

## Badge and Fingerprint / STA Application

To schedule an appointment contact us at: (850) 436-5113 or badging@cityofpensacola.com

HOME ADDRESS  City: State: Zip Code:  COUNTRY OF CITIZENSHIP RACE EYE COLOR HAIR COLOR HEIGHT W  TELEPHONE  Daytime: ( ) Mobile: ( )  Mobile: ( )  Mobile: ( )  Mark the applicable box below and			
HOME ADDRESS    City:   State:   Zip Code:			
HOME ADDRESS    City:   State:   Zip Code:			
COUNTRY OF CITIZENSHIP  RACE  EYE COLOR  HAIR COLOR  HEIGHT  Mobile:  Work:  TELEPHONE  Daytime:  Daytime:  Daytime:  Mobile:  Mobile:  Mobile:  Mobile:  Mobile:  Mobile:  Mobile:  Mobile:  Mork:  M			
COUNTRY OF CITIZENSHIP  RACE  EYE COLOR  HAIR COLOR  HEIGHT  Work:  TELEPHONE  Daytime:  Mobile:  OTHER NAME(S) PREVIOUSLY USED  Mark the applicable box below and answer(s) to any associated questions of the color	VEIGHT		
COUNTRY OF CITIZENSHIP  RACE  EYE COLOR  HAIR COLOR  HEIGHT  W  ft:in:  Work:  Daytime:  OTHER NAME(S) PREVIOUSLY USED  Section 2 - Citizenship Information  Mark the applicable box below and answer(s) to any associated quantum answer(s) to any associated quantum answer(s).  NON-IMMIGRANTVISAHOLDER: Provide ALL of the following: Non-immigrant Visa Control Number (Visa, top right corner):	VEIGHT		
TELEPHONE Daytime:  Mobile:  Mobile:  Mork:  Work:  OTHER NAME(S) PREVIOUSLY USED  Section 2 - Citizenship Information  Mark the applicable box below and answer(s) to any associated quantum answer(s) to any associated quantum modern to answer (s) to any associated quantum modern to analyze (s) to any	VEIGHT		
TELEPHONE Daytime:  Mobile:  Mobile:  Mobile:  Work:  OTHER NAME(S) PREVIOUSLY USED  Mark the applicable box below and answer(s) to any associated quantum answer(s) to any as			
Baytime: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Section 2 - Citizenship Information  US CITIZEN BORN WITHIN THE UNITED STATES OR ITS TERRITORIES  Non-immigrant Visa Control Number (Visa, top right corner):			
US CITIZEN BORN WITHIN THE UNITED STATES OR ITS TERRITORIES    NON-IMMIGRANTVISAHOLDER: Provide ALL of the following:   Non-immigrant Visa Control   Number (Visa, top right corner):			
US CITIZEN BORN WITHIN THE UNITED STATES OR ITS TERRITORIES  NON-IMMIGRANTVISAHOLDER: Provide ALL of the following:  Non-immigrant Visa Control  Number (Visa, top right corner):	d provide uestions		
Non-immigrant Visa Control Number (Visa, top right corner):			
OTHER US CITIZEN (Naturalized or Born Abroad) Provide the following:			
1. US Passport Number:			
	Passport Number:		
2. Certificate of Naturalization NON-US CITIZEN: Provide at least ONE of the following:  Number (ARN or INS): Alien Registration	NON-US CITIZEN: Provide at least ONE of the following:  Alien Registration		
OR Number (ARN):	Number (ARN):		
3. Certificate of Birth Abroad I-94 Arrival/Departure (Form DS-1350): Form Number:			
Section 3 - Disqualifying Criminal Offenses  Review the list of criminal offenses and in appropriate statement at the bottom of the section o	nitial the		
<ul> <li>Forgery of certificates, false marking of aircraft, and other aircraft</li> <li>Rape or aggravated sexual abuse.</li> <li>Unlawful possession, use, sale, distribution, or manufacture of an explosion.</li> </ul>	Rape or aggravated sexual abuse.		
• Interference with air navigation; 49 U.S.C. 46308. weapon.	weapon.		
<ul> <li>Improper transportation of a hazardous material; 49 U.S.C. 46312.</li> <li>Aircraft piracy; 49 U.S.C. 46502.</li> <li>Extortion.</li> <li>Armed or felony unarmed robbery.</li> </ul>	Armed or felony unarmed robbery.		
<ul> <li>Interference with flight crew members or flight attendants; 49 U.S.C. 46504.</li> <li>Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.</li> <li>Felony arson.</li> </ul>			
• Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505. • Felony involving a threat.	Felony involving a threat.		
	<ul> <li>Felony involving willful destruction of property.</li> <li>Felony involving importation or manufacture of a controlled substance.</li> </ul>		
U.S.C. 46502(b).  • Felony involving burglary.			
<ul> <li>Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.</li> <li>Unlawful entry into an aircraft or airport area that serves air carriers or foreign</li> <li>Felony involving dishonesty, fraud, or misrepresentation.</li> </ul>	· -		
<ul> <li>air carriers contrary to established security requirements; 49 U.S.C. 46314.</li> <li>Destruction of an aircraft or aircraft facility; 18U.S.C. 32.</li> <li>Felony involving possession or distribution of stolen property.</li> <li>Felony involving aggravated assault.</li> </ul>	<ul> <li>Felony involving possession or distribution of stolen property.</li> <li>Felony involving aggravated assault.</li> </ul>		
• Murder. • Felony involving bribery.	Felony involving bribery.		
<ul> <li>Assault with intent to murder.</li> <li>Espionage.</li> <li>Felony involving illegal possession of a controlled substance punishable to maximum term of imprisonment of more than 1 year.</li> </ul>	<ul> <li>Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.</li> </ul>		
<ul> <li>Sedition.</li> <li>Kidnapping or hostage taking.</li> <li>Violence at international airports; 18 U.S.C. 37.</li> <li>Conspiracy or attempt to commit any of the criminal acts listed in this se</li> </ul>	j		
• Treason.			
I have <b>NOT</b> been convicted, given a deferred sentence, found guilty by reason of insanity or been arrested and awaiting judicial initial if True	ection.		

Initial if True

proceedings of ANY of the offenses listed above in any jurisdiction during the 10 years before the date of this application.

I have been convicted, given a deferred sentence, found guilty by reason of insanity or been arrested and awaiting judicial proceedings of ANY of the offenses listed above in any jurisdiction during the 10 years before the date of this application.

## **Section 4 - Agreement Section**

My signature below certifies that I agree to all of the following applicable statements:

- 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 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.

  \*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.

  \*I understand that Federal regulations under 49 CFR Part 1542.209(I) impose a continuing obligation to disclose to Pensacola International Airport within twenty-four (24) hours if I am convicted or found guilty by reason of insanity any Disqualifying Criminal Offenses (Section 3) that occur while I have unescorted access authority. If arrested for any of these offenses I am responsible for notifying the airport within twenty-four (24) hours of the arrest.

  \*If my badge includes Driving Privileges, I agree to abide by all Rules and Regulations for the operation of a vehicle within the Airport Operations Area (AOA), and understand

- to do so may result in revocation of driving privileges. Furthermore, Lundarstand personnel permitted to drive only in the Non-Movement Area (NIMA) are not

authorized to access any portion of the Movement Area (MA) (i.e., runways and taxiway: The badge issued to me remains property of the Pensacola International Airport, must be	surrendered upon termination of emplo	ovment, and reported immediately to my		
supervisor if lost, misplaced, or stolen. A \$100.00 LOST FEE will be levied for lost, misplacessuance of a replacement badge.  SCREENING NOTICE: Any employee holding a credential granting access to a Security working in or leaving a Security Identification Display Area.	•	·		
FIRST	MIDDLE	LAST		
Applicant's Full Legal		Date:		
Applicant's Signature:		(mm-dd-yy)		
Section 5 - Authorized Signer Section	Prior to completion of this must validate information Sections 1 - 4	section, the Authorized Signer provided by the Applicant in		
COMPANY NAME	APPLICANT'S JOB TITLE			
BADGE TYPE REQUEST Secured (Gold) SIDA(Blue) Sterile (Green)	AOA(Red) ID Card (Whit	te) NE (No Escort)		
DRIVING PRIVILEGES REQUEST  None Non-Movement Area (NMA - ramps/aprons) only NMA and Movement Area (MA - runways/taxiways)				
AUTHORIZED SIGNER'S NAME - PRINTED	Nor			
EMAIL ADDRESS	PHONE NUMBER			
Initial I (authorized signer) have personally verified this badge applicant's acceptable forms of identification	applicant's criminal h	have personally verified this badge istory check performed by my company		
My signature below certifies I have reviewed this application for accuracy and re ndicated above. I understand before an application can be processed for Secure History Records Check (CHRC) must be successfully completed to the extent nece Authorized Signer, am aware that a \$100.00 LOST FEE will be levied for lost, misplevied before a replacement badge will be issued. Upon termination of employmes adging Office.	d, SIDA, Sterile and AOA badge app essary to verify representations ma placed or stolen badges. In addition	licants, a fingerprint-based Criminal de by the employee/applicant. I, the , a \$20.00 REPLACEMENT FEE will be		
Authorized Signer's Signature:		Date: (mm-dd-yyyy)		
AIRPORT BADGING OFFICE USE ONLY				
Badge Color:Access Level:	Badge #:	Exp:		
SIDA / NIMA / MA / Socurity Brief / Evit Lane / BSA Training Date:		suo Dato:		

1st Govt. Issued ID:

2nd ID:

Receipt #:\_\_\_\_ DLV Date: BADGE

## Forms and Information online: visit FlyPensacola.com then click on Operations & Badging

Note: A copy of the criminal record received from the Federal Bureau of Investigation will be provided to you upon receipt of a written request to the Airport Security Coordinator. Please direct all questions regarding Criminal History Record Check (CHRC) results to:

Airport Security Coordinator, 2430 Airport Blvd., Suite 225 Pensacola, FL 32504. (850) 436-5000

CM Revised:OCT 25, 2022