

## SIDA BADGE APPLICATION - INSTRUCTIONS - DO NOT STAPLE THIS PAGE TO APPLICATION

- Section A
  - Full Legal Name - enter your current, legal name.
  - Previously Used Names - enter any aliases you have used, including maiden names
  - Current Mailing Address - enter your current mailing address, PO boxes are acceptable.
  - Employer - enter your current airport employer, if more than one completed second application. Contractors must also complete this line.
  - Country of Birth - enter the country you were born in (e.g. USA).
  - Citizenship Country - enter the country that you are currently a legal citizen of.
  - Alien Registration Number through Passport Number - enter information if applicable, for questions contact officer.
- Section B
  - This section is your authorization for a badge. You will be required to have the Authorized Signatory for your organization sign the space given in this section. If you are unsure of whom your Authorized Signatory is, contact Airport staff for that information.
- Section C - *sign in presence of Airport staff*
  - (1) This section is a certification that you are not making any misrepresentations on this application.
  - (2) This section states that you must report any lost badges or loss of need to have a badge to the airport. Failure to return badges will result in a substantial fee as per current airport policy.
  - (3) This section is your acknowledgment of the airport security procedures. You are further certifying that you will observe gate closures behind you and will prohibit piggybacking.
- Section D
  - This section authorizes the Social Security Administration to release your social security number to the TSA for verification purposes. The absence of a Social Security Number will result in an error.
- Section E
  - If you have ever been convicted of a crime listed mark the appropriate box and notify the officer when submitting your application, you may be ineligible for a badge if any boxes are selected

### BADGE PROCESS

1. Complete this application and contact The La Crosse Regional Airport at **(608) 789-7464** to set up an appointment to turn in your application:
2. When going to your appointment, bring in one form of ID from both Columns B and C on Page 4 of this application OR one form of ID from Column A. (Example, a driver's license and social security card is valid OR a passport by itself is valid) The officers will need to see an ORIGINAL of the documents and will record the information for our records.
3. At your appointment you will be required to have your fingerprints taken.
4. Your SIDA badge is \$75 (subject to change) payable at the time the application is turned in. You can make checks payable to the *City of La Crosse Treasurer*.
5. Badge applications can take approximately 5 days for approval. Call the Airport at **(608) 789-7464** to check on your status after 5 days.
6. When your application has been approved and you have made an appointment with staff to pick up your badge, you will be issued a photo ID badge and procedures document.

**IMPORTANT: You have 30 days to pick up your badge from the application date, if you do not pick up your badge within 30 days you will have to repeat the entire application process and re-pay the fee.**

**NOTE:** SIDA badges are good for 2 year periods with all current badges expiring June of even years. Upon expiration of your badge you will have to re-complete this form, pay a renewal fee (currently \$30), and have an updated badge issued. Do not post photos of your badge online.

Questions can be sent to [airportbadging@lseairport.com](mailto:airportbadging@lseairport.com)



### 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.

I have read and understand this Privacy Act Notice:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SIDA/STERILE AREA

2850 AIRPORT ROAD  
LA CROSSE, WI 54603  
608-789-7464

## NEW AND RENEWAL SIDA/STERILE AREA BADGE APPLICATION

### A) THIS SECTION TO BE COMPLETED BY APPLICANT

Legal Last Name		Legal First Name		Legal Middle Name	
Previously Used Name (Last, First, Middle)			Previously Used Name (Last, First, Middle)		
Current Mailing Address					
City			State		Zip
Daytime Phone		Employer Phone		E-Mail Address	
Employer		Date of Birth (MM/DD/YYYY)		Citizenship Country	
State of Birth	Country of Birth		Race		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alien Registration # (If Applicable)		I-94 Arrival/Departure Number (If Applicable)		Non-Immigrant Visa Number (If Applicable)	
Certificate of Birth Abroad # (If Applicable)			Certificate of Naturalization # (If Applicable)		
Passport Country (If Applicable)			Passport Number (If Applicable)		
Height (Feet/Inches)	Weight (Pounds)	Hair Color		Eye Color	
Badge Type Requested?	<input type="checkbox"/> SIDA <input type="checkbox"/> SIDA Contractor <input type="checkbox"/> STERILE AREA Concessionaire				
Reason For Application?	<input type="checkbox"/> New Badge <input type="checkbox"/> Expired Badge <input type="checkbox"/> Name Change <input type="checkbox"/> Replace Lost Badge <input type="checkbox"/> Replace Stolen Badge				
Are you a citizen of the United States OR are you authorized to work by the Government of the United States OR a commercial driver licensed by Canada or Mexico and admitted to the United States under 8 CFR § 214.2(b)(4)(i)(E) to conduct business in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No

### B) THIS SECTION TO BE COMPLETED BY AUTHORIZING COMPANY SIGNATORY AUTHORITY

Applicants Job Title		Authorizing Company		Authoring Signatory Phone Number	
<p>SIDA/STERILE AREA badges are issued only upon approval from your organizations Authorized Signatory. This space must be completed.</p> <p>I, Authorized Signatory for the above applicant, hereby certify that the above listed applicant needs access to the SIDA/STERILE AREA to perform their job duties and shall be added to my signed Authorized Signatory - List of Authorized Badge Holders, I further certify that I am an Authorized Signatory authorized to approve this applicant and will notify the La Crosse Airport upon termination of applicants privileges. The individual applicant acknowledges their security responsibilities under 49 CFR § 1540.105(a);</p> <p>by checking the following box I hereby certify the above applicant requires escorting privileges based on operational need.   <input type="checkbox"/></p>					
Signatory Authority Print Name Authorizing Badge		Signatory Authority Signature Authorizing Badge		Date	

**C) NOTICE TO LA CROSSE AIRPORT SIDA/STERILE AREA BADGE APPLICANT**

**(Sign in the presence of Airport staff ONLY)**

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).

Further, I agree and understand that any misstatements of or material omissions of facts hereon may cause forfeiture of my privilege to receive an Airport Identification Badge. I also understand that Federal Regulations 49 CFR § 1542.209 (I), impose a continuing obligation that I disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense including findings of not guilty by reason of insanity 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.

I understand that Airport Management may deny my access at any time and upon separation from my employment this proximity card and ID badge will be returned immediately. I understand that if I should lose my proximity card and/or ID badge I am obligated to report the loss to airport management immediately so that my cards may be removed from the system. I also understand that there will be a fee, as per current airport policy, for a replacement proximity card and/or ID badge.

**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.

I have participated in the required Security Identification Display Area Training specific to the La Crosse Regional Airport.

I understand all my responsibilities as they pertain to the possession of a La Crosse Regional Airport Identification Badge.

I will challenge or report immediately to my supervisor and Airport Management, anyone whom I observe in a restricted area that does not display the proper Airport Identification Badge.

I verify that I have not been convicted of any of the criminal offenses listed in section F of this application.

Name of Applicant (Print)	Signature of Applicant	Date
Witness - Name of Trusted Agent (Officer)	Signature of Trusted Agent	Date

**D) SOCIAL SECURITY NUMBER AUTHORIZATION**

I authorize the Social Security Administration to release my Social Security Number and full name to the 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.

**NOTE:** An individual who has a U.S. Social Security Administration issued SSN but fails to provide it to TSA may delay or prevent completion of the STA and may be denied ID media (badge).

Name of Applicant (Print)	Signature of Applicant	Date of Birth	SSN
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**E) DISQUALIFYING CRIMINAL OFFENSES**

Check any of the disqualifying criminal offense if you have been convicted, or found not guilty of by reason of insanity, of any of the disqualifying crimes listed below in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority. The disqualifying criminal offenses are as follows:

CRIMINAL OFFENSE	Convicted
1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.	<input type="checkbox"/>
2. Interference with air navigation; 49 U.S.C. 46308.	<input type="checkbox"/>
3. Improper transportation of a hazardous material; 49 U.S.C. 46312.	<input type="checkbox"/>
4. Aircraft piracy; 49 U.S.C. 46502.	<input type="checkbox"/>
5. Interference with flight crew members or flight attendants; 49 U.S.C. 46504.	<input type="checkbox"/>
6. Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.	<input type="checkbox"/>
7. Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505.	<input type="checkbox"/>
8. Conveying false information and threats; 49 U.S.C. 46507.	<input type="checkbox"/>
9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).	<input type="checkbox"/>
10. Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.	<input type="checkbox"/>
11. 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.	<input type="checkbox"/>
12. Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.	<input type="checkbox"/>
13. Murder	<input type="checkbox"/>
14. Assault with intent to murder.	<input type="checkbox"/>
15. Espionage.	<input type="checkbox"/>
16. Sedition.	<input type="checkbox"/>
17. Kidnapping or hostage taking.	<input type="checkbox"/>
18. Treason.	<input type="checkbox"/>
19. Rape or aggravated sexual abuse.	<input type="checkbox"/>
20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.	<input type="checkbox"/>
21. Extortion.	<input type="checkbox"/>
22. Armed or felony unarmed robbery.	<input type="checkbox"/>
23. Distribution of, or intent to distribute, a controlled substance.	<input type="checkbox"/>
24. Felony arson.	<input type="checkbox"/>
25. Felony involving a threat.	<input type="checkbox"/>
26. Felony involving—	<input type="checkbox"/>
(i) Willful destruction of property;	<input type="checkbox"/>
(ii) Importation or manufacture of a controlled substance;	<input type="checkbox"/>
(iii) Burglary;	<input type="checkbox"/>
(iv) Theft;	<input type="checkbox"/>
(v) Dishonesty, fraud, or misrepresentation;	<input type="checkbox"/>
(vi) Possession or distribution of stolen property;	<input type="checkbox"/>
(vii) Aggravated assault;	<input type="checkbox"/>
(viii) Bribery; or	<input type="checkbox"/>
(ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.	<input type="checkbox"/>
27. Violence at international airports; 18 U.S.C. 37.	<input type="checkbox"/>
28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.	<input type="checkbox"/>

Initial here that you have read and completed this page: \_\_\_\_\_

**F) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL**

Application Process Completed		Trusted Agent Initials	Date
Applicants information completed and correct to best of knowledge			
Signatory Authority information completed, signed, and verified			
Signatures in Section C completed in presence of Trusted Agent			
Application fee paid and payment submitted to airport administration office:	<input type="checkbox"/> New application \$75.00		
<input type="checkbox"/> Cash Amount \$ _____	<input type="checkbox"/> Renewal application \$30.00		
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Lost/Stolen badge application (circle fee) \$30      \$100      \$150		
<input type="checkbox"/> Bill Account _____			
Identity and work authorization forms have been verified and recorded in Section G (Highlight Forms Presented in Section H)			
Applicants information entered and submitted to TELOS			
STA Status	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
Verification that CHRC fingerprint check was successfully completed			
Access/SIDA training completed			
Badge Issued	<input type="checkbox"/> SIDA (Red Background)		
Access Level _____	<input type="checkbox"/> SIDA Contractor (Blue Background)		
	<input type="checkbox"/> STERILE AREA (White background)		
Applicant added to signatory master list			
Application reviewed and filed by supervisor			
Notes			

**G) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL**

Record information from presented identification and employment authorization documents below. Do NOT make a copy.

Document Type	Document Number (if applicable)	Expiration Date (if applicable) MM/DD/YYYY
Document Type	Document Number (if applicable)	Expiration Date (if applicable) MM/DD/YYYY

**H) LIST OF ACCEPTABLE DOCUMENTS – ALL DOCUMENTS MUST BE UNEXPIRED**

**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.

Badge Number: _____	File: _____
Applicant Name: _____	Expiration Date: _____
Date Issued: _____	TA Terminating: _____
Date Terminated: _____	

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		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		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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		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				