

# SANTA BARBARA AIRPORT

## Instructions for Obtaining an Air Operations Area (AOA) Identification Badge

### APPLICATION FORM

Complete Sections 1 and 3. Section 1 is on the first page of the application. Section 3 is on the second page of the application and certifies that the information you provided is true, complete, and correct.

You can skip Section 2 as that section only applies to SIDA badge applicants.

Take the completed application to your Signatory Authority (sponsor/employer). You must also take all required identification and work authorization documents for the Signatory Authority to review (see table below for lists of approved documents).

If your application and documentation are in order, your Signatory Authority will complete Section 4 near the top of the second page.

Santa Barbara Airport (SBA) Application for Access Media

SECTION 1 – APPLICANT INFORMATION (Please Print)									
Last Name				First Name			Middle Name		
Alias/Other Names Used (included ALL Previous Names, Including Maiden, Nickname, or Aliases)									
Mailing Address						City		State	Zip Code
Phone Number			Email address			Social Security Number (Required for AOA Only)			
Gender	Race	Height	Weight	Hair Color	Eye Color	Date of Birth		State and Country of Birth	
Citizenship Country		Passport (U.S. Passport Only)		If You Are A U.S. Citizen Not Born in the U.S., Provide Copy of One or More of the Following:					
				<input type="checkbox"/> Certificate of Naturalization		<input type="checkbox"/> Birth Abroad Form 1350		<input type="checkbox"/> Certificate of Citizenship	
If You Are Not A U.S. Citizen, Provide:									
<input type="checkbox"/> Alien Registration #:				and/or <input type="checkbox"/> Non Immigrant Visa #:		and/or <input type="checkbox"/> I-94 Form #			

  

SECTION 2 – CRIMINAL HISTORY (To Be Completed by SIDA and STERILE Applicants Only)			
<p><b>WARNING</b> – You may be subject to prosecution under title 18 of the United States Code if you knowingly and willfully provide false information on this application.</p> <p>A. During the previous ten years have you been convicted or found not guilty by reason of insanity of any of the crimes listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. If you answer to item "A" is yes, please check the box next to each offense that applies:</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Aircraft piracy  <input type="checkbox"/> Murder  <input type="checkbox"/> Espionage  <input type="checkbox"/> Sedition  <input type="checkbox"/> Treason  <input type="checkbox"/> Extortion  <input type="checkbox"/> Felony arson  <input type="checkbox"/> Interference with air navigation  <input type="checkbox"/> Conveying false information and threats  <input type="checkbox"/> Assault with the intent to murder  <input type="checkbox"/> Kidnapping or hostage taking  <input type="checkbox"/> Rape or aggravated sexual abuse  <input type="checkbox"/> Armed or felony unarmed robbery  <input type="checkbox"/> A felony involving a threat  <input type="checkbox"/> A felony involving burglary  <input type="checkbox"/> A felony involving aggravated assault  <input type="checkbox"/> A felony involving bribery                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> A felony involving willful destruction of property  <input type="checkbox"/> A felony involving dishonesty, fraud, or misrepresentation  <input type="checkbox"/> Improper transportation of a hazardous material  <input type="checkbox"/> Interference with flight crew members or flight attendants  <input type="checkbox"/> Commission of certain crimes aboard an aircraft  <input type="checkbox"/> Carrying a weapon or explosive aboard an aircraft  <input type="checkbox"/> Destruction of an aircraft or aircraft facility  <input type="checkbox"/> Violence at international airport  <input type="checkbox"/> Fighting violations involving transporting controlled substances  <input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the U.S.  <input type="checkbox"/> Distribution of, or intent to distribute, a controlled substance                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> A felony involving possession or distribution of stolen property  <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of explosive weapon  <input type="checkbox"/> A felony involving importation or manufacture of a controlled substance  <input type="checkbox"/> Forgery of Certificates, false marking of aircraft, and other aircraft registration violations  <input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements  <input type="checkbox"/> A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year  <input type="checkbox"/> Conspiracy or attempt to commit any of the aforementioned criminal acts                 </td> </tr> </table> <p>I understand that any individual who has been convicted or found not guilty by reason of insanity of the crimes listed above within the previous ten years is legally prohibited from unescorted SIDA access. I understand that I am required to advise the Airport Operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. I understand that this application will be subject to FBI criminal history records check and that I must provide fingerprints for the criminal history records check. All information obtained from the FBI criminal history records check will be kept confidential and used only for determining unescorted SIDA access. I understand that I am entitled to a copy of the FBI criminal history records check if I submit a written request to the Airport Security Coordinator. If I suspect that the criminal history record check is incorrect, I should contact the reporting agency directly and resubmit another application for verification.</p> <p>_____ (initials)</p>	<input type="checkbox"/> Aircraft piracy <input type="checkbox"/> Murder <input type="checkbox"/> Espionage <input type="checkbox"/> Sedition <input type="checkbox"/> Treason <input type="checkbox"/> Extortion <input type="checkbox"/> Felony arson <input type="checkbox"/> Interference with air navigation <input type="checkbox"/> Conveying false information and threats <input type="checkbox"/> Assault with the intent to murder <input type="checkbox"/> Kidnapping or hostage taking <input type="checkbox"/> Rape or aggravated sexual abuse <input type="checkbox"/> Armed or felony unarmed robbery <input type="checkbox"/> A felony involving a threat <input type="checkbox"/> A felony involving burglary <input type="checkbox"/> A felony involving aggravated assault <input type="checkbox"/> A felony involving bribery	<input type="checkbox"/> A felony involving willful destruction of property <input type="checkbox"/> A felony involving dishonesty, fraud, or misrepresentation <input type="checkbox"/> Improper transportation of a hazardous material <input type="checkbox"/> Interference with flight crew members or flight attendants <input type="checkbox"/> Commission of certain crimes aboard an aircraft <input type="checkbox"/> Carrying a weapon or explosive aboard an aircraft <input type="checkbox"/> Destruction of an aircraft or aircraft facility <input type="checkbox"/> Violence at international airport <input type="checkbox"/> Fighting violations involving transporting controlled substances <input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the U.S. <input type="checkbox"/> Distribution of, or intent to distribute, a controlled substance	<input type="checkbox"/> A felony involving possession or distribution of stolen property <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of explosive weapon <input type="checkbox"/> A felony involving importation or manufacture of a controlled substance <input type="checkbox"/> Forgery of Certificates, false marking of aircraft, and other aircraft registration violations <input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements <input type="checkbox"/> A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year <input type="checkbox"/> Conspiracy or attempt to commit any of the aforementioned criminal acts
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SECTION 3 – APPLICANT CERTIFICATIONS
<ol style="list-style-type: none"> <li>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 (see Section 1001 of Title 18 of the United States Code).</li> <li>I received a copy of the Terms and Conditions of my access media and I understand that failure to comply with any of them may result in suspension or revocation of my access media. I understand that failure to comply with any Terms and Conditions means that I may lose access to restricted areas of the airport.</li> <li><b>SCREENING NOTICE:</b> Any employee holding a credential granting access to a Security Identification Display Area may be screened and/or inspected at any time while gaining access to, working in, or leaving a Security Identification Display Area.</li> <li>I authorize the Social Security Administration to release my Social Security number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010. 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. (Required for SIDA applicants)</li> </ol>
<p>_____ Signature</p> <p>_____ Date of Birth</p> <p>_____ SSN and Full Name</p>

Section 5 of the application will be completed by your Signatory Authority. The information in Section 5 lets the airport know:

- A. The type of badge you will be issued and any additional media that may be issued to you (i.e. keys).
- B. What access point you will be authorized to use.

The Signatory Authority must also sign at the bottom of Section 5.

Once Section 5 has been completed, your Signatory Authority will return the application to you.

Your Signatory does not need to fill out Section 6 as that section only applies to SIDA badge applicants.

SECTION 4 – SIGNATORY AUTHORIZATION CERTIFICATION (To Be Completed by Signatory Authority Only)						
Applicant's Last Name	Applicant's First Name	Applicant's Middle Name				
Sponsoring Entity	Affiliation: <input type="checkbox"/> Employee <input type="checkbox"/> Customer <input type="checkbox"/> Vendor <input type="checkbox"/> Other: _____	Employee Title/Vendor Name				
<p>A. ACCESS MEDIA – Complete Items 1 through 3</p> <table border="0"> <tr> <td>1) Badge Status <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Secondary <input type="checkbox"/> Replacement</td> <td>2) Badge Type <input type="checkbox"/> SIDA Secure <input type="checkbox"/> Sterile <input type="checkbox"/> AOA (indicate designated areas)</td> <td>Designated Areas – AOA Only <input type="checkbox"/> Hangar 1 <input type="checkbox"/> Hangar 4 <input type="checkbox"/> Hangar 2 <input type="checkbox"/> Northeast <input type="checkbox"/> Hangar 3 <input type="checkbox"/> Atlantic</td> <td>3) Additional Media Airport Keys: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AOA Contractor <input type="checkbox"/> AOA Master</td> </tr> </table>			1) Badge Status <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Secondary <input type="checkbox"/> Replacement	2) Badge Type <input type="checkbox"/> SIDA Secure <input type="checkbox"/> Sterile <input type="checkbox"/> AOA (indicate designated areas)	Designated Areas – AOA Only <input type="checkbox"/> Hangar 1 <input type="checkbox"/> Hangar 4 <input type="checkbox"/> Hangar 2 <input type="checkbox"/> Northeast <input type="checkbox"/> Hangar 3 <input type="checkbox"/> Atlantic	3) Additional Media Airport Keys: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AOA Contractor <input type="checkbox"/> AOA Master
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<p>B. ACCESS POINTS – Select One Group Within Signatory Authority</p> <input type="checkbox"/> All Gates/Doors <input type="checkbox"/> All Protection Gate Doors <input type="checkbox"/> All Vehicles Gates <input type="checkbox"/> Only Those Gate(s)/Door(s) Listed Here: _____						
<p>C. SIGNATORY AUTHORITY ATTESTATION</p> <p>I attest to the following:</p> <ol style="list-style-type: none"> <li>A specific need exists for providing the applicant with unescorted access authority to the restricted area(s) indicated on this application.</li> <li>The applicant understands and acknowledges his/her security responsibilities under 49 CFR 1540.105(a).</li> <li>I have personally reviewed the information supplied by the applicant in Section 1 of this application and find it legible and accurate.</li> <li>I have personally completed each item in this section of the application and approve the items requested.</li> <li>I have reviewed the original documents which are the source of the information provided in Section 1 and find they appear genuine and the information from those original documents was correctly entered into Section 1 of the application.</li> </ol>						
Signatory's Full Name (Print)	Signatory's Signature	Date				

SECTION 5 - FINGERPRINTING & CRIMINAL HISTORY RECORDS CHECK (To Be Completed by Signatory Authority Only)		
<p>This section must be completed for all new and renewal SIDA and/or Sterile badges</p>		
<p>SELECT ONE.</p> <p>FINGERPRINT AUTHORIZATION</p> <input type="checkbox"/> I would like the airport operator to fingerprint the applicant for the purpose of criminal history records check required under TSR Part 1542.209. Please note the airport charges a fee for fingerprinting. If your company fingerprinted the applicant pursuant to TSR Part 1544.229 or if the applicant is a government employee exempt from fingerprinting under TSR Part 1542.209(m), please skip to the Certification of Criminal History Records Check areas below.		
<p>CERTIFICATION OF CRIMINAL HISTORY RECORDS CHECK</p> <input type="checkbox"/> <b>NON-GOVERNMENT &amp; NON-EXEMPT GOVERNMENT APPLICANTS:</b> (To be completed by Signatory Authority of Airline/Air Carrier/Ground Handler) I certify, as a Signatory Authority, that FBI criminal history records check has been conducted for the applicant in accordance with TSR Part 1542.209 and/or Part 1544.229 on _____ which disclosed no disqualifying offenses within the previous ten years. Airline/Aircraft Operators must complete and submit the SBA Aircraft Operator Check Certification form at the time of initial badge application and within 45 days of a badge renewal application.		
<p>CERTIFICATION OF CRIMINAL HISTORY RECORDS CHECK</p> <input type="checkbox"/> <b>EXEMPT GOVERNMENT EMPLOYEE APPLICANTS:</b> (Government Signatory Authority to Complete) I certify that the applicant is a federal, state, or local government employee who, as a condition of employment, was subjected to an employment investigation that included a Criminal History Records Check (in accordance with TSR Part 1542.209(m)) which disclosed no disqualifying offenses within the previous ten years.		
Signatory's Full Name (Print)	Signatory's Signature	Date

## DRIVING PRIVILEGES

An Application for Airfield Driving Privileges must also be submitted if the applicant needs to drive on the airfield.

Section 1 is to be completed by the applicant.

Section 2 and 3 are to be completed by your Signatory Authority. Section 2 tells the airport what kind of driving privileges you will need. Section 3 tells the airport what kind of training has been done or is needed in order for you to have driving privileges.

Training will consist of online courses and an airfield check ride (if applicable).

Section 4 is to be completed by your Signatory Authority.

You can now commence the badging process, outlined below.

SANTA BARBARA AIRPORT APPLICATION FOR AIRFIELD DRIVING PRIVILEGES <i>(this form to be completed by your organization's Signatory Authority)</i>				
<b>1. APPLICANT INFORMATION:</b>				
LAST NAME	FIRST NAME	MIDDLE NAME	DRIVERS LICENSE NO.	STATE
SPONSORING ENTITY		AFFILIATION: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CUSTOMER <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER:		
BADGE STATUS			LIST TITLE IF APPLICANT IS AN EMPLOYEE	
1. SIDA BADGE - <input type="checkbox"/> Applicant is in the process of applying for a SIDA Badge <input type="checkbox"/> Applicant is a SIDA Badge Holder				
2. AOA BADGE - <input type="checkbox"/> Applicant is in the process of applying for an AOA Badge <input type="checkbox"/> Applicant is an AOA Badge Holder				
<b>2. DRIVING PRIVILEGE TYPE - INDICATE THE TYPE OF DRIVING PRIVILEGE THE APPLICANT IS TO HAVE (check all that apply):</b>				
<input type="checkbox"/> RAMP-NON MOVEMENT AREA: (indicate below whether the driving privilege is for a SIDA or AOA badge holder)				
<input type="checkbox"/> SIDA Badge Holders (SIDA Ramp) <input type="checkbox"/> AOA Badge Holders (General Aviation Ramp)				
<input type="checkbox"/> MOVEMENT AREA - authorizes driving in areas requiring ATC tower clearance such as runways, taxiways and safety areas.				
<input type="checkbox"/> PROJECT SPECIFIC - authorizes driving only in those areas pertaining to the project the applicant is involved with.				
<b>3. TRAINING CERTIFICATION - INDICATE THE TRAINING PROVIDED, OR TO BE PROVIDED, TO APPLICANT (check all that apply):</b>				
<input type="checkbox"/> RAMP-NON MOVEMENT AREA:				
<input type="checkbox"/> SIDA Badge Holders/Applicants - I certify that I have administered and the applicant has successfully passed the SIDA Ramp driving test with score of 80% or higher.				
<input type="checkbox"/> AOA Badge Holders/Applicants - I certify that:				
1. I will issue the applicant a General Aviation Ramp Access Vehicle Permit once the applicant receives an AOA Badge.				
2. I will provide the applicant with the terms and conditions of the Ramp Access Vehicle Permit.				
3. I will provide the Applicant with instructions regarding the safe operation of vehicles on an aviation ramp.				
4. I will deliver a copy of the General Aviation Ramp Access Vehicle Permit Application to the Airport Department.				
<input type="checkbox"/> MOVEMENT AREA- I certify that:				
<input type="checkbox"/> I have provided the applicant with driver training as required under 14 CFR 139.329(e) which included:				
1. Airport familiarization, including airport markings, lighting and signs systems.				
2. Procedures for access to, and operations in, movement areas and safety areas.				
3. Airport communications, including ATCT and CTAF frequencies and instruction in the procedures for reporting unsafe airport conditions.				
<input type="checkbox"/> Applicant has a need to drive on a movement area and request a SCAN class for applicant.				
<input type="checkbox"/> PROJECT SPECIFIC - I certify that:				
1. Applicant is part of a project entitled: _____				
2. The applicant has a need to drive in the area(s) described below.				
3. I request that the applicant receive SCAN training from the Airport Department.				
4. The areas the applicant will be driving in are as follows: _____				
<b>4. SIGNATORY AUTHORITY CERTIFICATION</b>				
I certify that I have personally reviewed each item in this application and approve the items requested for _____ (applicant's name)				
Name (Print):	Title	Signature:	Date:	
<b>INSTRUCTIONS TO APPLICANTS NEEDING SCAN CLASS - Tender this application to the Badging Office when you submit your Application For Access Media (make sure it's signed by your Signatory Authority). The Badging Office will complete the "SCAN CLASS INFORMATION" section at the bottom of this form and return the form to you. Once your SCAN training has been authorized by the Badging Office please have your Signatory Authority call (805) 682-0005 to schedule a SCAN class for you. Your SCAN instructor will need to see this form to verify that the Badging Office has authorized you to receive this training. The instructor will also need to sign this form to certify that you attended the class. Once this form is signed by the instructor please return it to the Badging Office.</b>				
<b>AIRPORT DEPARTMENT USE ONLY</b>				
<b>SCAN Class Information</b>		<b>Completed by</b>		<b>Date</b>
<input type="checkbox"/> SCAN class not required	_____	_____	_____	_____
<input type="checkbox"/> Applicant can proceed with SCAN class	_____	_____	_____	_____
<input type="checkbox"/> Signatory signature verified by	_____	_____	_____	_____
<input type="checkbox"/> SCAN training completed	_____	_____	_____	_____
<b>DTD Information</b>			<b>Digital Transponder Issued:</b>	
<input type="checkbox"/> YES, DTD Number is _____			<input type="checkbox"/> NO, DTD not required for this applicant	
Completed by: _____			on: _____	

## **BADGING PROCESS**

1. **Make an Appointment** – Call the badging office at (805) 681-6385 and set up an appointment to start the badging process. A standard fee of \$25 will be collected at your appointment. **The badging office only accepts payments in the form of cash and checks.**

The badging office is located at: 601 Firestone Road, Santa Barbara, CA 93117

### 2. **Required Forms**

- a. **Application For Access Media** – Before arriving at the badging office make sure that your application is completed fully and accurately. Your application should be typed or printed legibly. Illegible information on your application may cause your application to be rejected. Your application must include all applicable information. The application you submit to the airport must contain your Signatory Authority's original signatures **with a date no more than 30 days prior to the initial badging appointment.**
- b. **Application For Driving Privileges (if applicable)** – If you need driving privileges, make sure that this application is completed fully and accurately. Your application should be typed or printed legibly. This application must also contain your Signatory Authority's original signatures when you submit it to the airport.
- c. **Privacy Act Notice** – This document explains how the Department of Homeland Security will use the information you provide in the badge application, including the use of your Social Security Number. Your application will not be accepted unless it is accompanied with a completed Privacy Act Notice.
- d. **Terms and Conditions** – This document outlines the conditions under which the badge will be issued to you. Your application will not be accepted unless it is accompanied with a completed Terms and Conditions document.

3. Bring The Correct Identification – Federal regulations require the airport to inspect and copy documents that establish identity and work authorization prior to issuing Personnel Identification Media. You should have all the required documents with you when you arrive at the badging office (see table below for list of approved documents).

4. Bring Two Pieces of Identification – A separate Federal regulation requires the Airport to verify identity through two forms of identification before issuing a badge. One form must be a picture identification and one must be a government-issued identification. You must present two forms of identification when you submit your application notwithstanding the fact that List “A” below contains documents that satisfy both identity and work authorization requirements.



Any one document from List “A” below will establish both identity and work authorization. If you don’t have any of the documents under List “A”, then you must submit one document from List “B” and one document from List “C”. You must present the original identity and work authorization documents; copies will not be accepted.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
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		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

5. You May Need to Submit Additional Identification or Information -

Additional documents and information may be required depending on various factors. You must provide the documents indicated if any of the factors apply to you. In addition to providing the information required, you must also submit the original documents from which the information is derived. The airport is required to maintain copies of these documents.

- a. U.S. Citizens born abroad, or naturalized citizens must provide one of the following:
  - i. U.S. Passport number
  - ii. Certificate of Naturalization Number, Form N-550 or N-570
  - iii. Certificate of U.S. Citizenship Number, Form N-560 or N-561
  - iv. Certification of Report of Birth, Form DS-1350
  - v. Consular Report of Birth Abroad, Form FS-240
  - vi. Certification of Birth Abroad, Form FS-545
- b. Non-U.S. Citizen must provide one of the following:
  - i. Alien registration Number
  - ii. I-94 Arrival/ Departure Form Number
- c. Non-Immigrant visa holders must provide the visa control number

6. STA Submission:

The badging office will submit your STA

***NOTE: Your badge will not be issued at this time.***

Your badge can only be issued after:

- a. TSA has conducted and approved a Security Threat Assessment.
- AND**
- b. You have completed the required training.

Security Threat Assessment (STA) – Information from your application will be uploaded to the Transportation Security Clearinghouse who will conduct a Security Threat Assessment (STA). The airport usually receives STA results within three to five business days. The Airport is simply told whether the applicant passed the STA or it is given a “do not issue” notification.

STA RESULTS – The badging office will contact you once your STA results have been received. If results are received with no issues, you will be granted access to the required security training course. If there are any issues with your STA you can request information regarding redress procedures.

**7. Security Training** – You must complete all required training courses regarding airport security and driving privileges (if applicable) before receiving your AOA badge. All required training must be completed through the ANTN Digicast website. If you have applied for driving privileges, there are additional training requirements. Movement area drivers will need to complete a check ride.

***NOTE: You cannot receive the training until you have cleared your STA.***

*Federal Employee Exemption – If you are a Non-Law Enforcement federal employee, and presented your Federal Identification, you may receive your AOA badge pending the results of your STA.*

**8. Final Appointment/Badge Issuance** -

Once you have completed your training you are ready to set up your final badging appointment where you will be issued your AOA badge.



# AOA BADGING FLOW CHART

**COMPLETE APPLICATION FOR ACCESS MEDIA**

## SIGNATORY REVIEW

Have your Signatory review your application and identity documents. If your documentation is in order, your Signatory will complete and sign all applicable sections of your application.

## MAKE AN APPOINTMENT WITH THE BADGING OFFICE

At your scheduled appointment submit:

1. Application for Access Media
2. Driving Rights Application (if applicable)
3. 2 original forms of identification (See I-9 List)
4. Privacy Notice
5. Terms and Conditions
6. Notice of Responsibilities

## SECURITY THREAT ASSESSMENT (STA)

Badging Office will submit your information to the TSA for your Security Threat Assessment (STA). Results are generally received in 2-14 days. Applicants born outside the US, or who provide incomplete information, may take longer.

**APPLICANT IS INSTRUCTED TO CREATE DIGICAST TRAINING ACCOUNT**

**STA APPROVAL?**

**YES**

### THE BADGING OFFICE WILL GRANT ACCESS TO THE REQUIRED TRAINING

Access to training can only be granted if the applicant has created their Digicast account and passed background.

### APPLICANT COMPLETES REQUIRED TRAINING

The applicant is responsible for contacting the Badging Office to schedule next appointment or any additional training, i.e., SCAN Class, Enhanced Security Training, etc.

**BADGE ISSUED**

**NO**

### THE BADGING OFFICE OR TSA WILL REQUEST ADDITIONAL INFORMATION

If identity documents are required, the badge office can submit them on applicant's behalf via Telos. TSA may send a letter directly to applicant requesting additional information.

### APPLICANT PROVIDES REQUESTED INFORMATION

**STA APPROVED**

**STA NOT APPROVED**

**BADGE NOT ISSUED**