

SECURITY IDENTIFICATION CARD RENEWALS, REPLACEMENTS, REVISIONS & CANCELLATIONS FORM

Current Front ID Card No.		Replacement ID Card No.	
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Current PID Card No.		Employer
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Issue To: Last Name	First	Middle
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Card Status <input type="checkbox"/> SIDA/AOA/Secured <input type="checkbox"/> Sterile Area	Check applicable reason for submitting this form 1. <input type="checkbox"/> Return 2. <input type="checkbox"/> Mutilated 3. <input type="checkbox"/> Renewal 4. <input type="checkbox"/> Non-Return 5. <input type="checkbox"/> Lost 6. <input type="checkbox"/> Stolen 7. <input type="checkbox"/> Revoked 8. <input type="checkbox"/> Other
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PA Employee Number - PA Use Only	Date of Birth	Briefly describe circumstances if any items in #4 through #8 above have been checked.
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Renewals Only – Enter all information and present original ID documents Airport Security ID Card Locations (Single Facility Card - Check one box; Multi-Facility Card - Check applicable boxes) <input type="checkbox"/> JFK <input type="checkbox"/> LGA <input type="checkbox"/> EWR <input type="checkbox"/> SWF <input type="checkbox"/> TEB	Exp. Date of New ID Card (mm/dd/yyyy) <small>(to be completed by ID office)</small>	Daytime Phone Number	E-mail Address	Gender	Social Security Card Number
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Employee Mailing Address	Apt #	City	State	Zip Code	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Home Address (if different from mailing address)	Apt #	City	State	Zip Code	
					If no, are you lawfully present in the U.S. in accordance with the Immigration and Nationality Act? <input type="checkbox"/> Yes <input type="checkbox"/> No

Country of Citizenship	Country of Birth	Passport Country	Passport Number	Certificate of Birth Abroad	<input type="checkbox"/> FS-545 <input type="checkbox"/> DS-1350 <input type="checkbox"/> FS-240 <input type="checkbox"/> DS-159
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Certificate of Naturalization INS Registration No.	Alien Registration Number	Non-Immigrant Visa Control Number	I-94 Number
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Other Names: Have you ever been known by any other name(s)? Other names include nicknames, aliases, former married names, maiden names, or any part of the name of a relative, including for example a mother or father's last name or a grandparent's last name, or foster or adopted last name. ☐ Yes ☐ No If "Yes", write names in the space below.

Last Name	First Name	Middle Name

Provide your mobile telephone number to receive critical communications regarding the airport or matters affecting the airport.	Mobile Phone Number
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Since the last issuance of your Airport Security ID Card, have you been arrested or convicted of a disqualifying crime listed in 49 C.F.R. 1542 or any other offense? ☐ Yes ☐ No

If yes, you must immediately notify the Airport Security manager and your Issuing Officer in writing.

Airline Certification/Issuing Officer Fingerprint Resubmission/Request - Please read and select the appropriate statement (select only one)**Fingerprint Authorization (select only one)**

☐ For 1544 air carriers only: I hereby certify that a Criminal History Records Check (CHRC) has been completed by the appropriate Federal Agency within the last 2 years that indicates no record of a conviction for or a finding of not guilty by reason of insanity for any disqualifying criminal offense under 49 CFR 1544.229 or 1544.230 and/or the applicant has an active subscription to the FBI continuous criminal records check (RAP Back) and that a copy of the Privacy Act Notice was provided to the employee.

TSR 1544 Air Carrier (Name of Airline)

Date Fingerprinted
(mm/dd/yyyy)OPM Case Number
(as provided to the employee)Date CHRC Completed
(mm/dd/yyyy)

FBI RAP Back Subscription ID #

☐ I hereby request that if the above named individual is not already subscribed into the FBI continuous criminal records check (RAP Back) by the Port Authority, that the individual be fingerprinted and enrolled in RAP Back at this time.

SON#: _____

☐ I hereby certify that the applicant is an employee of a law enforcement or government agency, who, as a condition of employment, has been subjected to a CHRC and, therefore, no fingerprints are required.

Employee Issuing Officer/ Signatory Authority	Name:	Telephone Number:	Issuing Officer/Signatory Authority Security ID Card No.	Date (mm/dd/yyyy)
Address:		Authorized Signature on File ➔		Email:

SECURITY IDENTIFICATION CARD RENEWALS, REPLACEMENTS, REVISIONS & CANCELLATIONS FORM (continued)**EMPLOYEE ACKNOWLEDGEMENT (TO BE SIGNED BY EMPLOYEE WHEN AIRPORT SECURITY ID CARD IS PICKED UP)****SOCIAL SECURITY ADMINISTRATION RELEASE AND APPLICANT CERTIFICATION:**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Program (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, VA 20598-6010

I am the individual to whom the information applies and want this information released to verify that my SSN is correct. 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 and/or both (see Section 1001 of Title 18 of the United States Code, 175:35 of the New York State Penal Law and Section 2C:21-3(b) of the New Jersey Statutes).

Applicant's Full Name (print)



Applicant's Signature

Date (mm/dd/yyyy)

Security ID Card Confirmation & Subject to Search Notification**To Be Completed by Applicant Upon Receipt of ID**

I HAVE RECEIVED A COPY, READ AND UNDERSTAND THE RULES AND REGULATIONS ASSOCIATED WITH THE ISSUANCE AND POSSESSION OF AN AIRPORT SECURITY ID CARD, THE PROPER UTILIZATION OF THE AUTOMATED ACCESS CONTROL SYSTEM AND MY RESPONSIBILITIES UNDER TSA REGULATIONS WHILE ON 49 CFR PART 1542 SECURED AREAS. I ACCEPT THESE RESPONSIBILITIES AND UNDERSTAND THAT VIOLATIONS OF THESE REGULATIONS MAY RESULT IN THE SUSPENSION OR REVOCATION OF ALL ACCESS PRIVILEGES. ADDITIONALLY, I UNDERSTAND THAT ANY PERSON HOLDING UNESCORTED ACCESS AUTHORITY WHO HAS PENDING CHARGES FOR OR IS CONVICTED OF ANY OF THE DISQUALIFYING CRIMES NOTED IN 49 CFR 1542.2099(d) AT ANY TIME THEREAFTER MUST SURRENDER THE AIRPORT SECURITY ID CARD TO THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY ("PORT AUTHORITY") WITHIN 24 HOURS OF LEARNING OF THE PENDING CHARGES OR CONVICTION. I ALSO CONSENT TO THE SUSPENSION OR REVOCATION OF UNESCORTED ACCESS PRIVILEGES DUE TO SUCH PENDING CHARGES FOR DISQUALIFYING CRIME UNDER 49 CFR 1542.209 OR FOR OTHER OFFENSES THAT AFFECT THE SAFETY OR SECURITY OF THE AIRPORT. MOREOVER, I UNDERSTAND THAT THE PORT AUTHORITY OR ITS AGENTS WILL CONDUCT AN INITIAL CRIMINAL HISTORY RECORDS CHECK AND WILL CONDUCT ADDITIONAL RECORDS CHECKS DURING THE TERM OF ANY ACCESS PRIVILEGE GRANTED TO ME BY THE PORT AUTHORITY AS THE AIRPORT OPERATOR. I HEREBY AUTHORIZE ALL SUCH CHECKS. I ALSO UNDERSTAND THAT SUBMITTING AN APPLICATION CONTAINING FRAUDULENT INFORMATION OR INTENTIONALLY FALSE STATEMENTS SUBJECT ME TO FELONY CRIMINAL PROSECUTION PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH UNDER SECTION 1001 OF TITLE 18 UNITED STATES CODE AND TO A POSSIBLE CIVIL PENALTY PER OFFENSE UNDER 49 CFR PARTS 1542 AND 1544 OR MAY RESULT IN THE DENIAL OF UNESCORTED ACCESS PRIVILEGES.

BY ACCEPTING AN AIRPORT SECURITY IDENTIFICATION CARD, I CONSENT TO THE INSPECTION AND EXAMINATION OF ANY ITEM IN MY POSSESSION FOR TSA ISSUED "PROHIBITED ITEMS LIST", WHICH INCLUDES BUT IS NOT LIMITED TO, THE INSPECTION OF HANDBAGS, TOTE BAGS, LUNCH BAGS, BACKPACKS, ELECTRONIC DEVICES, ETC. WITHIN THE ENTRY POINTS OF THE SIDA/AOA OR STERILE AREA PURSUANT TO FEDERAL REGULATIONS AND BEST PRACTICES.

I ACKNOWLEDGE THAT THE PORT AUTHORITY HAS A RIGHT TO DENY, SUSPEND OR REVOKE AUTHORIZATION FOR ANY REASON THAT HAS BEEN DETERMINED TO BE IN THE BEST INTEREST OF AIRPORT SECURITY.

Applicant's Full Name (print)

Applicant's Signature

Date (mm/dd/yyyy)

For ID Office Use Only

Was ID Card Returned With This Form? ☐ Yes ☐ No

Entered on CACS by:

Date:

PRIVACY ACT NOTICE ACKNOWLEDGEMENT

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 acknowledge the Privacy Act Notice:

Applicant's Full Name (print)	Applicant's Signature	Date (mm/dd/yyyy)

THE PORT AUTHORITY OF NY & NJ

AIRPORT SECURITY ID CARDHOLDERS RESPONSIBILITIES

In order to comply with federal and Port Authority regulations as they pertain to the Security Identification Display Area (SIDA) and the Sterile Area, the following procedures apply for the Port Authority Airport Security ID Card.

1. Any person issued an Airport Security ID Card **MUST** display the card at **ALL** times when in SIDA or Sterile Area, above the waist and on the outermost garment. ID card holders or pouches must use clear plastic and the ID must not be obscured in any way. The Airport Security ID Card is to be used for business purposes only. Fraudulent use of an Airport Security ID Card may result in arrest.
2. **YOU ARE REQUIRED TO CHALLENGE** any individuals in the SIDA not displaying an Airport Security ID Card pursuant to TSA Regulations and Port Authority Airport Rules and Regulations. Contact the local Port Authority Police, Operations, or your supervisor if you encounter any individual who refuses to cooperate with a challenge.
3. Employees with Sterile Area access Airport Security ID Cards (Blue) must enter the Sterile Area through a TSA screening checkpoint.
4. To gain access to the SIDA through an authorized access point, you must use your encoded Airport Security ID Card by swiping it downward in the card reader and entering your selected Personal Identification Number (PIN) on the keypad. **DO NOT FORGET YOUR SELECTED PIN and DO NOT WRITE YOUR PIN ON YOUR AIRPORT SECURITY ID CARD.** After three (3) consecutive unsuccessful attempts, your Airport Security ID Card will be locked out of the access control system.
5. **EACH TIME** you access a door with an access card reader, you must use your **OWN** Airport Security ID Card and PIN. You must ensure that no one follows behind you. After passing through a door, turn around and close the door. **DO NOT** allow piggybacking.
6. It is unlawful to **MISUSE, LOAN, DUPLICATE OR ALTER** your Airport Security ID Card or PIN. It may be a violation of federal regulations and result in criminal prosecution and permanent revocation of Airport Security ID Card privileges.
7. **NEVER** tamper with or abuse an access card reader or any other security system. Offenders will lose all Airport Security ID Card privileges and may be subject to arrest. Report offenders immediately.
8. Your Airport Security ID Card is an important access tool, which must be handled with care. A fee will be assessed for lost, stolen or non-returned Airport Security ID Cards pursuant to the Airport's policy. Upon a second occurrence of a lost or stolen Airport Security ID Card, an administrative review will take place, and your Airport Security ID Card privileges may be revoked.
9. If your Airport Security ID Card is lost or stolen, immediately report this situation to your company Issuing Officer. You are not permitted to be escorted into the Sterile Area and/or SIDA.
If you find your Airport Security ID Card after it was reported lost or stolen, **DO NOT USE IT.** Immediately return the Airport Security ID Card to your company Issuing Officer.
10. If your employment status on record with the Port Authority Security ID Office changes for any reason, you are required to immediately return your Airport Security ID Card to your company Issuing Officer.
11. Individuals who are pre-approved to serve as an escort must abide by proper escort procedures. These individuals will have an "EP" or "EV" endorsement on their Airport Security ID Card. The escorting employee must keep the escorted party within eyesight and must be able to communicate verbally at all times. You may only conduct an escort for an authorized business purpose and must ensure that the escorted party remains in the areas needed. The escort ratio is 1 escort per every 5 escorted individuals and every 2 vehicles.
12. **ESCORTS** – Only a person with an EP or EV endorsement on the ID card may perform an escort. All escorts in the Sterile Area must originate at the screening checkpoint and all persons under escort must submit to screening by the TSA. All persons under escort in the SIDA and Sterile Area must have a current, valid form of government issued photo identification with them at all times.
13. In the event an Airport Security ID Cardholder is in the vicinity of a restricted access point door at the time of an alarm (i.e. jetway gate, employee access or fire egress doors) in the airport, such Cardholder must observe the exact situation and conditions and immediately notify a Police Officer or Guard of their observations.
14. You are required to ensure all restricted access points in your work area are closed and secured.
15. You consent to the examination by the Port Authority or its legal representative of any personal belongings in your possession including, but not limited to, handbags, tote bags, lunch bags, radios or cameras within and at the entry points of the SIDA or Sterile Areas pursuant to Federal Regulations and Best Practices.
16. You must always abide by all Airport Rules and Regulations, TSA Regulations, and Airport Security Policies. Any offense (even upon the Cardholder's first offense), especially those designated as security requirements, may result in the immediate revocation of the Airport Security ID Card or you may be subject to administrative fees.
17. If you have been arrested or convicted of a disqualifying crime or other offense after the issuance of the Airport Security ID Card, you **MUST** notify the Manager of Airport Security in writing at the Port Authority Security ID Office within 24 hours of the arrest or conviction. Failure to provide this notification may result in the denial, suspension or revocation of unescorted access privileges.
18. By accepting an Airport Security ID Card, I consent to the transmission of critical communications to me by mobile notification regarding the airport or matters affecting the airport.

I have read, understand and agree to the above stated responsibilities at the Airport. The Port Authority Airport Security ID Card is the property of the Port Authority of NY & NJ and must be surrendered on demand to a representative of the Port Authority or my employer. Failure at any time to comply with the Airport Rules and Regulations and the airport security procedures and responsibilities may result in Airport Security ID Card revocation. This is only a quick reference of the SIDA training received and is not inclusive of all responsibilities. I acknowledge that the Port Authority has a right to deny, suspend or revoke authorization of unescorted access privileges during pending charges, arrest or conviction of any disqualifying crime noted in 49 CFR 1542.209 (d), any other offense, or for any reason that has been determined to be in the best interest of airport security. I consent to the Port Authority's disclosure of all or a portion of the records, fingerprints and information associated with this application or its supplements to third parties during the course of a valid law enforcement activity to the extent necessary.

Print Employee Full Name

Employee Signature

Employee ID Number

Date