MARQUETTE SAWYER REGIONAL AIRPORT

MARQUETTE SAWYER REGIONAL AIRPORT
ACCESS MEDIA APPLICATION

APPLICATION INSTRUCTIONS

- **Fill out the application completely. Incomplete applications cannot be processed.**
- **Include your full middle name. If you do not have a middle name enter N/A.**
- **Airport Tenant/Employer: This is who you are associated with- as to why you need access to the airfield. Hangar tenant is also acceptable.**
- **You do not need to provide your Social Security number for an AOA badge. It is mandatory for a SIDA badge.**
- **Do not fill out anything below the thick black line on the first page.**
- **For Secure Badges, the Application for Fingerprinting page boxes must be checked individually.**
- **An Authorized Signatory from your company or club must sign on your behalf after they review your application and identifications, unless you are General Aviation which must be signed by airport administration.**
- **Review the list of Acceptable Documents for the identification requirements. You will need to bring one from List A OR one from List B AND one from List C with you to your appointment.**
- **Renewals cannot be processed more than 30 days before badge expiration.**
- **Applications are valid for 30 days. If a badge is not issued within 30 days of your Authorized Signatory's signature date, you must submit a new application.**
- **To ensure staff availability, it is highly recommended that you schedule an appointment for application submission.**

For an appointment please call or email:

Julie LeRoy
Marquette Sawyer Security Specialist
906-346-3308 x 3132
jleroy@mqtco.org
https://sawyerairport.com/security/badging/

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IDENTIFICATION MEDIA APPLICATION

Name		
Last	First	Middle
Below List ALL Other Names Used (Maiden, Previous Married Name, Aliases, etc.) if Applicable:		
Last	First	Middle

Current Mailing Address			
Street	City	State	Zip Code

Home Phone #:		Mobile Phone #:	
Personal Email:		Work Email:	

Airport Tenant/Employer-Reason for Needing Access Media		
Company or Group:	Title:	Phone #:

Personal Information			
Date of Birth:	Race:	Gender:	Height:
Weight:	Eye Color:	Hair Color:	Social Security #:

Place of Birth		
City:	State:	Country:
Country of Citizenship:		

If Outside of the U.S.A, Check Appropriate Box:			
Permanent Resident Alien ☐	Registered Alien Authorized to Work ☐ Until (Date):	Non-Immigrant VISA ☐ #:	Other ☐ (Please Explain)
Enter Alien Registration # (If Applicable) (9 Digits):			
OR I-94 Arrival/Departure Form # (If Applicable):			

If you are not a citizen of the U.S.A, you must provide one of the following:		
Certificate of Naturalization ☐	Certification of Birth Abroad ☐	Passport # ☐

AIRPORT EMPLOYEES ONLY

SELECT BADGE TYPE				
AOA☐	SIDA ☐	Sterile ☐		DATE
Escort Authority	Yes ☐	No ☐	Criminal History Records Check (CHRC)	
SIDA Door Access	Yes☐	No ☐	Security Training (AOA, Sterile, or SIDA)	
Airfield Gate Access	Yes☐	No ☐	Driver's Training (Movement)	
Controlled Door Access	Yes☐	No ☐	Driver's Training (Non-Movement)	

STA Information			
Date Sent:		By:	Date Approved:
Badge #	Type:		

I verify that I.D. requirements outlined in Federal Form I-9 List of Acceptable Documents have been met by this applicant.

Airport Operator or Designee Signature:	Date:

APPLICATION FOR FINGERPRINTING
MANDATORY CRIMINAL HISTORY QUESTIONNAIRE
AND SECURITY THREAT ASSESSMENT

Within the last 10 years, have you been convicted or found not guilty by reason of insanity of ANY of the following crimes?

YES	NO	
□	□	Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C.46306.
□	□	Interference with air navigation; 49 U.S.C. 46308.
□	□	Improper transportation of a hazardous material; 49 U.S.C. 46312.
□	□	Aircraft piracy; 49 U.S.C. 46502.
□	□	Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
□	□	Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
□	□	Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505.
□	□	Conveying false information and threats; 49 U.S.C. 46507.
□	□	Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
□	□	Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
□	□	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.
□	□	Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
□	□	Murder
□	□	Assault with intent to murder.
□	□	Espionage.
□	□	Sedition.
□	□	Kidnapping or hostage taking.
□	□	Treason.
□	□	Rape or aggravated sexual abuse.
□	□	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
□	□	Extortion.
□	□	Armed or felony unarmed robbery.
□	□	Distribution of, or intent to distribute, a controlled substance.
□	□	Felony arson.

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YES	NO	
□	□	Felony involving a threat.
□	□	Felony involving: -Willful destruction of property; -Importation or manufacture of a controlled substance; -Burglary; -Theft; -Dishonesty, fraud, or misrepresentation; -Possession or distribution of stolen property; -Aggravated assault; -Bribery; or -Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year.
□	□	Violence at international airports; 18 U.S.C. 37.
□	□	Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.

STATEMENT OF TRUTHFUL ADMISSION

By signing below, I certify that, within the past 10 years, I have not been convicted or found guilty by reason of insanity of any of the disqualifying crimes listed, nor am I awaiting judicial (court) proceedings. I also understand that Federal Regulations impose a continuing obligation that I disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense while I have unescorted access authority. I also understand that I may receive a copy of the criminal record received from the FBI if I request it in writing from the airport operator. My point of contact for this information shall be the Airport Security Coordinator. Also, I hereby certify that the information I have provided on this 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 fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code.) (Federal Regulations under 49 CRF 1542.209.)
I hereby authorize Marquette Sawyer Regional Airport to take my fingerprints and use them to conduct a Criminal History Records Check.

Applicant Name (PRINT) _____

_____ _____
(Applicant's Signature) (Date)

SOCIAL SECURITY NUMBER VERIFICATION

A copy of the criminal record received from the FBI will be provided to you if requested by you in writing.

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis (OIA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.

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.

_____ _____
(Applicant's Signature) (Date)

Applicant SSN and Full Name (PRINT) _____

APPLICANT'S SECURITY BADGE RESPONSIBILITY AGREEMENT

I WILL NOT:

- Allow anyone else to use my security badge.
- Alter my badge in any manner.
- Allow anyone to "piggyback" or "tailgate" behind me through a card access door or vehicle gate.
- Use my badge to bypass security in order to board a flight.

I WILL:

- Use my badge only in the performance of my official job duties.
- Immediately report any security violations to Airport Administration.
- Wear my badge on my outermost garment, prominently displayed above the waist, when in the SIDA.
- Challenge and report any individual who is not displaying an ID badge in the SIDA.
- Ensure proper closing of all card access doors and gates.
- Obey all lawful orders and directions from Airport Administration issued in furtherance of the Airport Security Program or TSA regulations.
- Notify Airport Administration of any name changes or address changes.
- Contact Airport Administration IMMEDIATELY if my badge/proximity card is lost or stolen.

I UNDERSTAND:

- My badge is the property of the Marquette Sawyer Regional Airport and must be surrendered upon demand, expiration, suspension, or termination of contract or employment.
- If my badge is lost or stolen, I will need to pay the applicable lost badge and/or proximity card fee.
- I must go through a screening checkpoint before boarding a flight for business or pleasure.

I have read and understand the above responsibilities and will abide by all airport rules and regulations. If I fail to comply with any of them, it may result in suspension or revocation of my badge or possible prosecution under federal, state, and local laws.

Escort Verification: I acknowledge that I have received the ESCORT designation; and I agree to familiarize myself with current escorting procedures: _____
(Initial)

_____ _____
(Applicant's Signature) (Date)

MARQUETTE SAWYER REGIONAL AIRPORT
IDENTIFICATION MEDIA APPLICATION

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection for List A
Or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
		AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license of ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with photograph	
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft Record	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
	6. Military dependent's ID card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	7. U.S. Coast Guard Merchant Mariner Card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	5. Native American tribal document
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	**For persons under age 18 who are unable to present a document listed above:**	6. U.S. Citizen ID Card (Form I-97)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	8. Employment authorization document issued by the Department of Homeland Security
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).
Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

TSA PRIVACY ACT STATEMENT

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 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

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.

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Authorized Signatory Signature Page

I_____Authorized Signatory for
(your name) Print
_____ whose authority ends on
(your company or group)
_____request that Marquette Sawyer Regional Airport
(date)
issue a badge to _____ with the following criteria:
(name of applicant) Print

Badge Type	□ **New Badge**	□ **Renewal**	□ **Lost/Stolen/Revoked**
Badge Access	□ **SIDA**	□ **Sterile**	□ **AOA**
Driving Authority	□ **Non-Movement**	□ **Movement**	□ **None**
Escort Authority	□ **Yes**	□ **No**	
My signature certifies that I have reviewed this application. This individual is an employee, member, or tenant and is eligible to apply for a Marquette Sawyer access badge.			
Authorized Signatory Signature:			**Date:**