

Back Forty Flying Club
Non-Sida ID Badge Procedures for “fill-in” PDF Forms

1. **If the “Fill-In” feature is not active you will need to perform the following steps in order to enter data into the Application Form.**
 - a. Save the file/portfolio on your PC
 - b. Open the file in Adobe Acrobat 8.0 or higher
 - c. Click on “Edit” → “Preferences” → Select “Documents” → set PDF/A View Mode to “Never” and click “OK”
2. Complete your part of the “Non-Sida Application Form” found in this document by keying in all relevant information. All data that you enter can be saved on your PC for later print-out. For your convenience and for uniformity, some fields have been “pre-filled” with Back Forty specific information. **Note that it is a requirement of the Public Safety Department that the forms be printed in color.**
3. Enter the date you joined the Back Forty Flying Club in the “Employment/Leased Date” field on page 1 of the application. Go to the “Members Only” pages of the club web site, click on “HOME ADDRESSES & TEL NUMBERS,” select “List All” and click on the “Submit” button. Use the “start date” next to your name.
4. Atlantic Aviation must approve and sign your application. Only a supervisor whose name appears on page 1 of the application can sign-off in the “Employer Signature” field on page 3 of the application. **It is important that you call Atlantic Aviation ahead of time to be sure that someone will be there who is authorized to sign off on the application.**
5. Fingerprinting information on page 2 of the application form is completed by the Public Safety Department when required. As of this writing, applicants for “Non-Sida Badges will not be fingerprinted.
6. Do not leave any fields blank. Enter “None” or “N/A” in those fields that would otherwise be blank.
7. Once the application is approved, take it to Public Safety (next to the new tower at FWA) for final processing and receipt of your Non-Sida Badge. Current badge holders will receive their new badges at that time. New member applicants will undergo further background checks that take from one to two weeks. There is a \$30 fee for this. After the background checks are completed the applicant will be notified and will return to Public Safety to obtain his/her Non-Sida Badge.
8. Included at the end of this document is a list of acceptable ID documents that can be used to establish your Identity and Employment Eligibility. When you go to Public Safety to obtain your ID Badge you must have with you documents that meet one of the following two options.
 - a. One of the documents from List A or, lacking that,
 - b. One document from List B and one document from List C.
9. **Bring any current badges that you may have with you as they must be returned to the Public Safety Department.**
10. If you have any questions please contact Steve Churchill.

List of Acceptable Documents

List A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (USCIS Form N-560 or N-561)
3. Certificate of Naturalization (USCIS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (USCIS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (USCIS Form I-688)
7. Unexpired Employment Authorization Card (USCIS Form I-688A)
8. Unexpired Reentry Permit (USCIS Form I-327)
9. Unexpired Refugee Travel Document (USCIS Form I-571)
10. Unexpired Employment Authorization Document issued by USCIS that contains a photograph (USCIS Form I-688B) or USCIS Form I-766

OR

List B

Documents that Establish Identity

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
 2. ID card issued by Federal, State, or local government agency or entity provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependent's ID card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under the age of 18 who are unable to present a document listed above
1. School record or report card
 2. Clinic, doctor, or hospital record
 3. Day-care or nursery school record

AND

List C

Documents that Establish Employment Eligibility

1. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad Issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a State, county, municipal authority, or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (USCIS Form I-197)
6. ID Card for use of Resident Citizen in the United States (USCIS Form I-179)
7. Unexpired employment authorization document issued by USCIS (other than those listed under List A)

**Fort Wayne Allen County Airport Authority
ACCESS CONTROL MEDIA APPLICATION**

PERSONAL INFORMATION

PRINT CLEARLY OR TYPE

DATE OF APPLICATION: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

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

SIGNATURE OF APPLICANT: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME TO APPEAR ON BADGE: _____

BIRTH DATE: MO/____ DAY/____ YR/____ **PLEASE CHECK ONE**
 MALE FEMALE

HEIGHT:____ WEIGHT:____ HAIR COLOR:____ EYE COLOR:____

HOME ADDRESS:____ DAYTIME PHONE:____

CITY:____ STATE:____ ZIP:____

DRIVER'S LICENSE NUMBER:____ STATE ISSUED _____

PASSPORT ID NUMBER _____ COUNTRY OF PASSPORT _____

COUNTRY OF BIRTH _____ STATE OF BIRTH _____
(IF BORN IN USA)

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

EMPLOYER INFORMATION/AIRPORT PRINCIPLE

COMPANY NAME / PRINCIPLE AFFILIATE: _____

SUPERVISOR/ LEESOR: _____

PHYSICAL ADDRESS OF EMPLOYMENT. NOT A MAILING ADDRESS.

ADDRESS: _____

CITY:____ STATE:____ ZIP:____

WORK PHONE: _____

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 with out 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: _____

PLEASE CHECK ONE

BADGE TYPE: _____ 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 /LESSER DECLARATION

I _____ (APPLICANT’S NAME), CERTIFY THAT I AM A EMPLOYEE / LESSER 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/lesser/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 understand 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 punishable by fine or imprisonment or both. (See section 1001 of Title 18 United States Code.)**

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

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