



Badging Instructions

*The following steps must be completed **BEFORE** a badging application will be accepted.

1. You must know what type of badge you are applying for; SIDA, NON-SIDA, or STERILE.
2. Access control media applications must be 100% completed with appropriate signatures. **APPLICATION MUST BE SIGNED BY A SIGNATORY AUTHORITY.** An authorized signatory authority is an individual that has been vetted and trained to sign applications and will be responsible for all badges. If escort is needed the escort procedure form must also be completed and signed by an authorized signatory authority.
3. All badges must be **PAID IN ADVANCE** of the application being accepted. Payment arrangements can be made through Janice Lewis, during normal business hours. (260) 446-3431, or jlewis@fwairport.com.
4. Please bring proper I.D. with you! Only original documents will be accepted no photo copies. For a list of proper I.D. please click the link for the Approved ID List, or go to the FWA website <https://fwairport.com/> click on the Airport Business tab and then the Badges and Drivers Training tab.
5. All applications and documents will need to be **HAND DELIVERED** to 3808 Winters Rd. Fort Wayne Indiana 46809. **BADGING HOURS ARE 8:30 A.M. to 4:30 P.M.** 365 days a year. Once this step complete you will be notified to return to PSD to complete the badging process.
6. Testing will only be given after FWA has received an acceptable Criminal history records check and Security Threat Assessment. Plan on this final training and testing to take up to one hour.

*Criminal History Checks/ Security Threat Assessments are good for 30 days. If badging is not completed in 30 days the process starts over including payments.

Driver's Training

7. If you will be receiving Non-Movement or Movement Driving privileges, you must have your Signatory Authority verify on your badge application which endorsement you will need. Once you have completed Security testing and received your badge form Public Safety you will need to come to the Airport Operations office located in the Terminal on the West end.
8. Driver's Training tests are available Monday-Thursday 6:30am-11pm & Friday-Sunday 6:30am-2pm. Appointments are highly recommended. Contact Operations at (260) 446-3434 or operationsspecialists@fwairport.com

Fort Wayne-Allen County Airport Authority
ACCESS CONTROL MEDIA APPLICATION

Rev. 09/28/2014

| | | | |
|---|--------------------------|--------------|--------------------------|
| Type of Media requested / Driving Privileges | | | |
| SIDA | <input type="checkbox"/> | MOVEMENT | <input type="checkbox"/> |
| NON-SIDA | <input type="checkbox"/> | NON-MOVEMENT | <input type="checkbox"/> |
| STERILE | <input type="checkbox"/> | | |
| ESCORT | <input type="checkbox"/> | | |

PERSONAL INFORMATION

PRINT CLEARLY OR TYPE

DATE OF APPLICATION: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

OTHER NAMES: ALIAS, MAIDENS, PREVIOUS MARRIAGE, ETC _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PLEASE CHECK ONE MALE FEMALE WEIGHT: _____ HEIGHT: _____

BIRTH DATE: MO/ _____ DAY/ _____ YR/ _____ EYE COLOR: _____ HAIR COLOR: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED _____

PASSPORT ID NUMBER _____ COUNTRY OF PASSPORT _____

PLEASE CHECK ONE YES NO **(LIST ANY CITIZENSHIP OTHER THAN U.S.)**
U.S. CITIZENSHIP: COUNTRY OF CITIZENSHIP(S) _____

(IF BORN IN USA)
COUNTRY OF BIRTH _____ STATE OF BIRTH _____ ALIEN DOC # _____

(ONLY IF YES TO BORN ABROAD)
BORN ABROAD YES NO CERTIFICATE OF BORN ABROAD FORM DS-1350 # _____

PLEASE CHECK ONE **IF YES PLEASE CHECK ONE AND PROVIDE NUMBER**
ALIEN YES NO / ALIEN REGISTRATION VISA I-94 FORM _____

APPLICANT PHONE #: _____

EMPLOYER INFORMATION/AIRPORT PRINCIPLE

COMPANY NAME / PRINCIPLE AFFILIATE: _____

PHONE # WORK: _____ SUPERVISOR NAME: _____

USE PHYSICAL ADDRESS OF EMPLOYMENT. NOT A MAILING ADDRESS:

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYMENT / LEASED DATE: _____

Sensitive Security Information

WARNING: This record contains sensitive security information that is controlled under 49 C.F.R. Parts 15 & 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 & 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 5U.S.C. 552 & 49 C.F.R. Parts 15 & 1520

(This page will be completed by the Airport Authority.)

FINGERPRINT INFORMATION *(Sida or Sterile Badge Only)*

DATE OF FINGERPRINT: _____ FINGERPRINT TRACKING # _____

PRINTS TAKEN BY AGENT: _____ DATE OF FINGERPRINT RETURN: _____

SIDA TRAINING INFORMATION *(Sida or Sterile Badge Only)*

SIDA PLACE OF TRAINING: _____ DATE OF TRAINING: _____

NAME OF AGENT CONDUCTING TRAINING: _____

(PLEASE PRINT)

SIGNATURE OF AGENT CONDUCTING TRAINING: _____

ISSUED MEDIA INFORMATION

DATE MEDIA ISSUED: _____ AGENT ISSUING MEDIA: _____

PLEASE CHECK ONE

SIDA STERILE AREA NON SIDA: BADGE NUMBER: _____ PERMISSIONS GROUP: _____

Escort Privilege: YES _____ NO: _____

EMPLOYER/EMPLOYEE SEPARATION INFORMATION

DATE OF EMPLOYEE SEPARATION _____ SUPERVISOR _____

PLEASE CHECK ONE

VOLUNTARY: _____ TERMINATED _____

COMPLETE ONLY IF TERMINATED

REASON FOR TERMINATION _____

SURRENDERED MEDIA INFORMATION

UPON THE RECEIPT OF THE RETURNED MEDIA, THIS PORTION SHALL BE COMPLETED AND GIVEN TO THE EMPLOYER AS EVIDENCE THAT THE MEDIA HAS BEEN SURRENDERED.

SURRENDERED MEDIA NUMBER: _____ DATE SURRENDERED TO PSD: _____

AGENT'S SIGNATURE: _____

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EMPLOYEE /LESSEE DECLARATION

I _____ (APPLICANT’S NAME), CERTIFY THAT I AM A EMPLOYEE / LESSEE FOR _____ (EMPLOYER / PRINCIPLE’S NAME) AND REQUEST THAT I BE ISSUED AN AIRPORT-ISSUED MEDIA TO BE WORN ON AN OUTER GARMENT ABOVE THE WAIST WHILE WORKING IN AUTHORIZED SECURED PORTIONS OF THE AIR OPERATIONS AREA. I UNDERSTAND THAT ACCESS INTO SECURED AREAS SHALL ONLY BE IN ACCORDANCE WITH ALL TSA AND AIRPORT AUTHORITY RULES AND REGULATIONS, AND MY EMPLOYER/PRINCIPLE AND I SHALL BE HELD RESPONSIBLE FOR MY ACTIONS WHILE IN SECURED AREAS ON THE AIRPORT. I FURTHER UNDERSTAND THIS BADGE MUST BE SURRENDERED AT ANY TIME UPON THE DEMAND OF MY EMPLOYER OR ANY AIRPORT AUTHORITY OFFICIAL. I ALSO UNDERSTAND THERE IS A \$50.00 FEE FOR ANY LOST OR STOLEN SIDA BADGES NEEDING REPLACED.

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.)

EMPLOYEE/LESSEE SIGNATURE: _____ DATE: _____

EMPLOYER / PRINCIPLE DECLARATION

_____ (EMPLOYER/PRINCIPLE NAME) acknowledges that it is responsible for the actions of the above-named employee/lessee/invitee while acting in the employer/principle’s behalf and agrees to pay any fine and/or civil penalty assessed against the Fort Wayne-Allen County Airport Authority by the Transportation Security Administration (TSA) as a result of any action issued by the TSA with respect to an incident caused by the above-named employee together with any legal or other fees related to such assessment.

EMPLOYER SIGNATURE: _____ DATE: _____
(Supervisor)

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SECURITY THREAT ASSESSMENT (STA) AND *FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK (CHRC)*

Have you ever been convicted of or found not guilty by reason of insanity for any one of the following crimes within the past 10 years.

- | | | | | |
|--|-----|-----|-----|----|
| 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations, 49 U.S.C. 46306. | ___ | Yes | ___ | No |
| 2. Interference with air navigation, 49 U.S.C. 46308. | ___ | Yes | ___ | No |
| 3. Improper transportation of a hazardous material, 49 U.S.C. 46312. | ___ | Yes | ___ | No |
| 4. Aircraft piracy, 49 U.S.C. 46502. | ___ | Yes | ___ | No |
| 5. Interference with flight crew members or flight attendants, 49 U.S.C. 46504. | ___ | Yes | ___ | No |
| 6. Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506. | ___ | Yes | ___ | No |
| 7. Carrying a weapon or explosive aboard an aircraft, 49 U.S.C. 46505. | ___ | Yes | ___ | No |
| 8. Conveying false information and threats, 49 U.S.C. 46507. | ___ | Yes | ___ | No |
| 9. Aircraft piracy outside the special aircraft jurisdiction of the United States, 49 U.S.C. 46502 (b). | ___ | Yes | ___ | No |
| 10. Lighting violations involving transporting controlled substances, 49 U.S.C. 46315. | ___ | Yes | ___ | No |
| 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. | ___ | Yes | ___ | No |
| 12. Destruction of an aircraft or aircraft facility, 18 U.S.C. S 32. | ___ | Yes | ___ | No |
| 13. Murder. | ___ | Yes | ___ | No |
| 14. Assault with intent to murder. | ___ | Yes | ___ | No |
| 15. Espionage. | ___ | Yes | ___ | No |
| 16. Sedition. | ___ | Yes | ___ | No |
| 17. Kidnapping or hostage taking. | ___ | Yes | ___ | No |
| 18. Treason. | ___ | Yes | ___ | No |
| 19. Rape or aggravated sexual abuse. | ___ | Yes | ___ | No |
| 20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon. | ___ | Yes | ___ | No |
| 21. Extortion. | ___ | Yes | ___ | No |
| 22. Armed or felony unarmed robbery. | ___ | Yes | ___ | No |
| 23. Distribution of, or intent to distribute, a controlled substance. | ___ | Yes | ___ | No |
| 24. Felony arson. | ___ | Yes | ___ | No |
| 25. Felony involving a threat. | ___ | Yes | ___ | No |

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26. Felony involving:

- (i) Willful destruction of property; ___ Yes ___ No
- (ii) Importing or manufacturing of a controlled substance; ___ Yes ___ No
- (iii) Burglary; ___ Yes ___ No
- (iv) Theft; ___ Yes ___ No
- (v) Dishonesty, fraud, or misrepresentation; ___ Yes ___ No
- (vi) Possession or distribution of stolen property; ___ Yes ___ No
- (vii) Aggravated assault; ___ Yes ___ No
- (viii) Bribery; or ___ Yes ___ No
- (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year. ___ Yes ___ No

27. Violence at international airports; 18 U.S.C. 37. ___ Yes ___ No

28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph. ___ Yes ___ No

APPLICANT MUST READ, UNDERSTAND AND SIGN BELOW.

- I certify that I do NOT have any disqualifying criminal offenses as listed above.
- I also 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 Credentials (TTAC), Attention: Aviation Programs (TSA-19)/Aviation worker program, 601 South 12th Street, Arlington, V.A. 22202.
- 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 a representation that I know to be false to obtain information from Social Security records, I could be punished by fine or imprisonment.
- I further understand that Federal regulations under 49 CFR PART 1542.209 (l) impose a continuing obligation to disclose to the Fort Wayne-Allen County Airport Authority within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.
- I also certify that the information I have provided on this application is true, complete, and correct to the best of my knowledge and belief 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.)

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

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