

LINCOLN AIRPORT AUTHORITY

ACCESS CONTROL/IDENTIFICATION BADGE APPLICATION

Sponsoring Company Name: \_\_\_\_\_

Requesting Badging For:  New ID  Renewal ID  Replacement ID  Lost/Stolen ID

Areas Requested:  Terminal SIDA  Sterile Areas SIDA  Driver Access  
 East Ramp/GA Areas  West Ramp  Runways/taxiways

As an authorized representative of the Sponsoring Company identified above, I confirm that the Applicant identified below is an employee, or an employee of a contractor of the Sponsoring Company, and has undergone an employment investigation consistent with reasonable employment practices and applicable Federal Law. I attest the individual applicant listed below acknowledges their security responsibilities under 49 CFR 1540.105 (a).

I further verify that the Applicant is authorized to work in the United States, and that the ID badge being requested is necessary in the performance of the Applicant's assigned duties at the Lincoln Airport.

I understand that knowingly and deliberately making false statements on this application can result in fines or imprisonment or both. (See Section 1001 of Title 18 United States Code)

Authorized Signer:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Information** (Full LEGAL Name is required)

Last Name:	Address:
First Name:	City:
Middle Name:	State:
Date of Birth (mm/dd/yyyy):	Zip:
Social Security #:	Home/Mobile Phone:
Driver's License #:	Work Phone:
State ID Card #:	Email:

Race:	Sex:	Height:	Weight:
Hair Color:	Eye Color:		

Country of Birth:	State/Region of Birth:	
I am a US Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO) indicate country of citizenship:		
Passport Country:	Passport Number:	Expiration Date:
Alien Registration Number:		Expiration Date:

Employer:	Job Position:	
Employer Address:	City:	
Employer Phone #:	State:	Zip:

## SECTION 2

I hereby verify that the information I have provided to the Lincoln Airport Authority (LAA) is true & 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 these areas. If this access control badge allows access to the 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 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, or 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 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 badge return)	\$6.00	Lost Badge	\$75.00
Cyber-keys: No Charge - \$200 (if lost or not returned)		Lost badge with Reissue	\$81.00
Renewal Fee for SIDA Badges	\$30.00		

**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 potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

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 may 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.

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.

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 have reviewed the above Notices.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**LINCOLN AIRPORT IDENTIFICATION MEDIA IS FOR OFFICIAL AIRPORT USE  
ONLY NOT TO BE USED AS IDENTIFICATION FOR OTHER PURPOSES**

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Lincoln Airport Authority Use Only

Criminal History Record Check (CHRC) Certification

I certify that a fingerprint-based criminal history check was conducted for the above-named applicant in accordance with applicable Federal law and/or TSA Regulations and that the CHRC did NOT disclose a disqualifying criminal conviction.

This applicant is Exempt as an employee of a Federal, State or Local Government agency who has undergone a CHRC.

Fingerprint Case #: \_\_\_\_\_ Date of CHRC: \_\_\_\_\_

\_\_\_\_\_  
Security Coordinator's Signature Date

TSA Security Threat Assessment

TSA Threat Assessment Approval Date: \_\_\_\_\_ Initials: \_\_\_\_\_

LAA Security Coordinator Approval for Badge

\_\_\_\_\_  
Printed Name Signature Date

ID Type:

<input type="checkbox"/> Blue	<input type="checkbox"/> Red	<input type="checkbox"/> Pink
<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow
<input type="checkbox"/> Driver		<input type="checkbox"/> Non-Driver
<input type="checkbox"/> Escort		<input type="checkbox"/> Non-Escort

Access Granted: \_\_\_\_\_ Project #: \_\_\_\_\_

Badge # Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issued By: \_\_\_\_\_

Badge Returned (if applicable): \_\_\_\_\_

I hereby acknowledge receiving the LAA Airport identification/access media as described above.

\_\_\_\_\_  
Applicant's Signature Date

## **Social Security Authorization Release**

**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-19), Aviation Worker Program, 601 South 12th Street, Arlington VA 22202.**

**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, I could be punished by a fine or imprisonment or both.**

**Signature:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Full Name (print):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_



**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 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). 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 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:** 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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

