

Savannah / Hilton Head International Airport  
 Identification Badge Request / CHRC /S.I.D.A. &/or AOA Driver's Record / Parking Request  
 Work – 912-964-7501 ext 4424 or 4425 Fax – 912-965-2727  
[pjones@savannahairport.com](mailto:pjones@savannahairport.com)

<b>Section 1 - Company &amp; Employee Information {Please Print Or Type All Information}</b>					
<b>Employer:</b>		<b>Work Phone:</b>		<b>Job Title:</b>	
<b>Name {Last, First, Middle}</b>		<b>Social Security Number: Check ( )Yes / ( ) No – To submit to TSA Clearinghouse – Print your Social Security Number Below</b>			
<b>Employee's Home Address (Street):</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Employee's Home Phone # ( ) ( ) ( )</b>		<b>Employee's Cell Phone # ( ) ( ) ( )</b>			
<b>Date Of Birth:</b>		<b>Height</b>	<b>Hair Color</b>		<b>Eye Color</b>
<b>Driver's License Number</b>		<b>Driver's License Expiration Date</b>			<b>State</b>
<b>Sex: Male / Female</b>	<b>Place of Birth (Enter the State in USA)/Enter the Country (Not in USA)</b>				
<input type="checkbox"/> SIDA	<input type="checkbox"/> SIDA Cargo	<input type="checkbox"/> Sterile		<input type="checkbox"/> Citizenship	
<input type="checkbox"/> AOA Badge	<input type="checkbox"/> Parking Only	<input type="checkbox"/> Private Pilot / Student		<input type="checkbox"/> Escort Authority: <b>Yes / No</b>	
<input type="checkbox"/> Non-Movement Area	<input type="checkbox"/> Air Movement Area	<input type="checkbox"/> Full Service		<input type="checkbox"/> Limited	<input type="checkbox"/> Construction

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 United States Code.)

**E-Mail Address (If Applicable)**

<b>Signature of applicant:</b>	<b>Date:</b>
--------------------------------	--------------

**Section 2 - To Be Completed By Certification Official {Certification Official = Owner of Company / Manager} Signature must be on file with the Savannah Airport Police Department!**

**Certification:**

- By signing below I, the Aircraft Operator and / or Airport Operator is in compliance with Code Section 1542.229 and / 1542.209 of this chapter for the Aircraft Operator's employees and contractors seeking unescorted access authority. I certify that a Criminal History Record Check has been completed on the individual listed above and I further state that there were no disqualifying criminal offences

**Print Name of Certification Official:** \_\_\_\_\_  
**Signature of Certification Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- By signing I certify that the applicant has an operational need for escort authority in the SIDA and / or Sterile area.

**Print Name of Certification Official:** \_\_\_\_\_  
**Signature of Certification Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I acknowledge responsibility for any TSA fines levied against Savannah Airport Commission which caused by the failure of one of our employees to adhere to the Savannah Airport Commission Security Program.

**Print Name of Certification Official:** \_\_\_\_\_  
**Signature of Certification Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note - This Form Or An Equivalent Should Be Completed And Filed In The Employee's Personnel File, Together With A Copy In The Appropriate Airport Security Records Or Files.**

<b>Date Of AOA Training:</b>	<b>AOA Test Score:</b>	<b>Date Of S.I.D.A. Training:</b>	<b>S.I.D.A. Test Score:</b>	<b>Escort Training:</b>
------------------------------	------------------------	-----------------------------------	-----------------------------	-------------------------

I certify that the above listed employee has received formal instructions in vehicle operations on the air operations area (if applicable), radio communications procedures, safety and the proper wearing of and how to use the identification badge.

<b>S.I.D.A. Instructor's Signature:</b>	<b>AOA Driver's Training Instructor's Signature</b>
---	---

SAC 513 - 03/13/09  
 SUPERCEDES SAC - 02/12/98  
 Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_  
 Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

**BADGE FEES**

The following fee schedule applies to the issuance of Savannah International Airport identification reader badge:

<b>Initial Cost: \$15.00 (Reader / Badge) / \$2.50 (Tag)</b>		
<b>1<sup>st</sup> Lost Badge: \$ 50.00</b>	<b>3<sup>rd</sup> Lost Badge: \$ 150.00</b>	<b>5<sup>th</sup> Lost Badge: \$ 250.00</b>
<b>2<sup>nd</sup> Lost Badge: \$ 100.00</b>	<b>4<sup>th</sup> Lost Badge: \$ 200.00</b>	

**UNLESS OTHERWISE NOTIFIED, EMPLOYEE WILL PAY FOR LOST BADGE!**

I will be using the parking badge and tag for parking only during my working hours in the employee parking lot. My parking tag will be hanging from the rearview mirror of the vehicle listed below. I agree to hold the Savannah Airport Commission, its officers, agents, and employees completely harmless against loss or damage to person (s) or property resulting directly from the use of this permit at the Savannah International Airport.

<b>Section 4 - Vehicle Information</b>				
<b>Make Of Vehicle</b>	<b>Model Of Vehicle</b>	<b>Year</b>	<b>Color</b>	<b>Tag # &amp; State</b>
<b>Insurance Company</b>	<b>Insurance Policy #</b>	<b>Expiration Date</b>		
<b>Make Of Vehicle</b>	<b>Model Of Vehicle</b>	<b>Year</b>	<b>Color</b>	<b>Tag # &amp; State</b>
<b>Insurance Company</b>	<b>Insurance Policy #</b>	<b>Expiration Date</b>		
<b>Make Of Vehicle</b>	<b>Model Of Vehicle</b>	<b>Year</b>	<b>Color</b>	<b>Tag # &amp; State</b>
<b>Insurance Company</b>	<b>Insurance Policy #</b>	<b>Expiration Date</b>		
<b>Make Of Vehicle</b>	<b>Model Of Vehicle</b>	<b>Year</b>	<b>Color</b>	<b>Tag # &amp; State</b>
<b>Insurance Company</b>	<b>Insurance Policy #</b>	<b>Expiration Date</b>		
<b>Make Of Vehicle</b>	<b>Model Of Vehicle</b>	<b>Year</b>	<b>Color</b>	<b>Tag # &amp; State</b>
<b>Insurance Company</b>	<b>Insurance Policy #</b>	<b>Expiration Date</b>		

**I acknowledge receipt of identification badge:**

<b>Signature of applicant:</b>	<b>Date:</b>
--------------------------------	--------------

SAC 513 - 03/13/09  
 SUPERCEDES SAC - 02/12/98  
 Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_  
 Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

# Privacy Act Notice

**Authority:** 49 U.S.C. §114 44936 authorizes the collection of the information.

**Purpose:** The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's 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's records to ensure the validity of your name and SSN.

**Routine Uses:** This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

**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 identification media.

**Print Full Name** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Social Security Verification

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 12<sup>th</sup> 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 to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

**Signature of Applicant:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**SSN** \_\_\_\_\_

**Print Full Name** \_\_\_\_\_

SAC 513 - 03/13/09  
SUPERCEDES SAC - 02/12/98  
Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_  
Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

**SAVANNAH / HILTON HEAD INTERNATIONAL AIRPORT EMPLOYMENT HISTORY INVESTIGATION**

The applicant will be subject to employment history verification and possible criminal history records check. The applicant must disclose any disqualifying convictions within the past ten (10) year period (See the list of disqualifying convictions on back of form), and **must explain gaps in employment of 12 months or more.**

Date of Application: \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_  
 Nicknames, Aliases or Previously Used Names: \_\_\_\_\_  
 List two (2) Forms of ID used for Verification (One with Photo): \_\_\_\_\_ & \_\_\_\_\_

1. **List employers for the past ten (10) years beginning with the most recent, including dates, addresses and phone numbers.**
2. **Include unemployed periods and explain gaps in employment record. Use additional sheets if necessary.**
3. **If Self Employed must show documentation, i.e., tax records, etc.**
4. **Certification must include verification information for five (5) years prior to date of applications, obtained on this applicant by agency applying for access privilege.**
5. **Contacted Person = Person who you spoke with at the individual place of employment, either current or in the past 5 years**
6. **Contacted By = Person who verified that the individual worked where they stated they worked.**
7. **Contacted Person and Contacted by CANNOT BE THE SAME PERSON!**

Employer:		
Address:		
Phone:	Dates Employed - From:	To:

Contacted Person:
Contacted By:
Contact Date:
Method Of Employment Verification: Phone    Written    In Person    Other

Employer:		
Address:		
Phone:	Dates Employed - From:	To:

Contacted Person:
Contacted By:
Contact Date:
Method Of Employment Verification: Phone    Written    In Person    Other

Employer:		
Address:		
Phone:	Dates Employed - From:	To:

Contacted Person:
Contacted By:
Contact Date:
Method Of Employment Verification: Phone    Written    In Person    Other

Employer:		
Address:		
Phone:	Dates Employed - From:	To:

Contacted Person:
Contacted By:
Contact Date:
Method Of Employment Verification: Phone    Written    In Person    Other

Employer:		
Address:		
Phone:	Dates Employed - From:	To:

Contacted Person:
Contacted By:
Contact Date:
Method Of Employment Verification: Phone    Written    In Person    Other

Employer:		
Address:		
Phone:	Dates Employed - From:	To:

Contacted Person:
Contacted By:
Contact Date:
Method Of Employment Verification: Phone    Written    In Person    Other

Employer:		
Address:		
Phone:	Dates Employed - From:	To:

Contacted Person:
Contacted By:
Contact Date:
Method Of Employment Verification: Phone    Written    In Person    Other

The applicant must list any convictions involving the crimes listed in 1542.209(d) as disqualifying, which occurred during the prior ten (10) year period. Use a separate sheet if necessary to complete the list. Enter the word NONE if applicable.

Signature of Verifying Official (Same as Contacted by): \_\_\_\_\_

SAC 513 - 03/13/09  
 SUPERCEDES SAC - 02/12/98  
 Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_  
 Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

I certify that I have not been convicted or found guilty by reason of insanity of any of the enumerated crimes listed below, within the past ten- (10) years. I will also inform you within 24 hours of any disqualifying criminal offense that occurs while I have unescorted access authority.

01. Forgery of certificates, false marking of aircraft, and other aircraft registration violations, 49 U.S.C. 49306;
02. Interference with air navigation, 49 U.S.C. 46308;
03. Improper transportation of a hazardous material, 49 U.S.C. 46312;
04. Aircraft piracy, 49 U.S.C. 46502;
05. Interference with flight crew members or flight attendants, 49 U.S.C. 46504;
06. Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506;
07. Carrying a weapon or explosive aboard aircraft, 49 U.S.C. 46505;
08. Conveying false information and threats, 49 U.S.C. 46507;
09. Aircraft piracy outside the special aircraft jurisdiction of the United States, 49 U.S.C. 46502 (b);
10. Lighting violations involving transporting controlled substances, 49 U.S.C. 46315;
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;
12. Destruction of an aircraft or aircraft facility, 18 U.S.C. 32;
13. Murder;
14. Assault with intent to murder;
15. Espionage;
16. Sedition;
17. Kidnapping or hostage taking;
18. Treason;
19. Rape or aggravated sexual abuse;
20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon;
21. Extortion;
22. Armed or Felony unarmed robbery;
23. Distribution of, or intent to distribute, a controlled substance;
24. Felony arson;
25. A Felony involving a threat;
26. A Felony involving –
  1. Willful destruction of property;
  2. Importation or manufacture of controlled substance;
  3. Burglary;
  4. Theft;
  5. Dishonesty, fraud, or misrepresentation;
  6. Possession or distribution of stolen property;
  7. Aggravated assault;
  8. Bribery;
  9. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year, or any other crime classified as a felony that the Administrator determines indicated a propensity for placing contraband board an aircraft in return for money.
27. Violence at International Airports, 18 U.S.C. 37.
28. Conspiracy or attempt to commit any of the aforementioned criminal acts.

<b>Print name:</b>	<b>Social Security Number:</b>
<b>Signature:</b>	<b>Date:</b>

SAC 513 - 03/13/09  
 SUPERCEDES SAC - 02/12/98  
 Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_  
 Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_

SAC 513 - 03/13/09  
SUPERCEDES SAC - 02/12/98  
Project Location: \_\_\_\_\_

Badge # \_\_\_\_\_ Amount: \_\_\_\_\_  
Tag / Decal # \_\_\_\_\_ Rec. # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Deposit: \_\_\_\_\_