

Fingerprint Date _____	<input type="checkbox"/> NEW	<input type="checkbox"/> Renewal	Issued Badge Number _____	
Fingerprint Approved _____	<input type="checkbox"/> Blue Stripe Approval (LEO) _____			
Fingerprint Case Number _____	Customs Seal Date _____			
Fingerprint T/A Initials _____	Badge Color:	<input type="checkbox"/> Red	<input type="checkbox"/> Green	<input type="checkbox"/> Blue
STA Approval _____ (T/A Initials _____)	Issued:	<input type="checkbox"/> Purple	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange

**Metropolitan Washington Airports Authority**  
**ID Badge Sterile or Secured Area/AOA Motor Vehicle Operator Permit Application**

- Ronald Reagan Washington National (T/A Initials \_\_\_\_\_)
- Washington Dulles International (T/A Initials \_\_\_\_\_)

**Section I – Applicant (this section must be typed)**

Full Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number \_\_\_\_\_ (Providing your SSN to TSA is voluntary; however, failure to provide it may delay or prevent completion of a Security Threat Assessment)

Other Names Used \_\_\_\_\_ (former name, nickname, maiden name)

Daytime Telephone \_\_\_\_\_

Current Mailing Address:

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_ Country or State of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Race \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Date of Birth(MM/DD/YYYY) \_\_\_\_\_ Driver/Walker State \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

**Employer/Company** \_\_\_\_\_ **Job Title** \_\_\_\_\_ Date of Hire \_\_\_\_\_

**Section II – Identification and Work Authorization**

Every applicant must present two forms of identification, at least one of which must have been issued by a government authority and at least one of which must have a photo. The only forms of identification that are acceptable are those set forth in the "List of Acceptable Documents" attached to the most current "Form I-9, Employment Eligibility Verification," issued by the U.S. Citizenship and Immigration Service (see [www.uscis.gov/files/form/i-9.pdf](http://www.uscis.gov/files/form/i-9.pdf)).

Additionally,

**For U.S. Citizens born abroad**, one of the forms of identification must be one of the following: (1) U.S. Passport, (2) Certificate of Naturalization, or (3) Certificate of Birth Abroad (Form DS-1350)

**For individuals who are not U.S. citizens**, one of the forms of identification must be one of the following: (1) Permanent Resident Card or Alien Registration Receipt Card (Form I-551), (2) Arrival-Departure Record (Form I-94) when presented with an unexpired foreign passport bearing the same name and containing an endorsement of the individual's non-immigrant status.

**Two forms of identification presented: (ID Verification - T/A Initials \_\_\_\_\_)**

Driver's License  Walker ID  Social Security Card  Military ID -  Active  Dependent  Retiree

Birth Certificate  State \_\_\_\_\_  Certificate of Birth Abroad (DS-1350) Certificate Number \_\_\_\_\_

Work Permit  ICE Card Alien Registration # A \_\_\_\_\_ Expiration Date \_\_\_\_\_

Form I-94 Non-Immigrant Visa # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Passport \_\_\_\_\_ Country \_\_\_\_\_ Expiration Date \_\_\_\_\_

Naturalization \_\_\_\_\_  Other \_\_\_\_\_

**Section III – Criminal History**

Public Law 106-528 (49 USCA 40101 NOTE) and 49 CFR 1542.209 forbid anyone who has been convicted or found not guilty by reason of insanity within the previous ten years of the crimes listed on the fingerprint application from being granted unescorted access to the airport's Security Identification Display Area (SIDA). That is, the person may not be given a badge. All applicants must submit fingerprints that will be used to check the person's criminal history records. You may request a copy of your criminal history records sent by the FBI to the Airport Security Coordinator by submitting a written request. If you believe the information is inaccurate, you may directly contact the agency that reported the disqualifying conviction to correct your record.

To print out a completed form from the PDF version, you may type directly on it from your computer. The completed, signed form will only be accepted if printed double-sided on a single sheet of paper. This form may be photocopied to create the double-sided form.

**Section IV – Applicant’s Security Responsibility Agreement**

I understand that if I am convicted or found not guilty by reason of insanity if any if the crimes on the Fingerprint Application in the future, I must report such a conviction or finding of not guilty by reason of insanity to the Airport Security Coordinator within **24 hours**. \_\_\_\_\_ (initials)

1. I will not allow anyone else to use my ID badge or Secured Area/AOA access key.
2. I will wear my ID badge on my outermost garment at all times when in the SIDA or security controlled area.
3. I will challenge and report any individual who is not displaying an ID badge in the SIDA or security controlled area and report the incident to the Airport Operations Department or Airport Police.
4. I will ensure proper closing and locking of any Secured Area or AOA door or gate I use.
5. I will not allow anyone to follow me or my vehicle through any Secured Area or AOA door or gate.
6. I will report the theft or loss of my ID badge or key immediately to the Airport Operations Department.
7. I will report immediately any security violation I witness to the Airport Operations Department or Airport Police.
8. I will submit to searches of my person as required in the Secured Area, AOA, and Sterile Areas of this airport.

I have read the above security procedures and I understand that failure to comply with any of them may result in the revocation of my ID badge or key, which means that I will not be allowed access to the security controlled areas of the airport.

The Federal Transportation Security Administration requires the Airports Authority to include the following statement on this application and to have each applicant sign and date that statement in order to be issued a badge.

**“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 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)”**

**Applicant’s Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Section V – Company Information and Certification** (Signature Verification - T/A Initials \_\_\_\_\_)

Sponsor \_\_\_\_\_  
**Employer (if other than sponsor)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**I certify that the applicant needs access as follows to perform his/her duties:**  
**Sterile Area only** \_\_\_ **Gate Agent Status?**  Yes  No **Secured Area/AOA Gates** \_\_\_\_\_  
**Secured Area/AOA Motor Vehicle Operator Permit required?**  Yes  No  **Escort Authority Authorized** **Date** \_\_\_\_\_

**Certification Official’s Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Company** \_\_\_\_\_

**Certification Official’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section VI – Air Carrier Criminal History Record Check (CHRC) Certification** (T/A Initials \_\_\_\_\_)

**Name of Air Carrier** \_\_\_\_\_

I certify that an FBI CHRC has been conducted for \_\_\_\_\_  
\_\_\_\_\_ (Applicant’s Name)  
on \_\_\_\_\_ in accordance with FAR Part 1544.229. The **Fingerprint Case No.** is \_\_\_\_\_  
\_\_\_\_\_ (approval date)

**Certification Official’s Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Certification Official’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section VII – Security Trainer** (IET T/A Initials \_\_\_\_\_)

This applicant has completed SIDA training in accordance with the TSA approved curriculum cited in the Airport Security Program.

**SIDA Trainer** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section VIII – Secured Area/AOA Motor Vehicle Operator Trainer** (IET T/A Initials \_\_\_\_\_)

This applicant has successfully completed the Secured Area/AOA Driver IET Training Class and test.

**Driver Non-Movement Area Training**  **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Driver Movement Area Training (Annual Re-training)**  **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_