



REDMOND MUNICIPAL AIRPORT (RDM) Secured & Sterile Area ID Application

THIS PAGE FOR APPLICANT TO KEEP

Identification badges issued by Redmond Municipal Airport (RDM) are, and remain, property of the Airport. Badges must be returned immediately, the same day, 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 granted after undergoing a Federal Bureau of Investigation (FBI) fingerprint based Criminal History Records Check (CHRC), with results indicating 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 privileged 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 RD MID@flyrdm.com

Your I-9 ID documents will be reviewed, photo taken, fingerprints and completed application collected.



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Date Received _____

INSTRUCTIONS: TYPE or Write NEATLY

(Last Name) (Sr. Jr. I II) (Legal First Name) (Full middle Name)

Social Security Number _____

LIST ALL - NICK NAMES / FORMER NAMES / ALIAS:

(LAST NAME) (LEGAL FIRST NAME) (MIDDLE NAME)

(LAST NAME) (LEGAL FIRST NAME) (MIDDLE NAME)

(LAST NAME) (LEGAL FIRST NAME) (MIDDLE 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 _____ Hair Color _____ Height _____ Weight _____

Employer / Company Name _____

Manager or Supervisor Name _____

Emergency Contact Name _____ Relationship: _____

Main Phone _____ Alternate Phone _____

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 110-53, 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 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: 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: _____
Month / Day / Year

"SSN and Full Name printed: _____"

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Code of Federal Regulation (CFR)

PART 1540—CIVIL AVIATION SECURITY: GENERAL RULES

Subpart B—Responsibilities of Passengers and Other Individuals and Persons

§1540.105 Security responsibilities of employees and other persons.

(a) No person may:

- (1) Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.
- (2) Enter, or be present within, a secured area, Airport Operations Area (AOA), Security Identification Display Area (SIDA) or sterile area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.
- (3) Use, allow to be used, or cause to be used, any airport-issued or airport-approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in secured areas, Airport Operations Area AOA's, or Security Identification Display Area SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.

I attest, as an applicant for a RDM issued ID, key(s), and/or electronic access device, that I acknowledge my security responsibilities under the above CFR, 49 CFR 1540.105(a).

Signature _____ Date _____

Name (print legibly) _____

Criminal History Record Check - CHRC

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

ONE selection from List A

OR a combination of **one** selection from List B **AND** **one** selection from List C.

LIST A ONE ID ONLY OR ONE ID FROM LIST B AND ONE ID FROM LIST C

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations 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 	AND	<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 <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 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

*****NOTE:**

Conceal Carry Permits /License are NOT acceptable I-9 ID