



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

## NEW AIRPORT IDENTIFICATION BADGE APPLICATION FOR SECURED AREA / STERILE AREA

### SECTION 1: APPLICANT INFORMATION

Type or print legibly. Complete all sections. Incomplete applications will be rejected.

ID Media Type: <input type="checkbox"/> secured area <input type="checkbox"/> Sterile Area		Movement Driving Privileges: <input type="checkbox"/> YES <input type="checkbox"/> NO		secured area / Sterile Area Escort Privileges (complete section 3) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Today's Date	Legal Last Name	Legal First Name		Legal Middle Name	
Other Names Used (Including Maiden, Nicknames, Aliases)				State Issued Driver's License Number	
Last Name	First Name	Middle Name		Number	
				State	Expiration Date
				Height ft   in	Weight lbs   Eye Color   Hair Color
Mailing Address (PO Boxes are not acceptable)		City	State	Zip Code	
Race/Ethnicity	Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile		E-Mail Address		
Social Security Number	Date of Birth (MM/DD/YYYY)	Employer		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth					
City	State		Country		
Citizenship Status (Country of Origin)					

**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>). You must present identity and work authorization document(s) when submitting your application.**

List A - Identity and Employment Authorization	List B - Identity	*AND*	List C - Employment Authorization
Document Title:	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:	*OR*		
Issuing Authority:			
Document Number:			
Expiration Date (if any) (mm/dd/yyyy):			
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any) (mm/dd/yyyy):			



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## SECTION 2: AUTHORIZED SIGNATORY AUTHORITY

# **STOP!**

**Section 2 MUST be completed by your company's authorized signatory authority. The authorized signature must be on file with the Airport Security Coordinator. If your company does not have an authorized signatory authority, please see the Airport Security Coordinator. 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 employer and as such may execute (sign) this application; that the foregoing information is true, accurate, and all information is verified; that the above named employer has authorized a fingerprint submission or has provided the Santa Fe Municipal Airport written verification of proof that the employer has subjected the employee to a Criminal History Records Check (CHRC); has authorized the Airport Operator to collect information to conduct a Security Threat Assessment (STA) and is responsible for all application fees and charges; and that the employee's airport-issued identification media will be returned upon request, termination, or when access is no longer required; that the above named employee is required to have access to secured areas of the airport; that the above named employee requires escort authority (if applicable). 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>).

My company or agency 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: ESCORT RULES AND REGULATIONS

### **ONLY Complete this section if you are requesting escort authority**

1. Only persons with unescorted access authority (persons who have been issued a Santa Fe Airport ID Badge for that area) are permitted to escort. Only individuals with a white "E" on their badge are permitted to escort.
2. Escorted persons must be continuously accompanied or monitored while within the area. This includes the work area and the route between the work area and the access gate and includes any area inside the perimeter fence. As an escort you must be able to identify whether the escorted individual is engaged in activities other than those for which access was granted and be able to take action as described in #3 below.
3. If the individual being escorted attempts any inappropriate or incorrect actions or attempts to go into any area where they are not permitted, you must be able to intervene and take action as follows:
  - a. Personally intervene and take action to correct the individual;
  - b. Contact the Airport Security Officer or have someone contact the Airport Security Office on your behalf. As an alternative, law enforcement may be notified by calling 911.
  - c. Upon contacting the Airport Security Officer and/or law enforcement, continue to monitor the individual and control the individual to the best of your ability until security and/or law enforcement arrive.
4. Positive escort procedures apply. This means that you must be within both sight and hearing of the individual being escorted at all times.
5. No more than ten (10) individuals may be escorted.
6. Be aware that you are personally responsible and that your company is also responsible for anyone that you escort. Failure to use proper escort procedures described in this document may result in the loss of your access privileges and in Federal fines against both you and your company.
7. By my signature below I acknowledge that I understand the rules and regulations contained herein and state that I will abide by these rules and regulations.

Signature

X

Date

Print Full Name



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#### SECTION 4: 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

#### SECTION 5: 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 12<sup>th</sup> 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 MM/DD/YYYY	SSN ### - ## - ####
Signature X		



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#### SECTION 6: Vehicle Placard

- ☐ I require a secured area Vehicle Placard. (Please complete information below)
- ☐ I require an Airport Operations Area (AOA) Placard. (Please complete information below)

Please complete for your primary vehicle that would be utilized in the area listed above.

Vehicle Make:

Vehicle Model:

Vehicle Year:

Vehicle License Plate Number:

Driving Rules and Regulations:

- Personally Owned Vehicles authorized access 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
- Individuals operating a vehicle within the Secured Area must have an airport-issued vehicle placard and their airport-issued personal identification media or be under escort of an individual authorized Secured Area access
- Individuals granted vehicular Secured Area 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

***secured area Vehicle Placard approved by:  
(must be an ASC)***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



## SECTION 7: DISQUALIFYING CRIMINAL OFFENSES

An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below in any jurisdiction during the 10 years before the date of the individual's applicant for unescorted access authority, or while the individual has unescorted access authority. You may obtain the results of the fingerprint based CHRC by making a written request to the Airport Security Coordinator. The disqualifying criminal offenses are as follows –

1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
2. Interference with air navigation; 49 U.S.C. 46308.
3. Improper transportation of a hazardous material; 49 U.S.C. 46312.
4. Aircraft piracy; 49 U.S.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(b).
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—
  - a. Willful destruction of property;
  - b. Importation or manufacture of a controlled substance;
  - c. Burglary;
  - d. Theft;
  - e. Dishonesty, fraud, or misrepresentation;
  - f. Possession or distribution of stolen property;
  - g. Aggravated assault;
  - h. Bribery; or
  - i. 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 in this section.

By signing below, I certify that I do not have a disqualifying offense. Under Title 49 CFR 1542.209(i) USC imposes a continuing obligation of the applicant granted unescorted secured/Sterile area access authority to disclose to the Santa Fe Municipal Airport's Airport Security Coordinator within 24 hours of a conviction of any disqualifying criminal offenses while he/she has unescorted secured/Sterile area access authority.

The Airport Security Coordinator keeps confidential the criminal history record obtained from the FBI and uses it only for determining whether to issue an Airport Identification Badge (ID Badge). You may get a copy of your criminal history record sent by the FBI to the Airport Security Coordinator by submitting a written request within 30 days after being advised that your criminal history shows you are disqualified from being issued an ID Badge. If you believe that any information is inaccurate, you may directly contact the agency that reported the disqualifying conviction to correct your record.

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).

Signature  X	Date
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Print Full Name
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**SECTION 8: 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 will visibly display my ID Media Badge outside my garments on my upper body whenever I am in the SIDA/secured/Sterile Area.
- 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 any person who enters a SIDA/secured/Sterile area if the person does not properly display an ID Media Badge. 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 SIDA/secured/Sterile area to close completely before leaving the area.
- X \_\_\_\_\_ 10. 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 \_\_\_\_\_ 11. **I will immediately notify the Airport Security Coordinator if my ID Badge is lost, stolen, or destroyed.**
- X \_\_\_\_\_ 12. 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 \_\_\_\_\_ 13. 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 \_\_\_\_\_ 14. 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 \_\_\_\_\_ 15. 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 \_\_\_\_\_ 16. I authorize the Airport Operator to collect information to conduct a Security Threat Assessment and Criminal History Records Check.

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