



2850 Mercer Loop
Helena, Montana 59602
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Airport Director
JEFF WADEKAMPER

HELENA REGIONAL AIRPORT FINGERPRINT APPLICATION

This fingerprint application is required by the Transportation Security Administration under 49 CFR 1542.209. Any individual applying for Airport SIDA Clearance at the Helena Regional Airport must sign this application.

I, _____, have not been convicted of any of the disqualifying crimes listed on the attached supplement.

I understand that should I be convicted of any of the crimes listed on the supplement, I will, within twenty-four (24) hours, notify the Public Safety Department of the Helena Regional Airport of said conviction. Upon conviction of any of the crimes listed on the supplement, I will relinquish my Helena Regional Airport SIDA identification media at my earliest opportunity.

The information I have provided herein 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 (§1001 of Title 18, United States Code).

Dated this _____ day of _____ 20____

Signature

Company Name (if applicable)

Disqualifying criminal offenses. 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 in this paragraph 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□

- (1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- (2) Interference with air navigation; 49 U.S.C. 46308.
- (3) Improper transportation of a hazardous material; 49 U.S.C. 46312.
- (4) Aircraft piracy; 49 U.S.C. 46502.
- (5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.
- (8) Conveying false information and threats; 49 U.S.C. 46507.
- (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- (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.
- (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- (13) Murder.
- (14) Assault with intent to murder.
- (15) Espionage.
- (16) Sedition.
- (17) Kidnapping or hostage taking.
- (18) Treason.
- (19) Rape or aggravated sexual abuse.
- (20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
- (21) Extortion.
- (22) Armed or felony unarmed robbery.
- (23) Distribution of, or intent to distribute, a controlled substance.
- (24) Felony arson.
- (25) Felony involving a threat.
- (26) 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.
- (27) Violence at international airports; 18 U.S.C. 37.
- (28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.

**BADGING DEPARTMENT**

2850 Mercer Loop

Helena, MT 59602

Phone: 406-442-2821 Operations: 406-439-2821

**SECURITY/IDENTIFICATION BADGE APPLICATION
(SIDA AREA)****NAME:** _____ **ID NO.:** _____**BUSINESS/AGENCY:** _____

In accordance with applicable Transportation Security Administration ("TSA") regulations, every person who has unescorted access to any area of the Helena Regional Airport ("Airport") that is controlled for security reasons must be subjected to a thorough background check. This background check must be conducted to the extent allowable by law and must include an FBI fingerprint background review and prior employment histories to verify representations made by the employee/applicant relating to the preceding ten (10) year period, with verification of previous five (5) years.

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 §1001 of Title 18 of the United States Code).

Applicant/Employee Signature: _____ **Date:** _____**Security Clearance Authorized by:** _____**Title:** _____ **Date:** _____**Identification Documents:** Driver License: _____ Social Security Card: _____ Other (Specify): _____**Driver License No.:** _____ **State Issued:** _____ **Expiration Date:** _____

AOA Course Completion Date: _____ SIDA Training Completion Date: _____

Above Certified By: _____, *Trusted Agent***NOTICE**

All identification badges issued by the Helena Regional Airport ("Airport") are the property of the Airport and must be promptly returned upon expiration, separation of employment (for any reason), when job function no longer requires an Airport-issued identification badge, or upon demand of the Helena Regional Airport. Any misuse of or willful failure to return an Airport-issued identification badge is subject to criminal misdemeanor prosecution. All lost, stolen, or misplaced badges must be immediately reported to the Helena Regional Airport Operations Office at 406-442-2842 or 406-439-2821. The Helena Regional Airport will assess the badge-holder's employer a \$250 processing fee for identification media not returned in accordance with the provisions of this paragraph.

IDENTIFICATION DISPLAY AND CHALLENGE RESPONSIBILITIES

The Transportation Security Administration ("TSA") approved security program for the Helena Regional Airport requires that each person issued a restricted area identification badge be made aware of his or her responsibilities for access to restricted areas of the Airport. All persons within the restricted air operations area of the Airport are required to display, on their person, an Airport-issued or approved identification badge. Each Airport tenant employee who has been issued a restricted area identification badge is responsible for challenging any individual who is not properly displaying an Airport-issued or approved badge. Any person who is not properly displaying or who cannot produce a valid Airport identification badge must be immediately referred to the Helena Regional Airport Operations Office for proper handling. Notification to HRA Operations Office can be accomplished by calling 406-442-2842 or 406-439-2821.

I have read and understand the security responsibilities and agree to comply with all TSA regulations.

Applicant/Employee Signature: _____ **Date:** _____

**PLEASE READ AND SIGN THE CERTIFICATION AND THE SSN VERIFICATION SECTIONS ON THE BACK.
PLEASE SEE THE PRIVACY ACT NOTICE ON THE REVERSE SIDE.**

SSN VERIFICATION

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 22202.

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: _____

Date of Birth: _____

SSN and Full Name: _____

A specific need exists for providing this individual applicant with unescorted access authority and this individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).

Authorized Signatory Signature: _____

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 the Security Identification Display Area.

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.

HELENA REGIONAL AIRPORT
SIDA OR STERILE AREA ID BADGE

Badge Number Assigned: _____
Pending- Entry Date: _____
Fingerprint Results Returned ☐
STA Results Returned ☐

Last Name:	First Name:	Middle Name:
Any Other Name Previously Used:		
Mailing Address:		
City:	State:	Zip:
Social Security Number:	Telephone Number:	Email Address:

Employer:	
Position:	Hire Year:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: _____ Ft. _____ In.	Weight:
Race:	Eye Color:	Hair Color:
Date of Birth:	Country of Birth AND State of Birth if born in US:	Citizenship Country:

Alien Registration Number: OR I-94 Form Number:		Non-Immigrant Visa Control Number:
Passport Number:	Passport Country:	
Naturalized Citizens or Citizens Abroad: Provide Passport Number, Certificate of Naturalization Number, or Certification of Birth Abroad:		