



**PVD FINGERPRINTING & SECURITY BADGE APPLICATION**

**BADGING USE ONLY**

DATE RECEIVED \_\_\_\_\_ BADGE# \_\_\_\_\_  
BILL SPONSOR FOR: FEE \_\_\_\_\_ DEPOSIT \_\_\_\_\_ PIN # \_\_\_\_\_

**I. EMPLOYER AUTHORIZATION – TO BE COMPLETED BY EMPLOYER ONLY**

APPLICANT'S FULL NAME: \_\_\_\_\_

APPLICANT'S EMPLOYER (COMPANY): \_\_\_\_\_

APPLICANT'S POSITION/TITLE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

**ACCESS NEEDED:** SIDA: YES or NO ESCORTING: YES or NO AOA DRIVING: YES or NO

EMPLOYER HAS ADVISED APPLICANT OF THEIR SECURITY RESPONSIBILITIES UNDER 49 CFR 1540.105 (a).

Signatory Initials

I CERTIFY THE APPLICANT HAS A WORK RELATED OPERATIONAL NEED TO OBTAIN A BADGE

Signatory Initials

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE NO: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**REQUIRED INFORMATION FOR CONTRACTORS**

SPONSOR COMPANY: \_\_\_\_\_ PROJECT: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

**APPROVED SIGNATORY ON FILE MUST SIGN APPLICATION IN BLUE INK**

- SUBMIT APPLICATION PRIOR TO THE SCHEDULED APPOINTMENT
- ONLY ORIGINAL LEGIBLE SIGNED APPLICATION AND ORIGINAL FORMS OF IDENTIFICATION WILL BE ACCEPTED
- SIGNATORY IS RESPONSIBLE FOR ACCOUNTABILITY OF BADGE
- SECURITY BADGES ARE AND REMAIN THE PROPERTY OF RIAC
- IMMEDIATELY CONTACT BADGING or AIRPORT DISPATCH AFTER HOURS UPON TERMINATION OF AN EMPLOYEE
- \$150 FEE WILL BE CHARGED TO THE EMPLOYER FOR EACH UNACCOUNTABLE BADGE OVER THREE ON THE TSA STOP LIST

SIGNATORY: \_\_\_\_\_

(PRINT NAME/SIGN NAME – APPROVED SIGNATORY ON FILE - BLUE INK)

**II. DESIGNATED CERTIFIED OFFICIAL (DCO)**

In accordance with TSAR 1542, I certify that the required CHRC and 10 year employment verification checks have been conducted and the person applying is eligible to receive a badge.

DESIGNATED CERTIFICATION OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**III. RECEIPT OF BADGE – TO BE COMPLETED BY APPLICANT ONLY**

I hereby, acknowledge receipt of an airport identification badge. \_\_\_\_\_

## IV. PRIVACY ACT NOTICE – MUST BE COMPLETED BY APPLICANT ONLY

### Privacy Act Notice

**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 (November 22, 1943), as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, your fingerprints and associated information will be provided to the Federal Bureau of Investigation (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 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 your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). DHS will also maintain a national, centralized revocation database of individuals who have had airport or aircraft operator-issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 552a(b)(3) including with third parties during the course of a 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information 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 Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

**Disclosure:** Pursuant to § 1934(c) of the FAA Reauthorization 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 will 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.

**Centralized Revocation Database:** Per TSA NA 21-01: All individuals who complete the CHRC process and violate aviation security requirements may be added to the CRD (Centralized Revocation Database). The violation will result in the permanent revocation of ID Media, and the individual's name will remain on the CRD for a period of five years. Expungement from the list requires the individual to send their case to TSA. The letter must be e-mailed to the following address: [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov)

**Certification:** "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 (TTAC), Attention: Aviation Programs (TSA-10) Aviation Worker Program, 601 South 12<sup>th</sup> 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."

**Signature:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SSN and Full Name (Print)** \_\_\_\_\_

**Employer:** \_\_\_\_\_

## V. APPLICATION FOR SECURITY BADGE – TO BE COMPLETED BY APPLICANT ONLY

HAVE YOU EVER BEEN PREVIOUSLY BADGED AT PVD? **Y N** IF YES, WHAT COMPANY \_\_\_\_\_  
FULL LEGAL NAME (LAST / FIRST / MIDDLE): \_\_\_\_\_  
OTHER NAMES USED (ALIASES / SURNAMES / MAIDEN): \_\_\_\_\_  
CURRENT STREET ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_  
PRIMARY PHONE #: \_\_\_\_\_ SECONDARY PHONE #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
SOCIAL SEC. NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_  
DRIVERS LIC. STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR EYES: \_\_\_\_\_ COLOR HAIR: \_\_\_\_\_  
WERE YOU BORN IN THE UNITED STATES? **Y N** IF **YES**, WHAT STATE IN THE U.S. WERE YOU BORN \_\_\_\_\_

IF **NO**, COMPLETE THIS SECTION

ARE YOU A U.S. CITIZEN? **Y N** PLACE OF BIRTH: \_\_\_\_\_  
DO YOU HAVE A PASSPORT? **Y N** ISSUING COUNTRY: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
DO YOU HAVE A CERTIFICATE OF NATURALIZATION OR CITIZENSHIP? **Y N** CERTIFICATE #: \_\_\_\_\_  
DO YOU HAVE A DS 1350 CERTIFICATE OF BIRTH ABROAD? **Y N** CERTIFICATE #: \_\_\_\_\_  
DO YOU HAVE A RESIDENT ALIEN CARD? **Y N** RESIDENT ALIEN #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_  
DO YOU HAVE AN I-94 ARRIVAL / DEPARTURE STAMP? **Y N** I-94 #: \_\_\_\_\_  
DO YOU HAVE AN EMPLOYMENT AUTHORIZATION CARD (EAC/VISA)? **Y N**  
EAC/VISA #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

*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.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## VI. GENERAL AVIATION

FAA PILOTS LICENSE #: \_\_\_\_\_ AIRCRAFT TAIL #: \_\_\_\_\_  
AIRCRAFT MAKE / MODEL: \_\_\_\_\_ APPLICANT PAYS OWN FEES

## VII. ACKNOWLEDGEMENT – TO BE COMPLETED BY APPLICANT ONLY

Due to the requirement of the Transportation Security Administration, holding airports accountable for all identification badges issued under FAR Part 1542 and the Rhode Island T. F. Green International Airport Security Plan, it is necessary that each individual badge holder and tenant company in turn held be accountable.

Therefore, the following schedule of fees shall apply for the initiation of badging and/or replacement of all Rhode Island T. F. Green International Airport Security Access and Control ID Badges. Replacement is defined as replacement of lost, unaccounted for, or stolen badge.

<b>First Replacement</b>	<b>\$150.00</b>
<b>Second Replacement</b>	<b>\$250.00</b>
<b>Third Replacement</b>	<b>\$750.00</b>

**\*Fourth Replacement** – Replacement of a Rhode Island T. F. Green International Airport Security Badge will not be issued without authorization of the Rhode Island T. F. Green International Airport Security Coordinator.

1. There is no charge for replacing an inoperable or damaged ID Badge, unless otherwise determined by the Airport Security Coordinator, to be the result of repeated or obvious abuse.
2. All identification badges remain the property of the Rhode Island Airport Corporation.
3. Identification badges are not transferable and must be visibly displayed at all times above the waist while in restricted areas.
4. In the event of any change in employee status (i.e. transfer), employees must obtain a new I.D. Badge.
5. The Rhode Island Airport Corporation reserves the right to revoke the authorization of individuals for airport I.D. Badges where such action is determined to be in the best interest of airport security.
6. The airport I.D. Badge must be returned to your company official at the end of employment. Failure to return the badge may result in criminal prosecution and/or fines. The Airport Security Coordinator or the Badging Office must be notified immediately of any lost, stolen and/or terminated ID Badge.
7. Employees working in restricted areas are responsible for challenging all individuals not wearing a proper I.D. Badge.
8. Employees will not aid nor participate in “piggy backing” (allowing unauthorized access to secure or restricted areas) nor shall they otherwise breach, disobey or disregard any security directive, plan or program at the Airport.
9. I acknowledge the security responsibilities under 49 CFR 1540.105(a).

I \_\_\_\_\_  
Name (Print)

hereby, acknowledge the above conditions in accordance with the Rhode Island T. F. Green International Airport Security Plan and agree to comply with all guidelines, as set forth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VIII. SCREENING NOTICE – TO BE COMPLETED BY APPLICANT ONLY

**SCREENING NOTICE:** ANY AVIATION WORKER HOLDING A CREDENTIAL GRANTING ACCESS TO A STERILE OR SECURED AREA MAY BE SCREENED AT ANY TIME WHILE GAINING ACCESS TO, WORKING IN, OR LEAVING A SECURITY IDENTIFICATION DISPLAY AREA.

\_\_\_\_\_  
APPLICANT FULL PRINTED NAME

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## IX. APPLICANT'S CRIMINAL HISTORY PART 1 – TO BE COMPLETED BY APPLICANT ONLY

I have been advised that the Rhode Island Airport Corporation (RIAC) must collect, control, and process one set of legible classifiable fingerprints under the direct observation of a RIAC employee.

I hereby certify that I have not been convicted, or found guilty by reason of insanity, of any of the listed disqualifying crimes in any jurisdiction during the ten years before the date of my application for unescorted access authority.

I have been advised that a copy of the criminal record received from the FBI will be provided to me if requested in writing.

I have been advised that RIAC's Airport Security Coordinator (ASC) is my point of contact if I have questions about the results of the criminal history records check.

I have been advised that if a disqualifying crime has been disclosed, I will have 30 days to notify the RIAC in writing of my intention to correct information that I believe to be inaccurate. If notification to correct record is not made within 30 days, a final decision to deny access media will be made. RIAC must obtain or accept a copy from me of the revised FBI record or a certified true copy of the information from the appropriated court prior to granting unescorted access authority.

I understand it is my responsibility to disclose to the ASC or the ID Badging Office with 24 hours if I am convicted of any disqualifying criminal offenses that occur while I have unescorted access authority. I also understand that all individuals & accessible property are subject to screening prior to entering a Sterile, Secured, SIDA, or AOA Area.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**IX. APPLICANT'S CRIMINAL HISTORY PART 2 – TO BE COMPLETED BY APPLICANT ONLY**

- 1. HAVE YOU EVER BEEN CONVICTED OF A FELONY *OR***
- 2. HAVE YOU EVER BEEN SENTENCED TO ONE OR MORE YEARS IN A PENAL INSTITUTION *OR***
- 3. HAVE YOU HAD A CONVICTION OF ANY OF THE FOLLOWING DISQUALIFYING OFFENSES WITHIN THE PREVIOUS 10 YEARS:**

**YES or NO**

- (1) FORGERY OF CERTIFICATES, FALSE MARKING OF AIRCRAFT, AND OTHER AIRCRAFT REGISTRATION VIOLATION, 49 U.S.C. 46306;
- (2) INTERFERENCE WITH AIR NAVIGATION, 49 U.S.C. 46308;
- (3) IMPROPER TRANSPORTATION OF A HAZARDOUS MATERIAL, 49 U.S.C. 46312;
- (4) AIRCRAFT PIRACY, 49 U.S.C. 46502;
- (5) INTERFERENCE WITH FLIGHT CREW MEMBERS OR FLIGHT ATTENDANTS, 49 U.S.C. 46504;
- (6) COMMISSION OF CERTAIN CRIMES ABOARD AIRCRAFT IN FLIGHT, 49 U.S.C. 46506;
- (7) CARRYING A WEAPON OR EXPLOSIVE ABOARD AIRCRAFT, 49 U.S.C. 46505;
- (8) CONVEYING FALSE INFORMATION AND THREATS, 49 U.S.C. 49 46507;
- (9) AIRCRAFT PIRACY OUTSIDE THE SPECIAL AIRCRAFT JURISDICTION OF THE UNITED STATES 49 U.S.C 46502 (b);
- (10) LIGHTING VIOLATIONS INVOLVING TRANSPORTING CONTROLLED SUBSTANCES, 49 U.S.C. 46315;
- (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;
- (12) DESTRUCTION OF AN AIRCRAFT OR AIRCRAFT FACILITY, 18 U.S.C. 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;
- (23) DISTRIBUTION OF, OR INTENT TO DISTRIBUTE, A CONTROLLED SUBSTANCE;
- (24) FELONY ARSON; OR
- (25) A FELONY INVOLVING A THREAT;
- (26) A FELONY INVOLVING: (i) A WILLFULL 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; OR (ix) ILLEGAL POSSESSION OF A CONTROLLED SUBSTANCE PUNISHABLE BY A MAXIMUM TERM OF IMPRISONMENT OF MORE THAN 1 YEAR,
- (27) VIOLENCE AT INTERNATIONAL AIRPORTS; 18 U.S.C. 37.
- (28) CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THE AFOREMENTIONED CRIMINAL ACTS; AND/OR ANY OTHER CRIMES CLASSIFIED AS A FELONY THAT THE ADMINISTRATOR DETERMINES INDICATED A PROPENSITY FOR PLACING CONTRABAND ABOARD AN AIRCRAFT IN RETURN FOR MONEY.

I HEREBY CERTIFY 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.

\_\_\_\_\_  
APPLICANT FULL PRINTED NAME

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE