

LINCOLN AIRPORT AUTHORITY
ACCESS CONTROL/ IDENTIFICATION BADGE APPLICATION

Company Name: _____

Sponsoring Company Name: _____

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

Areas Requested: Terminal SIDA Sterile Area SIDA Driver Access
 East Ramp/GA Area West Ramp Runways/Taxiways
 Escort

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. both. (See Section 1001 of Title 18 United States Code).

Authorized Signer's

Printed Name: _____ **Signature:** _____ **Date:** _____

Applicant Information (Full LEGAL Name is required)

| | | | |
|---------------------|------------|--------------------|--|
| Last Name: | | Address: | |
| First Name: | | City: | |
| Middle Name: | | State: | |
| Date of Birth: | | Zip: | |
| Social Security #: | | Home/Mobile Phone: | |
| Driver's License #: | State: | Work Phone: | |
| State ID Card #: | State: | Email: | |
| Race: | Sex: | Height: | |
| Hair Color: | Eye Color: | Weight: | |

| | | | |
|----------------------------|------------------------------|-----------------------------|------------------|
| Country of Birth: | | State/Region of Birth: | |
| I am a US Citizen | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Passport Country: | Passport Number: | Expiration Date: | |
| Alien Registration Number: | | | Expiration Date: |

| | | | |
|-------------------|--|------------|------|
| Employer Address: | | Job Title: | |
| Employer Phone#: | | City: | |
| Reason for Badge: | | State: | Zip: |

SECTION 2

I, hereby verify that the information I have provided to the Lincoln Airport Authority 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 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 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 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 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 stands 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 | \$40.00 | Initial SIDA Badge issue Fee | \$70.00 |
| Reissues (With badge return) | \$10.00 | Lost badge with Reissue | \$100.00 |
| Cyber Keys: No Charge- \$250 if lost or not returned | | Badges not returned | \$150.00 |

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 areas, sterile area, SIDA, or any area for which the airport has issued a personal 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.

Applicant's Name

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 fines or imprisonment or both. (See Section 1001 of Title 18 of the United States Code). I have reviewed the above Notices.

Applicant's Name (printed)

Applicant's Signature

Date

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

Applicant's Name

Criminal History Record Check (CHRC) Certification (If applicable)

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

This applicant is Exempt as an employee of a Federal, State or local Gov't agency who has undergone a criminal history records check

Fingerprint case #

Date of CHRC:

Rapback #

Date of Rapback:

Security Coordinator's Signature

Date

TSA Security Threat Assessment:

TSA Threat Assessment Date: _____

Initials: _____

LAA Security Coordinator Approval for Badge

Robert C. Frank

Printed Name

Date

ID Type:

Blue

Red

Pink

Brown

Green

Yellow

Driver

Non Driver

Escort

Non Escort

Access Granted: _____

Badge # Issued: _____ Date Issued: _____ Exp Date: _____

ID Issued By: _____

Badge Returned (if applicable): _____

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

Applicant's Signature

Date