

SECTION 1 – APPLICANT INFORMATION PLEASE TYPE OR PRINT LEGIBLY. IF THE APPLICATION IS NOT COMPLETELY FILLED OUT OR IS NOT LEGIBLE IT WILL NOT BE PROCESSED

Law Enforcement Officer? YES NO Have you ever held an ALB Airport Badge? YES NO

Last Name First Name Full Middle Name

Social Security Number Other Name(s) Used

Date of Birth Birthplace - Born in USA Birthplace - Born Outside USA

Citizenship Information: (If born abroad US Passport # or ARN# required. The original document must be provided for verification.)

Country of Citizenship Alien Registration Number Non-Immigrant Visa Number

Home Address Street Apt. # City State Zip

Contact Phone Number(s) Primary Daytime Alternate

Driver License / State ID State Number Expiration Date

Height Weight Hair Color Gender (Check One)

White Black Hispanic Latino American Indian Asian Unknown Other (List)

Badge Holder Signature

The information I have provided on this application form is true and complete to the best of my knowledge and belief and is provided in good faith. I understand that a knowing a willful false statement on this application can be punished by fine or imprisonment or both (See section 1001 of Title 18 United States Code). In accordance with Federal Regulations (49 CFR §1542.209(1)(2), I agree to notify the Airport Security Office within 24 hours if I am convicted or found not guilty by reason of insanity of any of the disqualifying crimes listed in section two of this application.

Applicants Signature X _____ Date: _____

Parent/Guardian X _____ Date: _____ (if under 18 years of age)

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 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.

Signature X _____ Date of Birth: _____

SSN and Full Name: _____

(Please see Privacy Statement on pg 4 of the application instructions)

SECTION 2 – DISQUALIFYING CRIMES

THIS SECTION MUST BE COMPLETED BY THE APPLICANT LISTED ON PAGE 1 OF THIS APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> FORGERY OF CERTIFICATES FALSE MARKING OF AIRCRAFT, AND OTHER AIRCRAFT REGISTRATON VIOLATIONS | <input type="checkbox"/> RAPE OR AGGRAVATED SEXUAL |
| <input type="checkbox"/> INTERFERENCE WITH AIR NAVIGATION | <input type="checkbox"/> EXTORTION |
| <input type="checkbox"/> IMPROPER TRANPORTATION OF A HAZARDOUS MATERIAL | <input type="checkbox"/> DISTRIBUTION OF, INTENT TO DISTRIBUTE, A CONTROLLED SUBSTANCE |
| <input type="checkbox"/> AIRCRAFT PIRACY | <input type="checkbox"/> ARMED OR FELONY UNARMED |
| <input type="checkbox"/> INTERFERENCE WITH FLIGHT CREW MEMBERS OR FLIGHT ATTENDANTS | <input type="checkbox"/> FELONY INVOLVING A THREAT |
| <input type="checkbox"/> COMMISSION OF CERTAIN CRIMES ABOARD AIRCRAFT IN FLIGHT | <input type="checkbox"/> FELONY ARSON |
| <input type="checkbox"/> AIRCRAFT PIRACY OUTSIDE THE SPECIAL JURISDICTION OF THE UNITED STATES | <input type="checkbox"/> FELONY INVOLVING WILLFUL DESTRUCTION OF STOLEN PROPERTY |
| <input type="checkbox"/> LIGHTING VIOLATIONS INVOLVING TRANSPORTING CONTROLLED SUBSTANCES | <input type="checkbox"/> FELONY INVOLVING BURGLARY |
| <input type="checkbox"/> UNLAWFUL ENTRY INTO AN AIRCRAFT OR AIRPORT AREA THAT SERVES AIR CARRIERS OR FOREIGN AIR CARRIERS | <input type="checkbox"/> FELONY INVOLVING THEFT |
| <input type="checkbox"/> DESTRUCION OF AIRCRAFT OR AIRCRAFT FACILITY | <input type="checkbox"/> FELONY INVOLVING POSSESSION OR DISTRIBUTION OF STOLEN PROPERTY |
| <input type="checkbox"/> MURDER | <input type="checkbox"/> FELONY INVOLVING DISHONESTY, FRAUD, OR MISREPRESENTATION |
| <input type="checkbox"/> ASSAULT WITH INTENT TO MURDER | <input type="checkbox"/> FELONY INVOLVING IMPORTATION OR MANUFACTURE OF A CONTROLLED SUBSTANCE |
| <input type="checkbox"/> ESPIONAGE | <input type="checkbox"/> FELONY INVOLVING AGGRAVATED ASSAULT |
| <input type="checkbox"/> SEDITION | <input type="checkbox"/> FELONY INVOLVING BRIBERY |
| <input type="checkbox"/> KIDNAPPING OR HOSTAGE TAKING | <input type="checkbox"/> VIOLENCE AT INTERNATIONAL AIRPORTS |
| <input type="checkbox"/> TREASON | <input type="checkbox"/> FELONY INVOLVING ILLEGAL POSSESSION OF A CONTROLLED SUBSTANCE PUNISHABLE BY A MAXIMUM TERM OF IMPRISONMENT OF MORE THAN ONE YEAR |
| <input type="checkbox"/> UNLAWFUL POSSESSION, USE, SALE, DISTRIBUTION, OR MANUFACTURE OF AN EXPLOSIVE OR WEAPON | <input type="checkbox"/> CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THE CRIMINAL ACTS LISTED ABOVE |

NONE My signature in **SECTION 7** certifies that I have not been convicted or found not guilty by reason of insanity in any of the above listed disqualifying crimes nor have I been arrested for any of the disqualifying crimes and awaiting judicial proceedings.

SECTION 3 – COMPANY INFORMATION

THIS SECTION TO BE COMPLETED BY A DESIGNATED SIGNING AUTHORITY ONLY

Company Name

Applicants Job Title

AOA Driving YES NO

Escort YES NO

SAW Access Privileges YES NO

Signing Authority Certification

I attest, as an authorized signing authority, that all information contained herein is true, and that the applicant is currently employed and does so require unescorted access authority and / or sterile area access. I also certify that an I-9 Employment Eligibility Verification Form has been completed and signed by the applicant. If I submit an air carrier case number and date or as a condition of employment with a federal, state or local government I certify in accordance with the TSR 1542.209 and 1544.229, we have conducted the appropriate Fingerprint based Criminal History Records Check required to grant unescorted access to this individual and have determined that this individual meets all the requirements of the regulations and there were no disqualifying offenses. This individual is eligible for a badge permitting unescorted access pending airport approval.

Authorized Signatory (Please Print)

Authorized Signatory Signature (Valid for 30 Days after Signed and Dated)

X _____ Date: _____

Trusted Agent or Notary Public (Signature)

Date Sworn

X _____

Notary Stamp (N/A if Trusted Agent)

Air Carrier Case Number:

Case Closing Date:

SENSITIVE SECURITY INFORMATION

WARNING: THIS DOCUMENT CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER 49 CFR PART 1520. NO PART OF THIS DOCUMENT MAY BE RELEASED TO PERSONS WITHOUT A NEED TO KNOW, AS DEFINED IN 49 CFR 1520, EXCEPT WITH THE WRITTEN PERMISSION OF THE ADMINISTRATOR OF THE TRANSPORTATION SECURITY ADMINISTRATION, WASHINGTON, DC 20590. UNAUTHORIZED RELEASE MAY RESULT IN CIVIL PENALTY OR OTHER ACTION. FOR U.S. GOVERNMENT AGENCIES, PUBLIC AVAILABILITY IS GOVERNED BY 5 U.S.C. 552.

SECTION 4 – TERMS OF ISSUE***ALL APPLICANTS MUST READ AND INITIAL EACH SECTION CONFIRMING UNDERSTANDING****DOOR DISABLE RESPONSIBILITIES & DRIVING IN THE AOA AGREEMENT**

MY AIRPORT BADGE HAS BEEN AUTHORIZED TO DELAY DOOR OPEN TIME FOR A SPECIFIED PERIOD OF TIME, AND ON DESIGNATED DOORS OPERATING THE ACCESS CONTROL SYSTEM. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE SECURITY OF A DOOR WHILE IT REMAINS OPENED/DISABLED AND I MAY ONLY ESCORT INDIVIDUALS IN ACCORDANCE WITH THE AIRPORT SECURITY PROGRAM AND WITHOUT AN AIRPORT BADGE. IF MY BADGE HAS DRIVER DESIGNATION I AGREE TO ABIDE BY ALL RULES AND REGULATIONS FOR THE OPERATION OF A VEHICLE WITHIN THE AOA, AND UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE REVOCATION OF MY AOA DRIVING AUTHORIZATION. AIRPORT PERSONNEL ARE NOT AUTHORIZED TO DRIVE ON OR ACROSS RUNWAYS OR TAXIWAYS UNLESS THEY ARE ESCORTED OR IT HAS BEEN AUTHORIZED BY AIRPORT OPERATIONS.

THE AIRPORT BADGE ISSUED TO ME IS THE PROPERTY OF THE ALBANY COUNTY AIRPORT AUTHORITY AND SHALL BE RETURNED TO THE ISSUING AUTHORITY (AIRPORT OPERATIONS/SECURITY DEPARTMENT) OR MY EMPLOYER IMMEDIATELY UPON TERMINATION OF MY EMPLOYMENT AT THE AIRPORT. I UNDERSTAND THAT DISPLAYING A DEFACED BADGE CONSTITUTES IMPROPER DISPLAY AND IS A VIOLATION OF 49 CFR 1542.211. ALL VIOLATIONS WILL BE SUBJECT TO PUNITIVE ACTION.

AS AN AIRPORT BADGE HOLDER I WILL SAFEGUARD THE BADGE ISSUED TO ME AT ALL TIMES AND WILL NOT LOAN IT TO ANOTHER PERSON.

EACH TIME I ACCESS THE SECURED AREA/SIDA/AOA I WILL USE MY OWN BADGE TO GAIN ENTRY.

I UNDERSTAND THAT IF I FORGET OR LOSE MY BADGE, NO TEMPORARY BADGE OR ESCORT REQUIRED BADGE WILL BE ISSUED TO ME.

THE BADGE ISSUED TO ME IS ONLY VALID IN THE AREAS TO WHICH I REQUIRE ACCESS.

THE BADGE IS NOT TO BE USED TO BYPASS PRE-BOARDING SCREENING AREAS WHEREAS AN INTENDED PASSENGER ON A COMMERCIAL FLIGHT, I WOULD BE SUBJECT TO SUCH SCREENING.

THE BADGE ISSUED TO ME SHALL BE WORN ON THE OUTER MOST GARMENTS, ABOVE THE WAIST, AND VISIBLE AT ALL TIMES WITHIN THE SECURED AREA/SIDA/AOA REGARDLESS OF WEATHER CONDITIONS. I WILL PRESENT MY BADGE TO AIRPORT OFFICIALS WITHOUT CONTEST, UPON REQUEST FOR ID VERIFICATION.

I WILL CHALLENGE ANY PERSON WITHIN THE SECURED AREA/SIDA/AOA THAT IS NOT DISPLAYING A BADGE AND CONTACT AIRPORT OPERATIONS IF ANY RESISTANCE IS RECEIVED.

I WILL NOT DISCLOSE INFORMATION REGARDING THE AIRPORT SECURITY PROGRAM OR ANY AIRPORT TENANT'S SECURITY SYSTEM. THIS INCLUDES ANY ACCESS CODES OR COMBINATIONS THAT I HAVE BEEN ISSUED.

IF I AM CONVICTED OR FOUND NOT GUILTY BY REASON OF INSANITY OF ANY OF THE DISQUALIFYING CRIMINAL OFFENSES LISTED IN SECTION 3 ABOVE, I WILL REPORT THE OFFENSE AND SURRENDER MY BADGE TO THE AIRPORT SECURITY OFFICE WITHIN 24 HOURS OF THE FINDING.

MY BADGE MAY BE REVOKED FOR ANY VIOLATION OF THE AIRPORT SECURITY PROGRAM AS OUTLINED BY 49 CFR CHAPTER XII PARTS 1540.103.105.107, 1542.207 & 1542.211 OR ANY REASON DEEMED NECESSARY BY THE AIRPORT SECURITY COORDINATOR OR HIS/HER DESIGNEE.

INITIALS**SENSITIVE SECURITY INFORMATION**

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SECTION 5 – CITATION PROGRAM***ALL APPLICANTS MUST READ AND INITIAL EACH SECTION CONFIRMING UNDERSTANDING**

The following is the list of offenses that citations may be issued for under the Airside drivers program:

- Driving on the AOA w/o a valid NYS driver's license
- Driving a non-escorted vehicle on the AOA without an identifying company placard as instructed under current FAA regulations
- Failure to obey directions by a uniformed officer or airport representative on the AOA
- Failure to obey a lawful traffic sign or device in use on airport property
- Driving between an aircraft & terminal building while passengers are boarding aircraft
- Parking or positioning a vehicle as to become a hazard to an aircraft leaving or entering a gate position
- Failing to yield the right of way to an aircraft
- Smoking &/or responsible for open flames on the ramp.
- Failure to yield the right of way to emergency vehicle during an emergency response
- Driving a vehicle not equipped with an amber or red rotating beacon; or failure to use beacon as instructed under current FAA regulations
- Failure to abide by the posted speed limit or established speed limit for surface or vehicle in use
- Failure to contact ATCT before entering a movement area
- Operating a non-escorted vehicle on airport property without an Airport Permit
- Operating a tug pulling more than 4 baggage carts in or around terminal building
- Failure to contact Airport Operations after involvement in vehicular accident in which injury or property damage occurred

The following is the list of offenses that citations may be issued for under the Airport Security Program:

- Tailgating (piggybacking)
- Bypassing checkpoint
- Leaving a Secured Access Point Unattended
- Failing to report a Security Incident
- Failing to Challenge a Security Incident
- Tampering with a component of the Airport Security System
- Improper Escort
- Failure to properly secure an access point
- Using an invalid ID to gain entry
- Failure to possess a SIDA ID in the SIDA
- Leaving Prohibited Items unattended in the Sterile Area
- Interfering with Checkpoint Screening
- Parking in an unauthorized lot or illegal space
- Parking a vehicle that is not registered with the Airport in an employee lot

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SECTION 6- SECURITY TRAINING CURRICULUM***ALL APPLICANTS MUST READ AND INITIAL EACH SECTION
CONFIRMING UNDERSTANDING**

1. Introduction/Welcome
 - 1.1 Training Objectives
 - 1.2 Air Terrorism History
 - 1.3 Key Agencies & Phone Numbers
 - 1.3.1 Albany County Airport Authority (ACAA)
 - 1.3.2 AvPORTS/Departments
 - 1.3.3 Albany County Sheriff's Department (ACSD)
 - 1.3.4 Transportation Security Administration (TSA)
 - 1.3.4.1 Aviation Direct Access Screening Program (ADASP) -TSA search of persons and accessible property
2. Areas of Security
 - 2.1 Sterile
 - 2.2 Secured
 - 2.3 AOA
 - 2.4 Security Identification Display Area (SIDA)-Definition
 - 2.5 Public Areas
3. Access Control
 - 3.1 Responsibilities as outlined in 49 CFR §1540.105
 - 3.2 Types of Airport Badges
 - 3.2 Escort Badges
 - 3.3 Escort Policy 5:1 Ratio
 - 3.3 Challenge Procedures
 - 3.4 Security Incident Reporting Procedures
 - 3.5 Law Enforcement Response
 - 3.6 Access Control System-Proximity Card Use
 - 3.6.1 User application
 - 3.6.2 Boarding gate doors
 - 3.6.3 Terminal doors
 - 3.6.4 Vehicle gates
 - 3.6.5 Duress Codes
 - 3.7 Iris Scan Devices
4. Review of the Terms of Issue (Section 4)
 - 4.1 Lost/Stolen Badge Procedures
 - 4.2 Security Citation Program (Section 5)
 - 4.3 Landside Parking Program (Handout)
5. Question and Answer
6. AOA Driver Training (if required to attend) In accordance with attachment, Airport Ground Vehicle Operations Driving Manual for Albany International Airport per ACM Section 19, 04/02. Additional drivers training manuals are available at the Airport operations Center.

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SECTION 7- ACKNOWLEDGEMENT SECTION	*THIS SECTION MUST BE SIGNED BY APPLICANT AFTER BADGE ISSUE
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My signature below certifies that I have completed Security Training concerning the Airport Security Program and Transportation Security Regulations. I also certify that I will comply with Albany International Airport's Rules and Regulations and understand that any violations may result in retraining, suspension, or revocation of my Airport badge. I also acknowledge my responsibilities as an Airport Badge holder and understand that I may be subject to civil penalties as issued by the Transportation Security Administration (TSA) in accordance with Title 49 CFR §1540.105 "Security Responsibilities of Employees and other persons."

Albany International Airport Lost Badge Policy:

All Lost or Stolen Badges will be reported to the Airport Security Office Immediately. The replacement fee schedule is as follows; please note that payment must be made at the time of service in CASH ONLY and in EXACT CHANGE.

- First Replacement \$35.00 Second Replacement \$65.00 Third Replacement \$100.00

*******DO NOT SIGN UNTIL YOU HAVE COMPLETED SECURITY TRAINING*******

Applicant Signature : _____

Date: _____

Signature of Witness : _____

Date: _____

FOR OFFICE USE ONLY	DISPOSITION LOG
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Badge Number	Card Number	Date	Reason

Violation	Penalty Assessed	Date of Violation

BADGE TERMINATION

Badge Termination Date: _____

Badge Received

YES	NO		
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