



This application is for unescorted access in the SIDA/Secure/Sterile areas. The Airport Operator is required to verify your identity and work authorization from the List of Acceptable Documents (Form I-9). Either one document from List A or one document from List B and List C are required. The documents CANNOT be from the same list.

*******U.S. Citizens born abroad must show proof of citizenship via Form FS-545 or U.S. Passport*******

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from 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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or 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	AND	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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
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 a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration 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
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		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			
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				

Codes

Race

- White/Latino.....W
- Black.....B
- Asian.....A
- Native American.....I
- UnknownU

Eye Color

- Black.....BLK
- Blue.....BLU
- Brown.....BRO
- Green.....GRN
- Gray.....GRY
- Hazel.....HAZ
- Maroon.....MAR
- Multicolored.....MUL
- Pink.....PNK
- Unknown.....UNK

Hair Color

- Bald.....BAL
- Black.....BLK
- Blonde.....BLN
- Blue.....BLU
- Brown.....BRO
- Green.....GRN
- Gray.....GRY
- Orange.....ONG
- Purple.....PLE
- Pink.....PNK
- Red/Auburn.....RED
- Sandy.....SDY
- Unknown.....XXX
- White.....WHI



Section 1

Application Information (Please PRINT)

Last Name		First Name		Full Middle Name	
List any Alias, Maiden, Nicknames			Social Security #		Date of Birth
Resident Street Address		City		State	Zip Code
Phone Number			Email Address		
Country of Citizenship		State/Country of Birth		Gender (M or F)	Race (use code)
Height (ft and inches)		Weight (pounds)		Eye Color (use code)	
				Hair color (use code)	
Signature Authority's Company Name		Street Address		City	State Zip
Emergency Contact Name		Relationship to Applicant		Emergency Contact Phone	
For Applicants who will need airfield driving authorization				List any other companies for whom you hold a PWM badge	
Driver's License Number		State of Issuance		Expiration Date	

If you have any of the following documentation, you are required to disclose it.
 If you do not have any of the following documentation, please skip this section.

US Passport or US Passport Card number	Expiration
Alien Registration Number	Expiration
Permanent Resident Card Number	Expiration
Non-Immigrant Visa Number	Expiration
Foreign Passport Number	Expiration
Certificate of Birth Abroad (DS-1350)	
I-94 Arrival/Departure Document Number	



Privacy Act Notice

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

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 the fingerprints for enrollment into the USVISIT'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: 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.

I have read and understand the Privacy Act Statement.

_____ Printed Name

_____ DATE

_____ Signature

Fee Schedule: All checks should be made payable to **The City of Portland.**

Initial Badge Fee: \$50.00

Lost Badge Fees:

- 1st replacement: \$100
- 2nd replacement: \$150
- 3rd replacement: \$200

Replacement badges will be issued upon receipt of lost badge fee **as well as** written notice by badge-holder's Signature Authority (or designee). *If the lost badge is returned within 30 days, a refund check of \$75 will be mailed to the badge holder's address of record.*



Disqualifying Criminal Offenses

Individuals seeking unescorted access authority in the SIDA, Secure, or Sterile area and/or performing screening are required to undergo a fingerprint based criminal history records check (CHRC). There are 28 disqualifying crimes under the Transportation Security Administration (Part 1542.209) that will disqualify you from receiving a PWM security badge. Those crimes are:

- 1) Forgery of certifications, false marking of aircraft, and other aircraft registration violations
- 2) Interference with air navigation
- 3) Improper transportation of hazardous materials
- 4) Aircraft piracy
- 5) Interference with flight crew members or flight attendants
- 6) Commission of certain crimes aboard an aircraft
- 7) Carrying a weapon or explosive aboard an aircraft
- 8) Conveying false information and threats
- 9) Aircraft piracy outside the special aircraft jurisdiction of the United States
- 10) Lighting violations involving transporting controlled substances
- 11) Unlawful entry into an aircraft or airport area that serves air carriers
- 12) Destruction of an aircraft or aircraft facility
- 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) Felony involving a threat
- 26) Felony involving:
 - a) Willful destruction of property
 - b) Importation of manufacture of a controlled substance
 - c) Burglary
 - d) Theft
 - e) Dishonesty, fraud, or misrepresentation
 - f) Possession or distribution of stolen property
 - g) Aggravated assault
 - h) Bribery
 - i) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
- 27) Violence at international airports
- 28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph

By signing, I certify that: I DO NOT have a disqualifying criminal offense and I do consent to a fingerprint Criminal History Records Check (CHRC); in accordance with 49 CFR 1542.209. I understand my obligation to disclose to the airport operator within 24 hrs if convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. 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 a knowing and willful false statement on this application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code).

Printed Name _____

Signature _____ Date _____

* The airport operator reserves the right to approve or deny a SIDA badge based upon the results of the Criminal History Records Check results. Further, the airport operator reserves the right to deny a SIDA badge if its Airport Security Coordinator believes it is in the best interest of the airport's security program.

* The applicant is entitled to receive a copy of the Criminal History Record Check by submitting a written request to the Airport Security Coordinator.

Portland International Jetport • 1001 Westbrook Street • Portland, ME 04102 • (207) 756-8310 • www.portlandjetport.org
JetportOpsCenter@portlandmaine.gov Effective Date 07/01/2017

Name: _____ Company _____ Last 4 SSN _____



Section II

APPLICANT CERTIFICATION (Please Initial)

I hereby submit to the Portland International Jetport (hereinto known as the airport operator) this application for a Security ID badge and agree to the following:

____1. By submitting this application for a Security ID badge, I agree to comply at all times with the security rules and policies of the airport operator, including the provisions of Chapter 25 and the Transportation Security Administration (TSA), an agency of the United States, including the provisions of Title 49, CFR Parts 1540, 1542, and 1544.

____2. My Security ID badge remains the property of the Portland International Jetport (PWM), and is issued for use as long I have an operational need for unescorted access, and is not transferable to any other individual. PWM has the right to revoke the authorization of my ID badge where such action is determined to be in the best interest of airport security.

____3. I will visibly display my Security ID badge on my outermost garment, above the waist and below the neck at all times when inside the SIDA, Secured, or Sterile areas of the airport.

____4. I must challenge individuals who are not displaying airport approved identification and immediately notify the Jetport Operations Center (207-756-8310) of any individual with an invalid ID, or who cannot produce a valid airport issued or airport approved ID. (1542.211 (d))

____5. In the event of any change in my SIDA Badge Status, I will obtain a new Security ID badge and/or return my current badge.

____6. I will neither aid nor participate in "piggy-backing" (allowing unauthorized access to secured or restricted areas) nor will I otherwise breach, disobey, or disregard any security directive, plan, or program at the airport. Failure to comply with PWM Security Rules shall result in badge suspension and possible revocation (refer to item #12).

____7. Access to gates and doors will be monitored by surveillance cameras and the airport access control system. I will follow "STOP AND WAIT" procedures at all doors and gates to ensure they are securely closed before leaving the area.

____8. I will immediately notify my Authorized Signatory who will then inform the Airport Security Coordinator if I am arrested of any crimes listed under Title 49, CRF, Parts 1542.209 and 1544.229

____9. I will immediately notify my Authorized Signatory and the Jetport Operations Center if my Security ID badge is lost or stolen. I understand that I am able to receive a replacement badge when I pay the fee and turn in a letter from my Authorized Signatory to the Jetport Operations Center.

____10. I will not tamper, interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system measure, or procedure implemented.

____11. I understand that all persons in the SIDA are prohibited from carrying a firearm unless that person is a Law Enforcement Officer required to carry a firearm while performing Law Enforcement duties at the airport.

____12. I understand that failure to comply with airport security rules will result in a security violation. Moreover, the penalties for security violations include the following:

- 1st Offense: Immediate 7-day Security ID Badge suspension, \$25.00 fine, mandatory security retraining
- 2nd Offense: Immediate 14-day Security ID Badge suspension, \$250.00 fine, mandatory security retraining
- 3rd Offense: Immediate permanent revocation of Security ID Badge

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JetportOpsCenter@portlandmaine.gov Effective Date 07/01/2017

Name: _____ Company _____ Last 4 SSN _____



I understand and agree to comply with the terms and conditions provided for in this application and agree to comply with any changes or amendments to the terms and conditions that may be imposed by the airport operator and TSA.

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).

Print Name _____

Signature _____ Date _____

Social Security Authorization Statement

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 Workers Program, 601 South 12th St. Arlington, VA 22202.

I am the individual to whom the information applies and want this information released to verify my Social Security number 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.

Print Name _____ SSN _____

Signature _____ Date _____

Parental Consent

If under 18 years of age, a parent / guardian must consent to the Department of Homeland Security's, Transportation Security Administration, Security Threat Assessment.

Parent / Guardian Printed Name: _____ Date _____

Parent / Guardian Signature: _____



Section III (AUTHORIZED SIGNATORY)

***** THIS SECTION IS TO BE COMPLETED BY THE AUTHORIZED SIGNATORY*****

Signature Authority Information:

Authorized Signatory Name		Title	
Company			
Address	City	State	Zip Code
Office Number		Email Address	

Access Media Required (Circle All that Apply):

Secured/Sterile Area	SIDA (North Apron, Cargo Apron, or South Apron Only)
Jetway (30 min door shunt)	Intellikey

Badge-Holder Status (Circle Below)

Full Time, Permanent	
Temporary / Seasonal	Anticipated Temporary Employment End Date _____

By my signature I certify: that I am an authorized representative of the above named company and as such may sign this application; that the foregoing information is true, accurate and all information is verified; that the above named company has authorized a computer based fingerprint submission or has provided the Portland International Jetport written verification of proof that the company has subjected the applicant to a criminal history record check; is responsible for all application fees and charges; and that the applicant's airport-issued identification media will be returned upon request, termination, or when access is no longer required; that the applicant is required to have access to the above-mentioned areas of the airport; and that I have completed the TSA mandated Signatory Training for my company. ***I understand that failure to turn in this applicant's badge and key (if issued) will result in a \$150 charge to the company.*** 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)

Authorized Signature _____

Date _____