



# Palm Springs International Airport Fingerprint/Badge Application

V. 01-20

|  |  |
|--|--|
|  | <b>BADGE TYPE</b><br><input type="checkbox"/> SIDA<br><input type="checkbox"/> SIDA ( <i>Movement Area</i> )<br><input type="checkbox"/> SIDA LEO ( <i>Armed</i> )<br><input type="checkbox"/> SAW<br><input type="checkbox"/> SAW ( <i>With Escort</i> )<br><input type="checkbox"/> NON-SIDA<br><input type="checkbox"/> TEMPORARY |
|--|--|

## APPLICANT INFORMATION (Please Print or Type)

|  |                              |               |  |                  |                |
|--|------------------------------|---------------|--|------------------|----------------|
| Last Name  |                              | First Name    |  | Middle Name      |                |
|  |                              |               |  |                  |                |
| List All Aliases and/or Nicknames ( <i>Include Maiden Names</i> )                              |                              |               | Home or Cell Number                              |                  | Email          |
|  |                              |               |  |                  |                |
| Residential Address ( <i>Including Street Number, Unit Number, City, State, and Zip Code</i> ) |                              |               |  |                  |                |
|  |                              |               |  |                  |                |
| Mailing Address ( <i>Including Street Number, Unit Number, City, State, and Zip Code</i> )     |                              |               |  |                  |                |
|  |                              |               |  |                  |                |
| Social Security Number   | Driver's License / ID Number | Exp.          | Date of Birth                                    | Country of Birth | State of Birth |
|  |                              |               |  |                  |                |
| Citizenship ( <i>Country</i> )   |                              | Ethnic Origin |  | Eye Color        | Hair Color     |
|  |                              |               |  |                  |                |
| Height   | Weight                       | Sex           | Work Authorization & Citizenship Document Number |                  | Exp.           |
|  |                              |               |  |                  |                |
| Employer/Sponsor   |                              |               | Job Title  |                  |                |
|  |                              |               |  |                  |                |

## TERMS & CONDITIONS

\* Badge remains the sole property of the City of Palm Springs, Department of Aviation and is non-transferable.

\* Badge shall be immediately returned to Airport Law Enforcement or Airport Operations upon demand and/or upon termination of need of access to the area(s) authorized.

\* Expiration dates are determined every(2) two years and may be revalidated no earlier than 30 days prior to this date. Badges revalidated after the expiration, but within 30 days will be assessed a late fee, NO EXCEPTIONS. Badges revalidated after 30 days of expiration will render all previous security clearances null and void and badging process must be repeated with all associated fees. EXPIRED badges NOT RETURNED will be considered LOST and all associated fees will apply.

\* Badge is for official use by authorized personnel only.

\* Badge holder agrees to abide by all applicable federal, state, and City laws, rules and regulations while in authorized area(s) and to conduct their activities in a safe manner consistent with procedures outlined in the Airport Security Program and/or Airport Certification Manual.

\* Badge holder agrees to display the badge on his/her person on the outermost garment above waist level at all times while in the SIDA/Secured, Sterile, or restricted areas.

\* No person shall knowingly or willfully allow unauthorized persons access to non-public restricted areas by use of the airport identification badge.

\* Fees for all Airport badges are defined by the current approved City of Palm Springs, Comprehensive Fee Schedule).

\* If a badge is lost or stolen or otherwise unaccounted for the holder shall immediately notify Airport Law Enforcement or Airport Operations.

\* If a badge is lost, stolen, or damaged (due to abuse) the holder will be charged a replacement fee.

\* Fingerprint-based Criminal History Records Check (CHRC) processing fees must be paid in advance. CHRC results are valid for thirty (30) days from date results are received by the Airport Security Coordinator. Applicants or Authorized Signers may be subject to fees related to the resubmission process.

\* I authorize contact of any past employer; education institution any Local, State, or Federal law enforcement agency; any public/private medical institution/facility; or any person, who has knowledge of my work history, criminal records, education, medical history, or whereabouts; and I authorize those entities to release this information to the City of Palm Springs, Department of Aviation.

\* **"SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area."**

VIOLATIONS OF AIRPORT IDENTIFICATION BADGE TERMS AND CONDITIONS MAY RESULT IN IMMEDIATE REVOCATION OF THE IDENTIFICATION BADGE AND ACCESS PRIVILEGES.

## AIRPORT TRAINING (AIRPORT ONLY)

|      |            |            |
|------|------------|------------|
| BSA  | NM DRIVING | CHRC       |
| SIDA | M DRIVING  | COLLECTION |
|      |            | CHRC       |

## BADGE INFORMATION (AIRPORT ONLY)

|          |  |            |  |
|----------|--|------------|--|
| PSP ID # |  | ISSUE DATE |  |
|          |  | ISSUED BY  |  |
| COLOR    |  | EXPIRATION |  |

## STA INFORMATION (AIRPORT ONLY)

|             |  |  |
|-------------|--|--|
| STA RESULTS |  |  |
| RAP BACK    |  |  |



**Palm Springs International Airport  
Fingerprint/Badge Application**

To schedule fingerprint, training, or badging appointments, please call (760) 318-3830 or e-mail [VIP@palmsprings-ca.gov](mailto:VIP@palmsprings-ca.gov)

**V. 01-20**

**MANDATORY CRIMINAL QUESTIONNAIRE ("Yes" or "No" MUST be checked for each item listed)**

You are subject to a fingerprint-based Criminal History Records Check (CHRC). Within the past ten years, have you been convicted or found not guilty by reason of insanity of any of the following offenses?

|     |    |  |     |    |   |
|-----|----|--|-----|----|---|
| Yes | No | Forgery of certificates, false marking of aircraft, and other aircraft registration violations (49 U.S.C. 46306)   | Yes | No | Aircraft piracy (49 U.S.C. 46502)                                       |
| Yes | No | Interference with air navigation (49 U.S.C. 46308)   | Yes | No | Murder  |
| Yes | No | Improper transportation of a hazardous material (49 U.S.C. 46312)  | Yes | No | Assault with intent to murder   |
| Yes | No | Violence at International Airports (49 U.S.C. 37)  | Yes | No | Espionage   |
| Yes | No | Interference with flight crew members or flight attendants (49 U.S.C. 46504)   | Yes | No | Sedition  |
| Yes | No | Commission of certain crimes aboard an aircraft in flight (49 U.S.C. 46506)  | Yes | No | Kidnaping or hostage taking   |
| Yes | No | Carrying a weapon or explosive aboard an aircraft (49 U.S.C. 46505)  | Yes | No | Treason   |
| Yes | No | Conveying false information and threats (49 U.S.C. 46507)  | Yes | No | Rape or aggravated sexual abuse   |
| Yes | No | Unlawful possession, use, sale or distribution or manufacture of an explosive or weapon  | Yes | No | Extortion   |
| Yes | No | Lighting violations involving transporting controlled substances (49 U.S.C. 46315)   | Yes | No | Felony arson  |
| Yes | No | 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 | Distribution of, or intent to distribute, a controlled substance        |
| Yes | No | Destruction of an aircraft or aircraft facility (49 U.S.C. 32)   | Yes | No | Armed or felony unarmed robbery   |
| Yes | No | Aircraft piracy outside the special aircraft jurisdiction of the United States (49 U.S.C. 46502(b))  | Yes | No | Felony involving dishonesty, fraud, or misrepresentation                |
| Yes | No | Felony involving possession or distribution of stolen property   | Yes | No | Felony involving a threat   |
| Yes | No | Felony involving wilful destruction of property  | Yes | No | Felony involving aggravated assault                                     |
| Yes | No | Felony involving importation or manufacture of a controlled substance  | Yes | No | Felony involving bribery  |
| Yes | No | Felony involving burglary  | Yes | No | Felony involving theft  |
| Yes | No | Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.                                  | Yes | No | Conspiracy or attempt to commit any of the aforementioned criminal acts |

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). By signing this application, I am stating that I have not been convicted or found not guilty by reason of insanity, of any of the disqualifying crimes listed above (49 CFR 1542.209 (d)). Furthermore, Federal Regulations under 49 CFR 1542.209 (d) I impose a continuing obligation to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.

**\*\*\*\*\*APPLICANT ACKNOWLEDGMENT\*\*\*\*\***

|  |                               |                      |
|--|-------------------------------|----------------------|
| <b>FULL NAME OF APPLICANT</b> (Please Print) | <b>SIGNATURE OF APPLICANT</b> | <b>DATE</b>          |
| <input type="text"/>                         | <input type="text"/>          | <input type="text"/> |

A copy of the criminal record received from the FBI will be provided to the individual, if requested in writing. Questions regarding the fingerprinting process or correspondence may be directed to Scott Daugherty, Airport Security Coordinator.

**AUTHORIZED SIGNER INFORMATION**

I hereby certify that the aforementioned individual is approved to be processed to receive a SIDA, Non-SIDA, or SAW badge in accordance with all applicable provisions of 49 CFR 1542.209 and 49 CFR 1544.229. I understand that the applicant must submit to a fingerprint based "Criminal History Records Check" (CHRC) and must be cleared to receive the SIDA, Non-SIDA or SAW badge. I agree to pay for all fees associated with the processing of the badge and/or fingerprints including lost, stolen, or damaged badges. I agree to provide immediate notification to the Airport when the badgeholder's access authority has been revoked or limited, or the badgeholder's access medium has been lost or stolen. My signature below also certifies that the information contained on this application is true and correct to the best of my knowledge.

|  |   |  |
|--|---|--|
| <b>NAME OF AUTHORIZED SIGNER</b>   | <b>AUTHORIZATION SIGNATURE</b>  | <b>DATE</b>  |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>   |
| <input type="checkbox"/> Initials indicate approval for applicant to drive on Ramp/AOA | <input type="checkbox"/> Initials indicate approval for applicant to operate Loading Bridges (Applicant must have training) | <input type="checkbox"/> Initials indicate applicant has approval for escort authority |

**AIRPORT USE ONLY**

|                     |                      |                              |                      |
|---------------------|----------------------|------------------------------|----------------------|
| <b>BADGE STATUS</b> | <input type="text"/> | <b>DATE RETURNED</b>         | <input type="text"/> |
| <b>PROCESSED BY</b> | <input type="text"/> | <b>DATE REPORTED REVOKED</b> | <input type="text"/> |



## Privacy Act Notice

### The Privacy Act of 1974 5 U.S.C. 552a(e)(3)

#### Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics will be provided to the Federal Bureau of Investigations (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems "including civil, criminal, and latent fingerprint repositories". The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit the fingerprints for enrollment into the US-VISIT's automated biometrics identification system (IDENT). **Individuals applying for a SIDA media must include their SSN, or TSA will not process the application or conduct and STA. For individuals applying for AOA, Sterile or Non-SIDA media, providing SSN is voluntary, but failure to provide it may prevent completion of the STA.** Routine Uses: This information may be shared with third parties during the course of a security threat assessment (STA), employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation or adjudication of your application or in accordance with the routine uses identified in the Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. For as long as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Registry, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

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 St. 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.

Disclosure: Pursuant to § 1934© of the FAARE-authorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_