



NEW AIRPORT IDENTIFICATION BADGE APPLICATION FOR GENERAL AVIATION / AIRPORT OPERATIONS AREA (AOA)

SECTION 1: APPLICANT INFORMATION

Type or print legibly. Complete all sections. Incomplete applications will be rejected. SD 1542-04-08 Series requires the individual to present the identity and work authorization document(s) approved for use in the "List of Approved Documents" attached to the most current "Form I-9, Employment Eligibility Verification," issued by the U.S. Citizenship and Immigration Service ([see https://www.uscis.gov/i-9-central/acceptable-documents](https://www.uscis.gov/i-9-central/acceptable-documents)). You must present identity and work authorization document(s) when submitting your application.

ID Media Type: <input type="checkbox"/> New <input type="checkbox"/> Contractor; Project End Date:	Movement Driving Privileges: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Today's Date	Legal Last Name	Legal First Name	Legal Middle Name
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Other Names Used (Including Maiden, Nicknames, Aliases)			Purpose for Requesting Badge	
Last Name	First Name	Middle Name	<input type="checkbox"/> Tenant (has lease agreement directly with SAF) <input type="checkbox"/> Sub-Tenant, list Tenant below: <input type="checkbox"/> Employee, list employer below: <input type="checkbox"/> Other, list below: <input type="checkbox"/> Aircraft Owner/Operator, complete box below Owner/Operator of aircraft based at SAF Aircraft Location: Tail Number:	

Mailing Address (PO Boxes are not acceptable)	City	State	Zip Code
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Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile	Work Phone Number
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Social Security Number	Employer's Name	Employer's Address	Hire Date
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Place of Birth			Gender
City	State	Country	<input type="checkbox"/> Male <input type="checkbox"/> Female

Citizenship Status (Country of Origin)	Date of Birth (MM/DD/YYYY)
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List A Identity and Employment Authorization		List B Identity	*AND*	List C Employment Authorization
Document Title:	*OR*	Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				



SECTION 2: AUTHORIZED SIGNATORY AUTHORITY

This section **MUST** be completed by your authorized signatory authority. The following are Authorized Signatories at SAF:

If you are a

- Employee
- Sub-Tenant
- Client/Customer/Contractor
- Pilot/Aircrew/Aircraft Owner/Mechanic
- Tenant/Business/Hanger Owner

Your Authorized Signatory Is

- Your Employer
- Your Leaseholder/Landlord
- The Airport Business
- Hanger Owner/Landlord/Business Owner/Employer
- Airport

If you are unsure who your authorized signatory authority is, please contact the Airport Administration.

Failure to have this signature or approval will result in your application being rejected.

Sponsor/Company Name

AUTHORIZED SIGNATORY CERTIFICATION

The authorized signatory needs to read and sign below:

By my signature I certify; that I am an authorized representative of the above named sponsor/employer and as such may execute (sign) this application; that the foregoing information is true, accurate, and all information is verified; has authorized the Airport Operator to collect information to conduct a Security Threat Assessment (STA); and that the applicant's airport-issued identification media will be returned upon request, termination, or when access is no longer required; that the above named applicant is required to have access to aircraft operations areas (AOA) of the airport. 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 at: <http://uscode.house.gov/search/criteria.shtml>).

The sponsoring agency and/or applicant will reimburse the Santa Fe Municipal Airport for any TSA fines levied against the Airport which are caused by the failure of the applicant to adhere to the Airport Security Program.

AUTHORIZING SIGNATORY NAME

(print)

Date

AUTHORIZING SIGNATORY SIGNATURE

X

SECTION 3: PRIVACY ACT NOTICE

**The Privacy Act of 1974
 5 U.S.C. 552a(e)(3)**

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT 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 records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

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 a security threat assessment.

INITIALS X



Santa Fe Municipal Airport
121 Aviation Drive
Santa Fe, NM 87507

SECTION 4: SOCIAL SECURITY NUMBER RELEASE

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 (OIA), Attention: Aviation Programs (TSA-10)/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 Social Security Number is correct. I know that if I make any representation that I know is false to obtain from Social Security records, I could be punished by a fine or imprisonment or both.

I do not authorize the release of my Social Security Number.

***** NOTICE *** - If you do not disclose your Social Security Number, your Security Threat Assessment (STA) will be delayed and your badge cannot be issued until an approval from TSA is submitted back to the Airport Operator. Failure to provide may prevent completion of the STA.**

Print Full Name	Date of Birth	SSN
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Signature
X

SECTION 5: AOA Vehicle Placard

I require an AOA Vehicle Placard. (Please complete information below)

Please complete for your primary vehicle that would be utilized in the AOA.

Vehicle Make:

Vehicle Model:

Vehicle Year:

Vehicle License Plate Number:

AOA Driving Rules and Regulations:

- Personally Owned Vehicles authorized access to the SAF AOA must be issued a placard.
- This placard must be placed in the interior of the windshield of the vehicle which is authorized access and must be visible from the exterior of the vehicle.
- Vehicles may not exceed 15 MPH while driving within the AOA
- Individuals operating a vehicle within the AOA must have an airport-issued vehicle placard and their airport-issued personal identification media or be under escort of an individual authorized AOA access
- Individuals granted vehicular AOA privileges vehicles may not escort more than 3 additional vehicles
- All vehicles are subject to inspection at any time

By initialing below, I understand and agree to comply with the terms and conditions provided.

INITIALS X _____



SECTION 5: BADGE HOLDER AGREEMENT *PLEASE INITIAL EACH ONE*****

- X ____ 1. By submitting this application for an ID Media Badge, I agree to comply at all times with the security rules and policies of the Santa Fe Municipal Airport, including the provisions of the Transportation Security Administration (TSA), an agency of the United States, including the provisions of Title 49, CFR, Parts 1540, 1542, and 1544.
- X ____ 2. All ID Media Badges remain the property of the Santa Fe Municipal Airport.
- X ____ 3. I understand that I cannot loan my badge to anyone for access.
- X ____ 4. I understand that I need to have my airport ID Media Badge with me while in the AOA.
- X ____ 5. I understand that the Santa Fe Municipal Airport reserves the right to revoke authorization for any ID Media Badge where such action is determined to be in the best interest of airport security.
- X ____ 6. I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas) nor will I otherwise breach, disobey, circumvent or disregard any security directive, plan, or program at the airport.
- X ____ 7. I will challenge suspicious persons in the AOA who are not following airport security rules. If the person I challenge cannot produce a valid ID Media Badge, I will immediately notify Airport Security and/or Law Enforcement (911).
- X ____ 8. I understand that if I commit any violations of any rules and regulations will result in access being denied and possible revocation of my ID badge.
- X ____ 9. I understand that I must wait for any gate/door to the AOA to close completely and secure before leaving the area.
- X ____ 10. I understand that when providing escort for an individual I must maintain "positive" escort procedures. "Positive" escort means that the person being escorted in the AOA must be within sight and hearing range, and under the control of the authorized escorter.
- X ____ 11. I understand that a gate or door malfunctions, I must contact Santa Fe Municipal Airport Maintenance (505-690-2974) and **REMAIN** at the gate or door until an Airport representative arrives.
- X ____ 12. ***I will immediately notify the Airport Security Coordinator if my ID Badge is lost, stolen, or destroyed.***
- X ____ 13. A replacement ID Media Badge may only be issued if I declare in writing that my ID Badge has been lost, stolen, or destroyed.
- X ____ 14. I agree to return to my airport ID Media Badge at the end of my employment or if the reason for access is no longer required.
- X ____ 15. I understand and acknowledge that violation of the Airport's Security Program will result in administrative action to include badge reinstatement fees, re-training, airport fines, possible TSA civil penalties, and/or permanent revocation of my badge.
- X ____ 16. I will reimburse the Santa Fe Municipal Airport for any TSA fines levied against the Airport which are caused by the failure of the applicant to adhere to the Airport Security Program.
- X ____ 17. I authorize the Airport Operator to collect information to conduct a Security Threat Assessment.

I understand and agree to comply with the terms and conditions provided for in this application and agree to comply with any changes or amendments to the terms and conditions that may be imposed by the Airport Operator and/or TSA. 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).

X _____

APPLICANT'S SIGNATURE

DATE

FOR AIRPORT USE ONLY

I have examined all required crediting document(s) to ensure they are current, they appear genuine and relate directly to the individual presenting them.

1st Document: _____

2nd Document: _____

Document #: _____

Document #: _____