 - (iii) *Burglary;*
 - (iv) *Theft;*
 - (v) *Dishonesty, fraud, or misrepresentation;*
 - (vi) *Possession or distribution of stolen property;*
 - (vii) *Aggravated assault;*
 - (viii) *Bribery; or*
 - (ix) *Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.*
27. *Violence at international airports; 18 U.S.C. 37*
28. *Conspiracy or attempt to commit any of the criminal acts listed above.*

I understand that I must disclose to the airport operator within 24 hours if I am convicted of any of the above listed disqualifying offenses that occurs while I have unescorted access authority at the airport. I also understand that the Airport has the right to investigate reports of convictions or findings of not guilty by reason of insanity or any of the disqualifying crimes listed above.

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).

Signature: _____ **Print:** _____ **Date:** _____

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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-10) / Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598, or current address.

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.

Signature: _____ Date of Birth: _____
SSN and Full Name: _____

FINGERPRINT APPLICATION FORM

The RRA may request a check of the individual's fingerprint-based criminal record in certain cases to help verify past employment. The identity of the individual must be verified at the time fingerprints are obtained. The individual must present two forms of identification, one of which must bear the individual's photograph. When requested in writing, the RRA must make available to the individual a copy of any criminal record received from the FBI. The RRA will advise the individual that the FBI criminal record discloses information that would disqualify him/her from receiving unescorted access. Within 30 days after being advised that a criminal record received from the FBI discloses disqualifying information, the individual must notify the RRA in writing, of his/her intent to correct any information believed to be inaccurate. If no notification is received within 30 days, the RRA may make a final determination.

By signing this application form, I also permit any and all of my information to be released to the Reading Regional Airport and/or other authorized agency.

Signature: _____ Date: _____
• *If you are a Federal Government employee of LEO you do not need to sign.*

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 this information to conduct a security threat assessment and will forward and fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of the individuals who are applying for, or who hold, and airport-issued identification media or who are applying to become a Trusted Agent of the RRA. DHS will also transmit fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). IF you provide your 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: The 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 or identification media. By my signature below, I acknowledge that I have received a copy of this Privacy Act Notice.

Signature: _____ Date: _____

SENSITIVE SECURITY INFORMATION

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