



Atlantic City International Airport

Access Control Badge Application

(Please Print Clearly)

Name _____ Gender **M** **F**
Last First Full Middle

Alias/Maiden _____
Last First Full Middle

Alias/Maiden _____
Last First Full Middle

Alias/Maiden _____
Last First Full Middle

Birth Date ____ - ____ - ____ Social Security # ____ - ____ - ____
mm dd yyyy

Are You a United States Citizen? **Yes** **No** (If No What Country) _____ Country of Birth _____
(Non Citizens/Citizens Born Abroad must complete additional information on page 3)

Place Of Birth _____ Contact Number () _____
City State

Current Address _____ City _____ State _____ Zip _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____

Do You Have A Passport? **Yes** **No** Passport # _____ Passport Country _____
(If Yes, please bring passport with you when you are fingerprinted)

Email Address _____

Employer _____ Job Title _____

Do You Have A Valid driver's license? **Yes** **No** License # _____ State _____

Have you ever been issued an ACY Security/ID Badge **Yes** **No** What Year? _____

Applicant Initials _____

LEO USE ONLY TA _____

Print Date _____

Reprint Date _____

ID Presented:

Form 1 - _____

Form 2 - _____

Form 3 - _____

Citizen Check Completed **Yes** _____ **No** _____

AIRPORT USE ONLY

Payment Received _____

TA _____

FP Result Date _____

STA Result Date _____

Access Level(SIDA Sterile AOA Public Secured)

Badge Type _____

Badge # _____

Date of Issuance _____

TA Issuer _____

In accordance with 14 CFR 1542.209, all applicants requesting access privileges must be fingerprinted. Applicants who refuse to be fingerprinted will be denied unescorted access.

APPLICANT RESPONSIBILITIES

1. All employees, tenants, and contractors are responsible for obtaining an identification badge from ACY Operations and must display it at all times while in the Security Identification Area (SIDA), unless wearing the badge creates a safety hazard to the wearer. Airport Operations must approve any exceptions to this responsibility. The badge must be obtained prior to commencing work within the SIDA.
2. Prior to receiving an identification badge, a Criminal History Records Check must be performed utilizing the applicant's fingerprints. A fingerprint card will be prepared using information on this application and forwarded to the FBI. State and local criminal history checks will also be conducted. **Two (2) forms of identification must be presented prior to fingerprinting. If you have a passport, you must present it at time of fingerprinting. At least one (1) must have been issued by a state or federal government agency and include a photo of the applicant. (REFER TO PAGE 6)**
3. A certified check or money order in the amount of **\$50.00**, made payable to the South Jersey Transportation Authority, must be submitted with this application.
4. Any person observing an individual within the SIDA without a properly displayed identification badge must request that the individual leave the area immediately and notify ACY Operations at 609-646-6624.
5. Any person who loses their airport identification badge shall immediately report the loss to ACY Operations at 609-646-6624. The lost badge will be invalidated and a new badge issued at a cost of **\$75.00**, which will be paid by the person badged.
6. Approved applications will be held for 30 business days. If the badge is not obtained in that time period, the applicant must repeat the application process per TSA regulations. Badge holders have the responsibility to keep the badge valid. **If the badge has been expired for less than 30 days, there will be a \$25 fee to re-activate.** In the event a badge is expired for more than thirty days, the badge holder must go through the entire application process again.
7. Any individual holding or applying for airport identification media is subject to a search of his/her person and accessible property when entering a direct access point to, or while present within a secured area, sterile area, or AOA.

I certify that the information provided on this application is correct and that I have read and understand the employee responsibilities. Furthermore, I recognize that the use of an airport identification badge is a privilege that is contingent upon my compliance with the Airport Security Program, and failure to comply with its procedures will result in the revocation of the badge by ACY Operations.

Applicant's Signature

Date

For Non Citizens / Citizens Born Abroad

If you are NOT a US Citizen please provide the following:

NON Immigrant Visa # _____ Resident /Alien Registration # _____
(typically 14 digits) (9 Digits)

I-94 Arrival/Departure Form Number _____
(11 Digits)

If you are a US Citizen Born Abroad provide the following:

Certification of Birth Abroad, Form DS-1350 Number _____
(DS 10 Digit Number)

Certification of Naturalization Number _____
(9 Digits)

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

Purpose: The Department of Homeland Security (DHS) will use the biological information to conduct a security threat assessment and will forward any fingerprint information to the FBI to conduct a Criminal History Records Check of individuals who are applying for, or hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into US – VISIT’s Automated Biometrics Identification Systems (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA’s records to ensure the validity of your name and SSN.

Routine Uses: The information may be shared with third parties during the course of the Security Threat Assessment, 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 Treat Assessment System (T-STAS), DHS/TSA 002.

Disclosure: Furnishing this information (including your SSN number) is voluntary; however, if you do not provide your SSN, or any other information requested, DHS may be unable to complete your application for identification media.

EMPLOYMENT CERTIFICATION

As an authorized signatory representative of (your company name) _____,
I certify that _____ (applicant name) is in the employ of the listed company, and
the type of access applied for is necessary for the performance of his/her duties.

_____ (your company name) agrees to notify ACY operations immediately if this employee
is terminated, laid off, or suspended, or if any security / identification badge issued to the employee is lost,
stolen or otherwise unaccounted for.

_____ (name of signatory representative) agrees that upon termination or voluntary
separation of this employee, his/her security / identification badge will be promptly returned to the ACY
operations office, or else there will be a \$100 fee charged to the company.

Authorized Signatory Representative
(printed name)

Authorized Signatory Representative
(signature)

Date

For all Applicants:

Within the past 10 years, have you been convicted or found not guilty by reason of insanity of any of the following offenses: (Insert **Yes** or **No**)

1. _____ Forgery of certificates, false marking of aircraft, and other aircraft registration violations, 49 USC 46306
2. _____ Interference with air navigation, 49 USC 46308
3. _____ Improper transportation of a hazardous material, 49 USC 46312
4. _____ Aircraft piracy , 49 USC 46502
5. _____ Interference with aircraft flight crew members or flight attendants, 49 USC 46504
6. _____ Commission of certain crimes aboard aircraft in flight, 49 USC 46506
7. _____ Carrying a weapon or explosive aboard aircraft, 49 USC 46505
8. _____ Conveying false information and threats, 49 USC 46507
9. _____ Aircraft piracy outside the special jurisdiction of the U.S. 49 USC 46502(b)
10. _____ Lighting violations involving the transportation of controlled substances 49 USC 46315
11. _____ Unlawful entry into an aircraft or transport area that serves air carriers or foreign air carriers contrary to established security requirements 49 USC 46314
12. _____ Destruction of an aircraft or aircraft facility, 18 USC 32
13. _____ Murder
14. _____ Assault with intent to murder
15. _____ Espionage
16. _____ Sedition
17. _____ Kidnapping or hostage taking
18. _____ Treason
19. _____ Rape or aggravated sexual abuse
20. _____ Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
21. _____ Extortion
22. _____ Armed robbery or felony unarmed robbery
23. _____ Distribution of or intent to distribute a controlled substance
24. _____ Felony arson
25. _____ A felony involving a threat
26. _____ A felony involving:
 - (i) Willful destruction of property
 - (ii) Importation or manufacture of a controlled substance
 - (iii) Burglary
 - (iv) Theft
 - (v) Dishonesty, fraud, or misrepresentation
 - (vi) Possession or distribution of stolen property
 - (vii) Aggravated assault
 - (viii) Bribery
 - (ix) Illegal possession of a controlled substance punishable by a sentence of more than one year imprisonment
 - (x) Any other crime classified as a felony threat the Administrator determines indicates a propensity for lacing contraband aboard an aircraft in return for money
27. _____ Violence at international airports 18 USC 37
28. _____ Conspiracy or attempt to commit any of the aforementioned criminal acts

Applicant Initials _____

Privacy Act Notice

“ 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 in knowing and willful false statement can be punished by fine or imprisonment or both (See section 1001 of Title 18 of United States Code).”

Applicant’s Printed Name

Applicant’s Signature

Date

“ I 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 Credentialing (TTAS), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202.”

“I am the individual to whom the information applies and what 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.”

Applicant’s Signature

Date of Birth

Social Security Number and Full Name

“ I also understand that pursuant to 14 CFR 1542.209 I am required to report any subsequent convictions of the offenses listed on Page 4 of this application to the Airport Security Coordinator within 24 hours of occurrence. Further, that any airport-issued media will expired after approximately one (1) year, and updated background checks will be conducted upon each renewal.”

Applicant’s Printed Name

Applicant’s Signature

Date

List of Acceptable Documents

ALL DOCUMENTS MUST BE UNEXPIRED

List A

OR

List B

AND

List C

Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. In the case of a nonimmigrant alien authorized to work for a specific employer with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not expired and the proposed employment is not in conflict with any restrictions or limitation identified on the form 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 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 agencies or entities, 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 <p style="text-align: center; margin: 10px 0;">For persons under the age of 18 who are unable to present a document listed above</p> <ol style="list-style-type: none"> 1. School record or report card 2. Clinic, doctor, or hospital record 3. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States 2. Certification of Birth Abroad Issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security