



ACCESS MEDIA APPLICATION

TSC / Matrix Entry: _____
 Access Media Number: _____

TRI POLICE
 2525 Highway 75, Suite 301
 Blountville, TN 37617
 Office 423.325.6332
 Fax 423.325.6347

SUBMISSION OF THIS FORM IS BY APPOINTMENT ONLY

This form must be filled out completely.

Any form that cannot be read will not be processed.

USE BLACK or BLUE INK

DO NOT USE WHITE OUT

I. Applicant's Personal Information - To be completed by APPLICANT

Application Date									
Last Name			First Name			Middle Name			
Nicknames or Aliases? (Maiden / Married / Adopted) No Yes: If yes, list:						Social Security #			
Home Phone		Mobile Phone		Email Address					
Home Address									
City					State		Zip		
Gender Male Female		Race (A) Asian (B) Black		(I) Native American (U) Unknown		(W) Caucasian/Hispanic Other _____			
Natural Hair Color		Natural Eye Color		Height (Feet)		(Inches)		Weight (Pounds)	
Date of Birth			Country of Birth			State of Birth			
Driver's License / Identification Number						State			
Passport # (If Using As Identification)					Passport Country				
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>									
- OR - Are you authorized to work by the Government of the United States? Yes No									
- OR - Are you a commercial driver licensed by Canada or Mexico and admitted to the United States under 8 CFR 214.2(b)(4)(i)(E) to conduct business in the United States? Yes No									
Alien Registration # (If Applicable)			I-94 Arrival/Departure # (If Applicable)			Non-Immigrant Visa # (If Applicable)			
Certificate of Birth Abroad # (If Applicable)					Certificate of Naturalization # (If Applicable)				
Company Type		TCAA	Airline	SIDA Other	AOA Other	SIDA Const	Reason for Application		New Exchanged
		PSO	FBO	Sterile	AOA Tenant	SIDA Contr			Expiration Lost/Stolen

II. Application Information - To be completed by Applicant's SIGNATORY AUTHORITY

Applicants Job Title			Authorizing Entity			Authorizing Signatory Phone			
<p><i>TRI Access Media is issued only upon approval from your sponsoring organization's Authorized Signatory. This space must be completed.</i></p> <p>I, Authorized Signatory for the above applicant, hereby certify that the above listed applicant requires access to the SIDA or AOA, as indicated, to perform their job duties and shall be added to my signed Authorized Signatory - List of Authorized Badge Holders, I further certify that I am an Authorized Signatory sanctioned to approve this applicant and will notify the Tri-Cities Airport Authority upon termination of applicants privileges.</p>									
If you have not taken TRI Signatory Authority training DO NOT SIGN in this area.									
Name of Signatory Authority (Print)			Signature of Signatory Authority				Date		
Media Type		Access Requested (Specific Area/Gate/Door)			Escort				
SIDA AOA Parking					Driving Basic (Non Movement Areas ONLY) Advanced (Movement and Non Movement Areas)				

III. Privacy Act Notice

Authority: 49 USC §114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographic 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 your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). 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 generally permitted under 5 U.S.C. 522a(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. 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: 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.

IV. Social Security Number Authorization

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 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.

Name of Applicant (Print)	Signature of Applicant	Date of Birth	Social Security #

V. Notice to TCRA Access Media Applicant (Sign in Presence of Officer Only)

(1)

I hereby certify that 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 a knowing and willful false statement on this application can be punishable by fine or imprisonment or both.

Further, I agree and understand any misstatements or material omissions of facts hereon may cause forfeiture of my privilege to receive a Tri-Cities Airport Authority (TCAA) Access Media. I also understand Federal Regulations 49 CFR 1542.209 (1) impose a continuing obligation that I disclose to the TRI Public Safety, within 24 hours, if I am convicted of any disqualifying criminal offense while I have unescorted access authority. I also understand I may receive a copy of the criminal record received from the FBI if I request it in writing from the airport operator. My point of contact for this information shall be the Airport Security Coordinator.

(2)

Use of this Access Media constitutes consent to search and monitoring at any area of the airport. I understand the Airport Security Coordinator may deny my access at any time and upon leave greater than 30 days or separation from my employment this Access Media will be returned immediately. I understand if I should lose my Access Media I am obligated to report the loss to TRI Public Safety immediately so the card may be removed from the system. I also understand there will be a \$200 fee, as per current TCAA policy, for replacement of Access Media. TRI Public Safety will collect the fee before replacement Access Media is issued.

Access Media is the property of TCAA. You must immediately return your media to your employer or TRI Public Safety Office at the end of employment or upon receiving notification that your Access Media is being revoked. The TCAA Public Safety Office will issue a receipt as proof of Access Media return. Failure to comply within 24 hours is in direct violation of the Airport Security Program ASP and you may be subject to a potential \$13,333 Civil Penalty Fine assessed by the Transportation Security Administration (TSA) under title 49 of the Code of Federal Regulations CFR Part 1540.105; 49 USC 46301

(3)

I have participated in the Required Security Identification Display Area training specific to the Tri-Cities Airport.

I understand and accept all of the privileges, rights and responsibilities as they pertain to the possession of a Tri-Cities Airport Identification Badge.

I will comply with all TCAA and federal rules and regulations governing my access privileges to Security Areas (Secured Area, SIDA, Air Operations Area) as presented to me by the approved training course, including:

- Access Media is not transferable and must be displayed on the outermost garment, above the waist and below the neck at all times.
 - I will report any attempts to use an altered or expired media.
 - I will challenge and/or immediately report any individual I find in TRI Airport Security Areas without proper authorization or not displaying a proper ID to my supervisor or TRI Public Safety.
 - I understand all vehicles, property and persons are subject to search by TSA and TRI Public Safety.
- SCREENING NOTICE:** Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.
- I will return my media card to the TRI Public Safety Office when access privileges are no longer required.
 - I agree to abide by all applicable regulations and understand I am subject to fines and revocation of access privileges for violating regulations enforced by Tri-Cities Airport Authority, Department of Public Safety.

(4)

I verify I have not been convicted of any of the criminal offenses listed in Section VI. of this application.

CAUTION: SIGN ONLY IN PHYSICAL PRESENCE OF TCAA TRUSTED AGENT/OFFICER

Name of Applicant (Print)	Signature of Applicant	Date
Witness - Name of Trusted Agent (Officer)	Signature of Trusted Agent (Officer)	Date
Gracie Beach		

VI. Disqualifying Criminal Offenses

Check the applicable box for each of the following disqualifying criminal offenses listed below indicating you have or have not been convicted, or found not guilty by reason of insanity, of any of these disqualifying crimes listed below in any jurisdiction during the 10 years prior to the date of this application for unescorted access authority, or while the individual has unescorted access authority.

The disqualifying criminal offenses are as follows:

Yes	1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations.	No
Yes	2. Interference with air navigation.	No
Yes	3. Improper transportation of a hazardous material.	No
Yes	4. Aircraft piracy.	No
Yes	5. Interference with flight crew members or flight attendants.	No
Yes	6. Commission of certain crimes aboard an aircraft in flight.	No
Yes	7. Carrying a weapon or explosive aboard and aircraft.	No
Yes	8. Conveying false information and threats.	No
Yes	9. Aircraft piracy outside the special aircraft jurisdiction of the U.S.	No
Yes	10. Lighting violations involving transporting controlled substances.	No
Yes	11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements.	No
Yes	12. Destruction of an aircraft or aircraft facility.	No
Yes	13. Murder.	No
Yes	14. Assault with intent to murder.	No
Yes	15. Espionage.	No
Yes	16. Sedition. <i>(Incitement of discontent or rebellion against a government.)</i>	No
Yes	17. Kidnapping or hostage taking.	No
Yes	18. Treason. <i>(Betrayal of one's own country by waging war against it or by consciously or purposely acting to aid its enemies.)</i>	No
Yes	19. Rape or aggravated sexual abuse.	No
Yes	20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.	No
Yes	21. Extortion. <i>(Obtaining property from another induced by wrongful use of actual or threatened force, violence, or fear, or under color of official right.)</i>	No
Yes	22. Armed or felony unarmed robbery.	No
Yes	23. Distribution of, or intent to distribute, or manufacture of an explosive or weapon.	No
Yes	24. Felony arson.	No
Yes	25. A felony involving a threat.	No
	26. A felony involving -	
Yes	I. Willful destruction of property;	No
Yes	II. Importation or manufacture of a controlled substance;	No
Yes	III. Burglary;	No
Yes	IV. Theft;	No
Yes	V. Dishonesty, fraud or misrepresentation;	No
Yes	VI. Possession or distribution of stolen property;	No
Yes	VII. Aggravated assault;	No
Yes	VIII. Bribery; and	No
Yes	IX. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year, or any other crime classified as a felony that the Administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money; or	No
Yes	27. Violence at international airports;	No
Yes	28. Conspiracy or attempt to commit any of the aforementioned acts.	No

I understand and acknowledge that once granted unescorted access privileges, Federal regulations require me to disclose to the Airport Operator (TRI) within 24 hours, an arrest for or conviction of any of the crimes described in 49 CFR 1542.209. Additionally, in the event of a conviction for a crime listed in 49 CFR 1542.209, I shall surrender to TRI the SIDA access media issued to me within 24 hours of such conviction.

Name of Applicant (Print)

Signature of Applicant

Date