



REDMOND MUNICIPAL AIRPORT (RDM)

February 2017

SECURED / STERILE AREA ACCESS ID MEDIA

THIS PAGE FOR APPLICANT TO KEEP

Identification badges issued by Redmond Municipal Airport (RDM) are and remain the property of the Airport. Badges must be returned immediately under the following conditions:

- Upon separation of employment (for any reason)
- When job function no longer requires an Airport-issued identification badge
- Upon demand of the Airport
- Upon conviction of any of the disqualifying crimes listed in the application
- Upon expiration of “right to work” identification/documents. (For example, if a visa authorizing employment has expired).

Badges that are lost, stolen, or otherwise unaccounted for must be **immediately** reported by phone notification 541-504-3083 and in writing to lostbadge@flyrdm.com,

Access to the Secured and/or Sterile Area is only granted after an individual has undergone a Federal Bureau of Investigation (FBI) fingerprint based Criminal History Records Check (CHRC), and the results indicate no disqualifying offenses and the Transportation Security Administration (TSA) Security Threat Analysis (STA) has deemed a favorable response.

If favorable results are received, the applicant will be contacted to attend a security training class to learn the responsibilities regarding the privilege of access to restricted areas of the Airport.

If a Criminal History Records Check (CHRC) was performed by RDM with disqualifying results, a copy will be provided if requested by the applicant in writing within 30 days for corrective purposes. If you have questions about the results of this CHRC, please contact Nicole Jurgensen, Airport Security Coordinator at 541-504-3081 or mail to Redmond Municipal Airport 2522 SE Jessie Butler Circle, #17, Redmond, OR 97756, attention Nicole Jurgensen.

To schedule an Application Processing Appointment please send email request to RDMID@flyrdm.com



**REDMOND MUNICIPAL AIRPORT
SECURED/ STERILE AREA ID APPLICATION**

Version 3 February 2017

TO BE COMPLETED BY APPLICANT – PRINT CLEARLY OR TYPE

DATE _____ SOCIAL SECURITY NUMBER _____

(LAST NAME) (SR. JR. I II) (LEGAL FIRST NAME) (FULL MIDDLE NAME)

LIST ALL FORMER NAMES, NICK NAMES, ALIAS, MAIDEN NAMES, PREFERRED FIRST NAME

HOME ADDRESS _____
(PHYSICAL ADDRESS, NOT P.O. BOX)

CITY STATE ZIP

MAIN PHONE _____ ALTERNATE PHONE _____

YOUR EMAIL ADDRESS _____

DATE OF BIRTH _____ STATE & CITY OF BIRTH _____

CITIZENSHIP COUNTRY _____ GENDER MALE FEMALE

RACE ASIAN BLACK WHITE LATINO NATIVE AMERICAN OTHER

EYE COLOR _____ HEIGHT _____

HAIR COLOR _____ WEIGHT _____

AIRPORT EMPLOYER OR COMPANY NAME _____

SUPERVISOR NAME _____

Emergency Contact Name _____ Relationship: _____

Main Phone _____ Alternate Phone _____

EMPLOYEE PARKING LOT ACCESS NEEDED ___ YES ___ NO **IF YES, COMPLETE THE FOLLOWING:**

LIST ALL LICENSE PLATES OF VEHICLES YOU MAY PARK IN THE EMPLOYEE PARKING LOT:

WILL YOU WORK BETWEEN THE HOURS OF 2:00 AM – 4:00 AM ___ YES ___ NO

AIRPORT USE ONLY TEMP PARK ID _____ ISSUED BY _____



SIGNATORY AUTHORIZATION

THIS PAGE MUST BE SIGNED BY AN AIRPORT AUTHORIZED SIGNATORY

I certify that _____ is a current employee, contractor,
Print Name of Sponsored Individual

vendor or tenant of _____.

I request this individual be issued RDM ID with access according to my RDM granted authority.

Circle requested level of access:

SECURED

STERILE

AOA

Authorized Signatory Printed Name

Date

Authorized Signatory Signature

Title

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

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 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment. 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 the fingerprints for enrollment into the US-VISIT Automated Biometrics Identification System (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 records to ensure the validity of the information.

Routine Uses: In addition to those disclosures general permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or 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. 522a(b)(3) including 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: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

"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."

"The information I have provided is true, complete, and correct to the best of my knowledge and belief and 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)."

"Signature: _____

Date of Birth: _____

"SSN and Full Name printed:

_____”

CRIMINAL HISTORY RECORD CHECK

Have you been convicted or found not guilty by reason of insanity of any of the following in the past ten (10) years?

EACH BOX MUST BE INDIVIDUALLY MARKED.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C.46306
interference with air navigation; 49 U.S.C.46308 |
| <input type="checkbox"/> | <input type="checkbox"/> | Improper transportation of a hazardous material; 49 U.S.C.46312 |
| <input type="checkbox"/> | <input type="checkbox"/> | Aircraft piracy; 49 U.S.C.46502 |
| <input type="checkbox"/> | <input type="checkbox"/> | Interference with flight crew members or flight attendants; 49 U.S.C.46504 |
| <input type="checkbox"/> | <input type="checkbox"/> | Commission of certain crimes aboard aircraft in flight; 49 U.S.C.46506 |
| <input type="checkbox"/> | <input type="checkbox"/> | Carrying a weapon or explosive aboard aircraft; 49 U.S.C.46505 |
| <input type="checkbox"/> | <input type="checkbox"/> | Conveying false information and threats; 49 U.S.C.46507 |
| <input type="checkbox"/> | <input type="checkbox"/> | Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C.46502 (b) |
| <input type="checkbox"/> | <input type="checkbox"/> | Lighting violations involving transporting controlled substances; 49 U.S.C.46315 |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Destruction of an aircraft or aircraft facility; 18 U.S.C.32 |
| <input type="checkbox"/> | <input type="checkbox"/> | Murder |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault with intent to murder |
| <input type="checkbox"/> | <input type="checkbox"/> | Espionage |
| <input type="checkbox"/> | <input type="checkbox"/> | Sedition |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidnapping or hostage taking |
| <input type="checkbox"/> | <input type="checkbox"/> | Treason |
| <input type="checkbox"/> | <input type="checkbox"/> | Rape or aggravated sexual abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon |
| <input type="checkbox"/> | <input type="checkbox"/> | Extortion |
| <input type="checkbox"/> | <input type="checkbox"/> | Armed or felony unarmed robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | Distribution of, or intent to distribute, a controlled substance |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony arson |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony involving a threat |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony involving: <ul style="list-style-type: none">• Willful destruction of property;• Importation or manufacture of a controlled substance;• Burglary;• Theft;• Dishonesty, fraud, or misrepresentation;• Possession or distribution of stolen property;• Aggravated assault;• Bribery; or• Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Violence at international airports; 18 U.S.C. 37 |
| <input type="checkbox"/> | <input type="checkbox"/> | Conspiracy or attempt to commit any of the criminal acts listed in this paragraph. |

I understand my signature below reflects that I do not have a disqualifying criminal offense. Federal Regulations under 49 CFR 1542.209 (1) imposes a continuing obligation to disclose to the airport operator within 24 hours if you have been convicted of any disqualifying criminal offense that occurs while you have unescorted access authority. 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.)

Signature _____

Date _____

Name (print legibly) _____