# SIDA Application Checklist

**Last Name:** ________________________________  
**First Name:** ________________________________  
**Middle Name:** ________________________________  
**Employer:** ________________________________  
**Date of Application:** ____________________

## Application Verification

<table>
<thead>
<tr>
<th>Item</th>
<th>Verified By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Completed SIDA Application Signed by Authorized Signatory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Privacy Act with Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Signed SIDA Rules and Regulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Copy of ID(s) in Compliance With Current I-9 Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Completed CHRC Letter with RAP BACK Subscription Number and Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| [ ] CHRC Case Number: __________________  
| [ ] Rap Back Subscription Date: __________________                   |             |      |

## Security Verification

<table>
<thead>
<tr>
<th>Item</th>
<th>Verified By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Enter Applicant into TSC Website</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Take Fingerprints and Submit for CHRC or CHRC Letter from Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] CHRC Returned. Check list for Disqualifying Offenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Cleared TSC Security Threat Assessment and STA Attached to Application</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Badging System

<table>
<thead>
<tr>
<th>Item</th>
<th>Verified By</th>
<th>Date</th>
</tr>
</thead>
</table>
| [ ] Enter into Avigilon                                                               | Badge ID Number:  
| [ ] Take Photo                                                                        | Badge Token:  |
| [ ] Print Badge                                                                      |             |      |

## Application Processing

<table>
<thead>
<tr>
<th>Item</th>
<th>Verified By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Applicant SIDA Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Issuance of Keys (enter into Key Log)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Collect Payment (enter into Billing Spreadsheet)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Supervisor Verification

<table>
<thead>
<tr>
<th>Item</th>
<th>Verified By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Complete SIDA Application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Completed CHRC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Signed Privacy Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Signed Rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Copy of ID(s) using I9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] STA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Scan into EEDOCs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Revised: 11/09/2022
**SECURITY BADGE ACCESS APPLICATION**

- USE BLACK OR BLUE INK ONLY –

**ITEMS 1 THRU 4 MUST BE COMPLETED BY THE AUTHORIZED SIGNATORY AND ARE REQUIRED FOR PROCESSING.**

Security Badge Authorization form must be completed for individuals without an Authorized Signatory

1. **REASON FOR APPLICATION:**
   - [ ] New
   - [ ] Renew
   - [ ] Upgrade/Downgrade
   - [ ] Lost/Stolen
   - [ ] Damaged
   - [ ] Reactivate/Retraining

2. **BADGE TYPE REQUESTED:**
   - [ ] SIDA
   - [ ] Sterile Area
   - [ ] General Aviation

3. **DRIVERS TRAINING:**
   - [ ] Drivers Training **REQUIRED**
   - [ ] Drivers Training **NOT REQUIRED**

4. **AUTHORIZED SIGNATORY**
   I attest the individual applicant listed below has a specific need for unescorted access and the individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a)

   Authorized by (print) ______________________________ 
   Signature __________________________________________
   Date ______________ 
   Agency ______________________________
   Badge Type ______________________________

**ITEMS 5 - 32 MUST BE COMPLETED BY THE APPLICANT AND REVIEWED BY THE AUTHORIZED SIGNATORY. PLEASE PRINT CLEARLY.**

5. **LAST NAME**
6. **FIRST NAME**

7. **MIDDLE NAME**
8. **SOCIAL SECURITY #**

9. **LIST ALL ALIAS/MAIDEN NAMES**

10. **STREET ADDRESS**

11. **CITY**
12. **STATE**
13. **ZIP CODE**

14. **COUNTRY**
15. **TELEPHONE #**

16. **HEIGHT** (ft. in.)
17. **WEIGHT** (lbs.)
18. **GENDER**
19. **DATE OF BIRTH**

20. **RACE**
21. **EYE COLOR**
22. **HAIR COLOR**

23. **COUNTRY OF CITIZENSHIP**
24. **PLACE OF BIRTH (U.S STATE or COUNTRY)**

25. **PASSPORT #**
26. **PASSPORT COUNTRY**

27. **I-9 DOCUMENTS**
   - [ ] Non Immigrant VISA
   - [ ] I-94 Form (If checked, must complete # 29)
   - [ ] Yes
   - [ ] No

28. **I-9 DOCUMENT #**

29. **ALIEN REGISTRATION #**
30. **U.S. CERTIFICATION OF BIRTH ABROAD**
   - [ ] Yes
   - [ ] No

31. **Employer/Aircraft / Hangar**
32. **EMAIL**

Vehicle Year Make, Model, Plate, State

Vehicle Year Make, Model, Plate, State

Revised: 11/09/2022
PRIVACY ACT NOTICE STATEMENT


Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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 will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator-issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual’s name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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.

APPLICANT CERTIFICATION STATEMENT

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 the Title 18 of the United States Code).

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 fine or imprisonment or both.

Applicant Signature __________________________ Date __________________________

Applicant Full Name & SSN (Print) __________________________ Date of Birth __________________________

Revised: 11/09/2022
Durango-La Plata County Airport SIDA Badge Rules and Regulations

The Undersigned, by accepting a Security ID Card issued by the Durango-La Plata County Airport, hereby acknowledges and agrees to the following:

1. The Security ID Card is the property of the Durango-La Plata County Airport and will be surrendered upon termination of employment, extended leave of absence, transfer, or upon any violation of airport regulations or the conditions contained herein.

   IN THE EVENT YOU FAIL TO RETURN YOUR ID CARD ON TERMINATION OF EMPLOYMENT OR DEMAND BY THE AIRPORT, THE AIRPORT MAY BE FORCED TO RECALL AND REISSUE ALL ID CARDS. THEREFORE, SHOULD YOU FAIL TO IMMEDIATELY RETURN YOUR ID CARD TO THE AIRPORT AT ITS ADMINISTRATION OFFICES ON DEMAND OR ON TERMINATION OF EMPLOYMENT, YOU AGREE TO PAY LIQUIDATED DAMAGES OF $500.00, AND ALL REASONABLE EXPENSES AND ATTORNEY'S FEES ASSOCIATED WITH ANY EFFORTS BY THE AIRPORT TO SECURE THE RETURN OF YOUR ID CARD. YOU FURTHER AGREE TO BE SUBJECT TO THE JURISDICTION AND VENUE OF THE LA PLATA COUNTY COURTS FOR ANY ACTION NECESSARY TO SECURE RETURN OF THE ID CARD AND/OR PAYMENT OF THE LIQUIDATED DAMAGES, EXPENSES AND ATTORNEY’S FEES.

2. Undersigned agrees to notify the Airport security office as expeditiously as possible if the Card is missing or has been stolen.

3. Undersigned agrees that he/she will not transfer, loan or convey the Security ID Card to any other person(s).

4. Badge fees: 1st issue; $100 + $75 for fingerprints. Renew $50 + $75 for fingerprints. There will be a 1st time fee of $75.00 for replacing a lost or stolen card and $100.00 fee thereafter. Replacement of damaged badge $25.00. Charge to employer if ID is not returned $200.00.

5. The Security ID Card will always be worn on the outer most garment above the waist when the undersigned is in the Security Identification Display Area (SIDA).

6. Undersigned agrees that he/she will challenge any person found in the SIDA without a valid Security ID Card exposed upon their person and will notify the Airport Security Coordinator of such violation.

7. Individuals who possess an Airport issued SIDA badge who are traveling as passengers must access the sterile area through a TSA screening checkpoint with any accessible property they intend to carry onboard the aircraft and remain in the sterile area after entering. Individuals may not access the Secure or Sterile area with their Airport ID while not on duty.

8. 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.

9. Undersigned agrees not to post images of the DRO SIDA badge on social media.

10. Undersigned understands that any violation of the above may result in the cancellation and surrender of the security ID card at the discretion of the Airport Security Coordinator.

SIGNED: __________________________________________________________ DATE: ____________________________

PRINTED NAME: ___________________________________ EMPLOYER: _________________________________

If you have any questions, contact the airport security office at 970-382-6050 or Airport Duty Phone 970-759-4342
ASC Dennis Ray: 970-764-5831
Airport Administration: 970-382-6050

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Airport Administration: 970-382-6050

Revised: 11/09/2022
**Durango-La Plata County Airport**

**FINGERPRINT CRIMINAL HISTORY RECORDS CHECK APPLICATION**

Last Name: __________________________________________________________

Middle Name: _________________________________________________________

First Name: __________________________________________________________

Date of Birth (MM/DD/YYYY)

**WITHIN THE PAST 10 YEARS, HAVE YOU BEEN CONVICTED OR FOUND NOT GUILTY BY REASON OF INSANITY INVOLVING ANY OF THE FOLLOWING OFFENSES? A “YES” ANSWER FOR ANY OF THE DISQUALIFYING CRIMES WILL BE REASON TO DENY THE ISSUANCE OF IDENTIFICATION MEDIA.**

<table>
<thead>
<tr>
<th>DISQUALIFYING CRIMES</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Interference with flight crew members or flight attendants; 49 U.S.C. 46504.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. 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.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Assault with intent to murder.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Espionage.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Kidnapping or hostage taking.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Treason.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Rape or aggravated sexual abuse.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. Armed or felony unarmed robbery.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23. Distribution of, or intent to distribute, a controlled substance.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Revised: 11/09/2022
By Submitting this Application you are swearing and/or affirming that you have not committed any of the above disqualifying offenses. Under 49 CFR 1542.209, if you are granted unescorted access privileges you will have a continuing duty to inform the Airport within 24 hours if you commit, charged, and/or convicted of any of the above offenses.

In submitting this application, you agree to be fingerprinted. Those fingerprints will be submitted to the Federal Bureau of Investigation and used to verify your criminal records history. You will not be granted unescorted access privileges until the airport has obtained a copy of your criminal records history from the FBI. A copy of the history provided by the FBI will be provided to you by the airport when available and on your written request. The Airport Security Coordinator will be your point of contact for any questions you may have about your criminal records history.

The information I have provided on this Fingerprint Criminal History Check 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 a fine or imprisonment or both. (See Section 1001 of Title 18, USC)

_____________________________________________________ ____________________________
Applicant Signature Date

_____________________________________________________
Print Name