

APPLICANT INFORMATION – THIS SECTION MUST BE COMPLETED BY APPLICANT

LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
HOME ADDRESS (No P.O. Box)		APT. #	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		CONTACT #		DATE OF BIRTH (MM/DD/YYYY)	
E-MAIL ADDRESS (Applicant):					
HEIGHT	WEIGHT	GENDER	EYE COLOR	HAIR COLOR	
' "	Lbs	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel	<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Red	
ETHNICITY		PLACE OF BIRTH (State/Province)		COUNTRY OF BIRTH	CITIZENSHIP COUNTRY
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other					

Must verify identification from TSA approved list of documents which can be found at [LAWA Acceptable Documents](#)

ACCEPTABLE ID TYPES	ACCEPTABLE ID #	EXP. DATE (MM/DD/YYYY)	STATE / COUNTRY
<input type="checkbox"/> Passport <input type="checkbox"/> State Driver License <input type="checkbox"/> State ID <input type="checkbox"/> Other:		/ /	
LIST ALL LEGAL ALIASES USED		COMMENTS	

MANDATORY CRIMINAL HISTORY QUESTIONNAIRE – THIS SECTION MUST BE COMPLETED BY APPLICANT

Within the past ten (10) years, have you been **convicted** or **found not guilty by reason of insanity** of any of the following offenses in any jurisdiction, including convictions which were later dismissed, reduced or expunged? Please mark the appropriate "Yes" or "No" box for EACH of the offenses listed below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Forgery of certificates, false markings of aircraft, and other aircraft registration violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interference with air navigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violence at international airports
<input type="checkbox"/> Yes <input type="checkbox"/> No	Improper transportation of a hazardous material	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rape or aggravated sexual abuse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Aircraft piracy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Armed or felony unarmed robbery
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interference with flight crew members or flight attendants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving aggravated assault
<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission of certain crimes aboard an aircraft in flight	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distribution of or intent to distribute, a controlled substance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Destruction of an aircraft or aircraft facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving a threat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving willful destruction of property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conveying false information and threats
<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving possession or distribution of stolen property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving bribery
<input type="checkbox"/> Yes <input type="checkbox"/> No	Carrying a weapon or explosive aboard an aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving dishonesty, fraud or misrepresentation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault with intent to murder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Espionage
<input type="checkbox"/> Yes <input type="checkbox"/> No	Murder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Treason
<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidnapping or hostage taking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sedition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving burglary
<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony arson	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving theft
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lighting violations involving transporting controlled substances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving importation or manufacture of a controlled substance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Aircraft piracy outside the special aircraft jurisdiction of the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony involving illegal possession of a controlled substance punishable by a maximum term in prison of more than 1 year
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conspiracy or attempt to commit any of the aforementioned criminal acts

INITIALS _____ I certify that I have read this form in its entirety and understand that if I am convicted or found not guilty by reason of insanity to any of these disqualifying crimes after I receive an LAX Terminal ID card, I am to report the conviction and surrender all badge(s) within 24 hours to the LAX Security Credentials Section (Badge Office).

LAX TERMINAL ID CARD REQUEST FORM - PAGE 2

PRIVACY ACT NOTICE & EMPLOYEE CERTIFICATION – THIS SECTION MUST BE COMPLETED BY APPLICANT

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. 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.

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). 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.

By my signature below, I certify that I have read the Privacy Act Notice and that I will not tamper or interfere with, modify, or circumvent any security system in accordance with 49 CFR 1540.105(a).

APPLICANT NAME (PRINT)	DATE OF BIRTH (MM/DD/YYYY)
	/ /
APPLICANT SIGNATURE	SOCIAL SECURITY NUMBER
X	- -

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.

JOB INFORMATION – THIS SECTION MUST BE COMPLETED BY COMPANY

EMPLOYMENT TYPE

<input type="checkbox"/> Applicant is a DIRECT EMPLOYEE of the concessionaire listed below <input type="checkbox"/> Applicant is a DIRECT EMPLOYEE of the Los Angeles World Airports (LAWA)
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BRIEF DESCRIPTION OF APPLICANT'S JOB DUTIES AND SPECIFIC LAX LOCATION(S) WHERE DUTIES WILL BE PERFORMED

TRANSACTION TYPE

<input type="checkbox"/> New Terminal ID Card <input type="checkbox"/> Replace Lost / Stolen Terminal ID Card	<input type="checkbox"/> Renew / Replace ACTIVE Terminal ID Card <input type="checkbox"/> Replace Expired / Invalid / Confiscated Terminal ID Card
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TRAINING SECTION

<input type="checkbox"/> Prohibited Items Training (Certification Required) <input type="checkbox"/> Sterile Area Training	<input type="checkbox"/> Emergency Preparedness Training Certificate (Attached) Certificate No. _____
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TRAINING STAMPS

SIGNATORY AUTHORITY INFORMATION – THIS SECTION MUST BE COMPLETED BY COMPANY

I certify to LAWA and attest under the penalty of perjury that 1) the employee named on this application is a direct employee for the organization listed below, and a specific need exists for providing this individual applicant with unescorted access authority; and 2) this individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a). I have reviewed the information and statements on this application and signed and dated this form **ONLY AFTER ALL INFORMATION WAS COMPLETED AND VERIFIED**.

COMPANY NAME	DIVISION NAME	ORGANIZATION CODE
SIGNATORY AUTHORITY (PRINT FULL NAME)	CONTACT #	SIGNATORY AUTHORITY ID #
	()	-
AUTHORIZED SIGNATURE (WET SIGNATURE)	AUTHORIZED DATE (MM/DD/YYYY)	
X	/ /	

Form valid for 14 calendar days from date authorized above

SECURITY CREDENTIALS SECTION (BADGE OFFICE) USE ONLY

RETURNED CARD #	NEW CARD #	SCS COUNTER AGENT (PRINT OR STAMP)	DATE