

**ACCESS CONTROL APPLICATION**AIRPORT CODE: **MLI**AIRPORT CATEGORY: **II****TO BE COMPLETED BY APPLICANT:**

LAST NAME		FIRST NAME		M NAME	
Maiden Name or Other Names Used:					
STREET ADDRESS				HOME PHONE: CELL	
CITY		STATE	ZIP	E-MAIL	
GENDER	HEIGHT	WEIGHT	RACE	EYES	HAIR
BIRTH DATE		SSN		BIRTH STATE or COUNTRY	
D LICENSE		STATE	EXPIRES	COUNTRY OFCITIZENSHIP	
ALIEN REGISTRATION #		I94 FORM #			
PASSPORT #			PASSPORT ISSUING COUNTRY		
US CERTIFICATION OF BIRTH ABROAD			NON IMMIGRANT VISA #		

**TO BE COMPLETED BY AUTHORIZED SIGNATORY**

EMPLOYER		PHONE
BADGE TYPE REQUESTED: <input type="checkbox"/> SIDA <input type="checkbox"/> STERILE <input type="checkbox"/> AOA		
DRIVERS TRAINING REQUESTED: <input type="checkbox"/> MOVEMENT <input type="checkbox"/> NON-MOVEMENT <input type="checkbox"/> NONE		
ESCORT: <input type="checkbox"/> EMPLOYEE <u>WILL</u> ESCORT <input type="checkbox"/> EMPLOYEE <u>WILL NOT</u> ESCORT		
<p><i>Issued Media must not be used by any other person. If a badge is lost or stolen, the Metropolitan Airport Authority must be notified immediately. ID Badges are to be returned to the Metropolitan Airport Authority upon completion of your job at the Quad City International Airport. If a badge is NOT RETURNED at the completion of your job, YOU WILL BE CHARGED \$200.00.</i></p> <p><b>ALL FEES ARE NON-REFUNDABLE</b></p>		
APPLICANT SIGNATURE		DATE
AUTHORIZED BY (PRINT)		
AUTHORIZED SIGNATURE:		DATE

**TO BE COMPLETED BY BADGING OFFICE:**

BADGE ID#		BADGE TYPE:	APPLICATION DATE:	BY:
			ISSUANCE DATE:	BY:
REVOKED DATE: RETURNED LOST STOLEN DESTROYED UNACCOUNTED FOR				
SIDA TRAINING Y / N	AOA TRAINING Y / N	DRIVE TRAINING Y / N	NON-MOVEMENT X MOVEMENT X	ESCORT E / X
FINGERPRINT DATE SENT		SON#	CASE#	By

**"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.**

ID BADGE FEE: SIDA/Sterlie \$75 GA AOA \$25	FINGERPRINT: \$55 Lost Badge: \$75 Badge Not Returned \$200	DATE: Cash / Check
<b>&lt; PAYMENT INFORMATION</b>		Badge Fee:
BILL TO:		Fingerprint Fee:
PAID BY:		TOTAL:

# DISQUALIFYING CRIME LIST

## DISQUALIFYING CRIME STATEMENT

**An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below in any jurisdiction during the (10) years before the date of this application for unescorted access authority, or while the individual has unescorted access authority.**

**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 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; 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
- /  Felony involving a threat
- /  Felony involving
  - (i) Willful destruction of property;
  - (ii) Importation or manufacture of a controlled substance;
  - (iii) Burglary;
  - (iv) Theft;
  - (v) Dishonesty, fraud, or misrepresentation;
  - (vi) Possession or distribution of stolen property;
  - (vii) Aggravated assault;
  - (viii) Bribery; or
  - (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
- /  Violence at international airports; 18 U.S.C. 37
- /  Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d)

**I have read and understand what is meant by a disqualifying crime as stated above and attest that my answers are correct.**

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

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

**Privacy Act Notice**

**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, as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. 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 may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

**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:** 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 may 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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**AUTHORIZATION TO PROCEED:**

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 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.

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).

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN and Full Name (Printed): \_\_\_\_\_