

NEW APPLICATION

ACCESS CONTROL/IDENTIFICATION BADGE

TYPE OR PRINT LEGIBLY

SECTION 1

LAST NAME: _____ FIRST NAME: _____
MIDDLE NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____
CONTACT PHONE: _____ DOB: _____
DRIVERS LICENSE #: _____ STATE: _____ EXPIRE DATE: _____
PLACE OF BIRTH COUNTRY: _____ CITIZENSHIP COUNTRY: _____
PASSPORT COUNTRY: _____ PASSPORT #: _____
ALIEN REGISTRATION NUMBER (If applicable): _____
NON-IMMIGRANT VISA NUMBER (If applicable): _____
I94 ARRIVAL/DEPARTURE FORM NUMBER (If applicable): _____
DS1350 CERTIFICATION OF BIRTH ABROAD (If applicable): _____
RACE: _____ EYES: _____ HGT: _____ HAIR: _____ WGT: _____ SEX: M F
EMPLOYER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
REQUESTED AREAS/ACCESS: _____
DRIVER ACCESS REQUIRED? YES NO
REASON: _____

SECTION 2

I, hereby verify that the information I have provided to the Lincoln Airport Authority (LAA) is true and correct and acknowledge that all access control badges and keys issued to me are the property of the LAA and I shall immediately surrender them to LAA or my employer upon termination or demand. If this access control badge authorizes access to the Airport Movement Area or Security Identification Display Area (SIDA), I shall continuously display this access control badge on my outermost garment, above the waist, while I am within the these areas. If this access control badge allows access to non-SIDA/non-Movement areas only, I shall have it in my possession at all times while I am within those areas. I shall produce the access control badge upon demand by the LAA. I shall keep this access control badge current and in such condition to make visual identification certain. I shall not borrow an airport access control badge issued under another name, nor shall I loan my access control badge issued in my name to another. I agree to comply with all Transportation Security Administration (TSA), Federal Aviation Administration (FAA) and LAA security and safety regulations and agree to such additional provisions as may be required for operational safety or security of the airport. I agree to pay any penalties, fines or costs resulting from my violation of any of the said security standards and to indemnify LAA from any such fines, penalties, or costs incurred by the LAA for incidents that are due to my violation of any of the said security standards. I understand and agree that access to the AOA may be obtained only through the proper use of authorized access media or other procedures approved by LAA. Vehicles and persons may gain access to the AOA only at such access points. I shall remain at any access point opened by my action until such access point is again secure. If authorized to escort others, I shall be responsible for and will escort

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persons/vehicles who gain access to the AOA opened by my action and will ensure these persons/vehicles comply with all security standards listed herein. If authorized, I may escort visitors within the areas of the AOA to which I am authorized access so long as those visitors remain under my control. If this access control badge authorizes access to the Airport Movement Area or Security Identification Display Area (SIDA), I shall challenge any individual within those areas not displaying a LNK access control/identification badge or any person displaying an incorrect color coded badge. In non-SIDA/non-Movement Areas I shall challenge any individual that I recognize as not having access authorization. I shall immediately notify LAA if any access control badge or key becomes lost or otherwise compromised. I authorize LAA to conduct an employment history, verify my previous employment and conduct a criminal history check prior to or during my employment at Lincoln Airport. I agree to pay the amounts shown in the following FEE SCHEDULE for initial badge issue, or for lost, misplaced or compromised access control badges or keys.

FEE SCHEDULE:

Initial Non-SIDA badge issue fee: \$37.00	Initial SIDA badge issue fee: \$64.00
Reissues (with return of old badge): \$6.00	Lost badges: \$75.00
Cyber-keys: No charge - \$200.00 if lost	Lost badge with Re-issue: \$81.00

PRIVACY ACT NOTICE

Authority: 49 U.S.C. §114 authorizes the collection of this information.

Purpose: DHS will use this information to conduct a security threat assessment on airport employees and other personnel or applicants who work in or have unescorted access to the **AOA**, secured area, sterile area, SIDA, or any area for which the airport has issued a personnel identification media.

Routine Uses: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to aviation security. Additionally, DHS may share the information with facility operators, law enforcement or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the completion of your security threat assessment, which may prevent your access to the **AOA**, secured area, sterile area, SIDA, or other area or purpose for which personnel identification media are issued.

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)

I further acknowledge and understand that upon entry to any Air Operations Area, Secured Area, SIDA Area or Sterile Area I am subject to a search of my person and accessible property.

Applicant's Signature

Title

Date

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SECTION 3

I, _____ of _____ confirm
Employer's Representative (print) Employer (print)
the applicant named above is employed by this organization and is required to be issued a Lincoln Airport
Access Control/Identification Badge. I authorize LAA to conduct an employment history check, verify
employment and/or process a criminal history check at LAA's discretion.

Signature of Employer's Representative Title Date

AIRPORT USE ONLY

APPROVED BY: _____ DATE: _____
Approval contingent on successful completion of training (if required) as specified below:

CHRC Required? Yes No Completed? Yes No

- SIDA Training completed on _____ By: _____
- Non-Movement Area Driver Training, Pass Date: _____ By: _____
- Movement Area Driving Training, Pass Date: _____ By: _____

Project # (if any): _____

ID Type: ___Blue ___Red___Pink (CHRC Badges)
 ___Brown ___Green ___Yellow (Non-CHRC Badges)

 ___Driver ___Non-Driver

 ___Escort ___No Escort

Access Granted: _____

Badge # Issued: _____ Date Issued: _____ Expiration Date: _____

ID ISSUED BY: _____

**I hereby acknowledge receiving the airport identification/access media as described
above.**

Applicant's Signature Title Date