

Santa Barbara Airport (SBA) Application for Access Media

SECTION 1 – APPLICANT INFORMATION (Please Print)									
Last Name				First Name				Middle Name	
Alias/Other Names Used (included ALL Previous Names, Including Maiden, Nickname, or Aliases)									
Mailing Address					City			State	Zip Code
Phone Number			Email address				Social Security # (Optional for AOA <i>Only</i>)		
Gender	Race	Height	Weight	Hair Color	Eye Color	Date of Birth		State and Country of Birth	
Citizenship Country		Passport # (U.S. Passport Only)			If You Are A U.S. Citizen Not Born In The U.S., Provide Copy of One or More of the Following:				
					<input type="checkbox"/> Certificate of Naturalization	<input type="checkbox"/> Birth Abroad Form 1350	<input type="checkbox"/> Certificate of Citizenship		
If You Are Not A U.S. Citizen, Provide:									
<input type="checkbox"/> Alien Registration #:				and/or	<input type="checkbox"/> Non Immigrant Visa #:			and/or	<input type="checkbox"/> I-94 Form #

SECTION 2 - CRIMINAL HISTORY (To Be Completed by SIDA and STERILE Applicants Only)			
<p>WARNING – You may be subject to prosecution under title 18 of the United States Code if you knowingly and willfully provide false information on this application.</p> <p>A. During the previous ten years have you been convicted or found not guilty by reason of insanity of any of the crimes listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. If your answer to item "A" is yes, please check the box next to each offence that applies:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Aircraft piracy <input type="checkbox"/> Murder <input type="checkbox"/> Espionage <input type="checkbox"/> Sedition <input type="checkbox"/> Treason <input type="checkbox"/> Extortion <input type="checkbox"/> Felony arson <input type="checkbox"/> Interference with air navigation <input type="checkbox"/> Conveying false information and threats <input type="checkbox"/> Assault with the intent to murder <input type="checkbox"/> Kidnapping or hostage taking <input type="checkbox"/> Rape or aggravated sexual abuse <input type="checkbox"/> Armed or felony unarmed robbery <input type="checkbox"/> A felony involving a threat <input type="checkbox"/> A felony involving burglary <input type="checkbox"/> felony involving theft <input type="checkbox"/> A felony involving aggravated assault <input type="checkbox"/> A felony involving bribery </td> <td style="width: 33%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> A felony involving willful destruction of property <input type="checkbox"/> A felony involving bribery <input type="checkbox"/> A felony involving willful destruction of property <input type="checkbox"/> A felony involving dishonesty, fraud, or misrepresentation <input type="checkbox"/> A felony involving burglary <input type="checkbox"/> Improper transportation of a hazardous material <input type="checkbox"/> Interference with flight crew members or flight attendants <input type="checkbox"/> Commission of certain crimes aboard an aircraft <input type="checkbox"/> Carrying a weapon or explosive aboard an aircraft <input type="checkbox"/> Destruction of an aircraft or aircraft facility <input type="checkbox"/> Violence at international airport <input type="checkbox"/> Lighting violations involving transporting controlled substances <input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the U.S. </td> <td style="width: 33%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Distribution of, or intent to distribute, a controlled substance <input type="checkbox"/> A felony involving possession or distribution of stolen property <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of explosive weapon <input type="checkbox"/> A felony involving importation or manufacture of a controlled substance <input type="checkbox"/> Forgery of Certificates, false marking of aircraft, and other aircraft registration violations <input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements <input type="checkbox"/> A felony involving illegal possession of a controlled substance punishable by a maximum term of Imprisonment of more than 1 year <input type="checkbox"/> Conspiracy or attempt to commit any of the aforementioned criminal acts </td> </tr> </table> <p>I understand that any individual who has been convicted or found not guilty by reason of insanity of the crimes listed above within the previous ten years is legally prohibited from unescorted SIDA access. I understand that I am required to advise the Airport Operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. I understand that this application will be subject to FBI criminal history records check and that I must provide fingerprints for the criminal history records check. All information obtained from the FBI criminal history records check will be kept confidential and used only for determining unescorted SIDA access. I understand that I am entitled to a copy of the FBI criminal history records check if I submit a written request to the Airport Security Coordinator. If I suspect that the criminal history record check is incorrect, I should contact the reporting agency directly and resubmit another application for verification.</p> <p>_____ (initials)</p>	<input type="checkbox"/> Aircraft piracy <input type="checkbox"/> Murder <input type="checkbox"/> Espionage <input type="checkbox"/> Sedition <input type="checkbox"/> Treason <input type="checkbox"/> Extortion <input type="checkbox"/> Felony arson <input type="checkbox"/> Interference with air navigation <input type="checkbox"/> Conveying false information and threats <input type="checkbox"/> Assault with the intent to murder <input type="checkbox"/> Kidnapping or hostage taking <input type="checkbox"/> Rape or aggravated sexual abuse <input type="checkbox"/> Armed or felony unarmed robbery <input type="checkbox"/> A felony involving a threat <input type="checkbox"/> A felony involving burglary <input type="checkbox"/> felony involving theft <input type="checkbox"/> A felony involving aggravated assault <input type="checkbox"/> A felony involving bribery	<input type="checkbox"/> A felony involving willful destruction of property <input type="checkbox"/> A felony involving bribery <input type="checkbox"/> A felony involving willful destruction of property <input type="checkbox"/> A felony involving dishonesty, fraud, or misrepresentation <input type="checkbox"/> A felony involving burglary <input type="checkbox"/> Improper transportation of a hazardous material <input type="checkbox"/> Interference with flight crew members or flight attendants <input type="checkbox"/> Commission of certain crimes aboard an aircraft <input type="checkbox"/> Carrying a weapon or explosive aboard an aircraft <input type="checkbox"/> Destruction of an aircraft or aircraft facility <input type="checkbox"/> Violence at international airport <input type="checkbox"/> Lighting violations involving transporting controlled substances <input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the U.S.	<input type="checkbox"/> Distribution of, or intent to distribute, a controlled substance <input type="checkbox"/> A felony involving possession or distribution of stolen property <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of explosive weapon <input type="checkbox"/> A felony involving importation or manufacture of a controlled substance <input type="checkbox"/> Forgery of Certificates, false marking of aircraft, and other aircraft registration violations <input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements <input type="checkbox"/> A felony involving illegal possession of a controlled substance punishable by a maximum term of Imprisonment of more than 1 year <input type="checkbox"/> Conspiracy or attempt to commit any of the aforementioned criminal acts
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SECTION 3 – APPLICANT CERTIFICATIONS			
<ol style="list-style-type: none"> 1. 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). 2. I received a copy of the Terms and Conditions of my access media and I understand that failure to comply with any of them may result in suspension or revocation of my access media. I understand that failure to comply with any Terms and Conditions means that I may lose access to restricted areas of the airport. 3. SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened and/or inspected at any time while gaining access to, working in, or leaving a Security Identification Display Area. 4. 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 SSN is correct. I know that 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. (Required for SIDA applicants.) 			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; padding-top: 5px;">Full Name (Print)</td> <td style="width: 33%; border-top: 1px solid black; padding-top: 5px;">Signature</td> <td style="width: 33%; border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> </table>	Full Name (Print)	Signature	Date
Full Name (Print)	Signature	Date	

SECTION 4 – SIGNATORY AUTHORIZATION CERTIFICATION (To Be Completed by Signatory Authority Only)

Applicant's Last Name	Applicant's First Name	Applicant's Middle Name
Sponsoring Entity	Affiliation: <input type="checkbox"/> Employee <input type="checkbox"/> Customer <input type="checkbox"/> Vendor <input type="checkbox"/> Other: _____	Employee Title/Vendor Name

A. ACCESS MEDIA – Complete Items 1 through 3

1) Badge Status <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Secondary <input type="checkbox"/> Replacement	2) Badge Type <input type="checkbox"/> SIDA Secure <input type="checkbox"/> Sterile <input type="checkbox"/> AOA (indicate designated areas)	Designated Areas – AOA Only <input type="checkbox"/> Hangar 1 <input type="checkbox"/> Hangar 2 <input type="checkbox"/> Hangar 3 <input type="checkbox"/> Hangar 4 <input type="checkbox"/> Northeast <input type="checkbox"/> Atlantic <input type="checkbox"/> Above All <input type="checkbox"/> Tie Down <input type="checkbox"/> T-Hangar	3) Additional Media Airport Keys: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AOA Contractor <input type="checkbox"/> AOA Master
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B. ACCESS POINTS – Select One Group Within Signatory Authority

All Gates/Doors All Pedestrian Gates/Doors All Vehicles Gates

Only Those Gate(s)/Door(s) Listed Here _____

C. SIGNATORY AUTHORITY ATTESTATION

I attest to the following:

- A specific need exists for providing the applicant with unescorted access authority to the restricted area(s) indicated on this application.
- The applicant understands and acknowledges his/her security responsibilities under 49 CFR 1540.105(a).
- I have personally reviewed the information supplied by the applicant in Section 1 of this application and find it legible and accurate.
- I have personally completed each item in this section of the application and approve the items requested.
- I have reviewed the original documents which are the source of the information provided in Section I and find they appear genuine and the information from those original documents was correctly entered into Section 1 of the application.

Signatory's Full Name (Print) Signatory's Signature Date

SECTION 5 - FINGERPRINTING & CRIMINAL HISTORY RECORDS CHECK (To Be Completed by Signatory Authority Only)

This section must be completed for all new and renewal SIDA and/or Sterile badges

SELECT ONE:

FINGERPRINT AUTHORIZATION

I would like the airport operator to fingerprint the applicant for the purpose of criminal history records check required under TSR Part 1542.209. Please note the airport charges a fee for fingerprinting. If your company fingerprinted the applicant pursuant to TSR Part 1544.229, or if the applicant is a government employee exempt from fingerprinting under TSR Part 1542.209(m), please skip to the Certification of Criminal History Records Check areas below.

CERTIFICATION OF CRIMINAL HISTORY RECORDS CHECK

NON-GOVERNMENT & NON-EXEMPT GOVERNMENT APPLICANTS: (To be completed by Signatory Authority of Airline/Air Carrier/Ground Handler)
I certify, as a Signatory Authority, that FBI criminal history records check has been conducted for the applicant in accordance with TSR Part 1542.209 and/or Part 1544.229 on _____ which disclosed no disqualifying offenses within the previous ten years.
Airline/Aircraft Operators must complete and submit the SBA Aircraft Operator CHRC Certification form at the time of initial badge application and within 45 days of a badge renewal application.

CERTIFICATION OF CRIMINAL HISTORY RECORDS CHECK

EXEMPT GOVERNMENT EMPLOYEE APPLICANTS: (Government Signatory Authority to Complete)
I certify that the applicant is a federal, state, or local government employee who, as a condition of employment, was subjected to an employment investigation that included a Criminal History Records Check (in accordance with TSR Part 1542.209(m)) which disclosed no disqualifying offenses within the previous ten years.

Signatory's Full Name (Print) Signatory's Signature Date