



**GENERAL WAYNE A. DOWNING**  
**PEORIA INTERNATIONAL AIRPORT**  
**SECURITY BADGE REQUEST FORM**

General Wayne A. Downing Peoria International Airport (PIA) is regulated under Code of Federal Regulation (CFR) Part 1542 - Airport Security. One of the requirements of these regulations is that all individuals and companies requesting to have unescorted access privileges to the Airport's Secured, Sterile, and SIDA Areas meet certain requirements and abide by certain regulations designated to promote public safety. The questions on this form are mandated by CFR Part 1542.209 as pre-requisites for issuance of unescorted access authority to the Airport's Secured, Sterile, and SIDA Areas. All questions must be answered completely and truthfully by the applicant seeking access to the aforementioned areas. ***Knowingly and / or willfully providing false or misleading information on this application is a violation of Title 18 of the United States Code and subject to prosecution.***

As part of this application process you will be fingerprinted and your fingerprints will be transmitted to the Federal Bureau of Investigations (FBI) for a Criminal History Check (CHRC) to ensure that you have not ever been found guilty, or not guilty by reason of insanity, of certain crimes. The Airport Security Coordinator (ASC) is the primary contact for all questions or concerns that you may have regarding this process, including disputes of the results of your CHRC and petitions for corrective action to the FBI. A copy of your CHRC will be provided to you upon submission of a written request to the ASC.

*Airport Security Coordinator  
General Wayne A. Downing  
Peoria International Airport  
6100 W. E.M. Dirksen Parkway  
Peoria, IL 61607*

**All records are kept confidential and will not be disseminated except in strict compliance with CFR 1542.209.**

Name:

Organization:

**Instructions For Completing This Form:**

1. Please fill out this form in black ink. Print or type all answers legibly.
2. Please print your full name (Last, First, Middle) on this cover sheet in the space provided.
3. Please print the organization that you will work for.
4. All applicants **MUST** fill out Part 1 completely. If a particular section does not apply to you, you should fill in the blank with an 'N/A'.
5. All applicants **MUST** fill out Part 2 completely. If you have any questions regarding any of the offenses listed, please contact the Airport Security Coordinator.
6. All applicants **MUST** read, understand, and accept the Responsibilities of the Secured, Sterile, and/or SIDA Badge Holder listed under Part 3.
7. All applicants **MUST** read and sign the statement for "Certification by Applicant", if the applicant does not work for a company covered by CFR 1542.209 (m) or (n).
8. If the applicant works for a company covered under CFR 1542.209(m) or (n), then the Company Issuing Officer must sign the sworn statement. **DO NOT** write in the area marked "For Official Use Only".

## Part 1: Personal Information

<u>Last Name:</u>		<u>First Name:</u>		<u>Middle Name (full):</u>	
<u>Social Security Number:</u> ---    ---			<u>Maiden names, nicknames, aliases, etc:</u>		
<u>Date of Birth:</u> ___/___/___		<u>Place of Birth (state):</u>	<u>Country of Residence:</u>		<u>Nationality (Citizenship):</u>
<u>Sex:</u> <b>M    F</b>	<u>Race:</u>		<u>Immigration Status:</u>		<u>Green Card/Work Authorization Num:</u>
<u>Eye Color:</u>		<u>Hair Color:</u>	<u>Height:</u> Ft.        In.		<u>Weight:</u> Lbs.
<u>Local Address:</u>  _____ Street  _____ City                                    State                                    Zip					
<u>Primary Phone Number:</u> (    )    ____ - _____			<u>Other Contact Number:</u> (    )    ____ - _____		
<u>Emergency Contact (name):</u>			<u>Emergency Phone Number:</u> (    )    ____ - _____		

<b>Employment Information</b>	
<u>Company:</u>	<u>Work Phone Number:</u> (    )    ____ - _____
<u>Job Title:</u>	<u>Date of Employment:</u>
<u>Driving Privileges Needed?</u> Y or N If yes:    Ramp or Field	

<b>Social Security Number Verification</b>	
I authorize the Social Security Administration to release my Social Security Number and full name to Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12 <sup>th</sup> 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.	
<b>SSN &amp; Full Name:</b> _____	
<b>Signature:</b> _____ <b>D.O.B.:</b> _____	

## Part 2: Disqualifying Criminal Offenses

By signing below, I consent that in the past 10 years; I have never been convicted, or found guilty by reason of insanity-in any jurisdiction-of any of the following crimes:

- Forgery of Certificates, false Marking of aircraft, and other aircraft regulations; *49 USC 46306*
- Interference with air navigation; *49 USC 46308*
- Improper transportation of a hazardous material; *49 USC 46312*
- Aircraft Piracy; *49 USC 46502*
- Interference with flight crewmembers or flight attendants; *49 USC 46504*
- Commission of certain crimes aboard aircraft in flight; *49 USC 46506*
- Carrying a weapon or explosive aboard aircraft; *49 USC 46505*
- Conveying false information and threats; *49 USC 46507*
- Aircraft piracy outside the special aircraft jurisdiction of the United States; *49 USC 46502(b)*
- Lighting violations involving transporting controlled substances; *49 USC 46315*
- Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; *49 USC 46314*
- Destruction of an aircraft or aircraft facility; *18 USC 32*
- Murder or Assault with intent to murder
- Espionage, Sedition, or Treason
- Kidnapping or hostage taking
- 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
- Felony involving a threat
- Any 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; illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year.
- Violence at international airports; *18 USC 37*
- Conspiracy or attempt to commit any of the criminal acts listed in this portion of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Part 3: Certifications

### Responsibilities of the SIDA Badge Holder:

1. Code of Federal Regulation 1542.209 imposes a continuing obligation for all applicants and Secured, Sterile, and/or SIDA Badge Holders to disclose to the Airport Operator, within 24 hours, if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority.
2. All SIDA Badges issued by the General Wayne A. Downing Peoria International Airport (PIA) are the property of the Metropolitan Airport Authority of Peoria and must be surrendered upon demand by your employer, on demand by an authorized official of the Airport, or upon termination of your employment at PIA. The cost for initial enrolment in the SIDA system is \$100.00, which is paid by the employer. **Should your badge be lost or stolen, you must immediately report this to the Airport Operations Department. A lost/stolen badge report must be filled out by the individual, signed by their supervisor and turned into Operations before a new badge will be granted.** Replacement of the first unreturned badge will cost the Badge Holder **\$150.00**. Replacement of a second badge will cost the Badge Holder **\$300.00**. There will be no issuance of a third badge after the loss of the second badge issued.
3. The holder of the ID is personally responsible for its use and shall display this badge at all times when in the SIDA Area and in accordance with all portions of the Airport's Security Program. The holder shall not deface, alter, intentionally damage, place stickers on, or otherwise change the appearance of the badge. Nor shall the Badge Holder loan or permit others to use the badge. All badges are non-transferable and may only be used by the individual to whom they were issued.

**Screening Notice:**

Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

**Certification By Applicant:**

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 and accept my responsibilities as a Secured, Sterile, and/or SIDA Badge Holder. I also 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 United States Code).

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Certification by Company/Employer:**

I certify that this applicant is actively employed by the above listed company/employer, under Employment Information, and a specific need exists for providing the individual applicant unescorted access to the Secured Area, Sterile Area, and/or the Security Identification Display Area (SIDA) at the Peoria International Airport. I attest that the applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).

Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Escort Authority Required:** Y or N

**Certification By Parties Falling Under CFR 1542.209 (m) or (n):**

I, \_\_\_\_\_ (Company Issuing Officer), hereby certify that the individual named on this application has undergone a Criminal History Records Check (CHRC) acceptable to the FAA/TSA as outlined in CFR 1542.209 or CFR 1544.229. I further certify that, as the company issuing officer, I too have undergone a CHRC acceptable to the FAA/TSA as outlined in the aforementioned regulations. I understand that knowing and willful false statement on this application can be punishable by fine or imprisonment or both (See section 1001 of Title 19 United States Code).

\_\_\_\_\_  
Signature of Company Issuing Officer

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Application Reviewed, approved and prints taken by:

Name \_\_\_\_\_ Date \_\_\_\_\_

SIDA Access Approved: Yes  No  CHRC#: \_\_\_\_\_

STA Completion Date : \_\_\_\_\_

Second prints taken by:

Name \_\_\_\_\_ Date \_\_\_\_\_

ASC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Notified to Take Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID Num: \_\_\_\_\_ ID Color: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Issued By: \_\_\_\_\_

Returned/Lost/Stolen: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reported By: \_\_\_\_\_ Received By: \_\_\_\_\_ Destroyed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Inactive:

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