

<u>Initial if True</u>

Badge and Fingerprint / STA Application

To schedule an appointment contact us at: (251) 967-3969 or mmontgomery@flyika.com

Section 1	Applicant Information	on			F	Present this form	n with two forms of lid, government is	identification			
LAST NAME			MIDDLE NAM		Sucu prioto ib						
GENDER	SOCIAL SECURITY NUM	/IBER	DATE OF BIRTH (mm	-dd-yyyy)	BIRTH	PLACE					
					State:	Count	ry:				
HOME ADDRES	S				State.	count	. y				
			6 11			6	7 . 6 l				
COUNTRY OF C	CITIZENSHIP	RACE	_ City:	EYE COLO	R	State:	Zip Code: HEIGHT	WEIGHT			
	-										
TELEPHONE							ft:in:				
Markita											
Daytime: Mobile:			loone.	Work:							
EMAIL ADDRES	S					OTHER NAME(S) PREVIOUSLY USED				
Section 2	Citizenship Informa	tion				Mark the a	pplicable box beloer(s) to any associa	w and provide			
	BORN WITHIN THE UNIT	ED CTATEC OD I	TC TERRITORIES	NON-IMMIGRANTVISAHOLDER: Provide ALL of the following:							
US CITIZEN	15 TERRITORIES	Non-immigrant Visa Control									
П 		Number (Visa, top right corner):									
☐ OTHER US	CITIZEN (Naturalized or B	orn Abroad) Pro	ivide the following:	Country of Passport:							
1. US Passport I	Number:				·						
OR				Passport Number:							
2. Certificate of				NON-US CITIZEN: Provide at least ONE of the following:							
Number (ARN or INS): OR				Alien Registration							
3. Certificate of	Birth Abroad			Number (ARN): I-94 Arrival/Departure							
(Form DS-1350):			Form Number:							
Section 3	Disqualifying Crimin	nal Offenses			F	Review the list of appropriate sta	f criminal offenses tement at the botto	and initial the m of the page			
· ·	rtificates, false marking of airiolation; 49 U.S.C. 46306.	rcraft, and other	aircraft			sexual abuse.	on, or manufacture of an	evalosive or			
•	with air navigation; 49 U.S.C	. 46308.		weapon.	70336331011	i, use, sale, distribution	on, or mandracture or an	explosive of			
	nsportation of a hazardous r y; 49 U.S.C.46502.	naterial; 49 U.S.C	46312.	Extortion. Armed or:	felony una	armed robbery					
• Interference	with flight crew members or			 Armed or felony unarmed robbery. Distribution of, or intent to distribute, a controlled substance. 							
• Commission	• Felony arson.										
Carrying a weConveying fa	 Felony involving a threat. Felony involving willful destruction of property. 										
Aircraft pirac	y outside the special aircraft		United States; 49	Felony involving importation or manufacture of a controlled substance.							
U.S.C. 46502Lighting viola	Felony involving burglary. Felony involving theft.										
Unlawful ent	Felony involving dishonesty, fraud, or misrepresentation.										
air carriers co	Felony involving possession or distribution of stolen property. Felony involving aggravated assault										
Destruction of Murder.	 Felony involving aggravated assault. Felony involving bribery. 										
Assault with	Felony involving illegal possession of a controlled substance punishable by a										
Espionage.Sedition.	maximum term of imprisonment of more than 1 year. • Violence at international airports; 18 U.S.C. 37.										
Kidnapping o	Conspiracy or attempt to commit any of the criminal acts listed in this section.										
• Treason.											
	I hough NOT been seen to	ad airea - 1.C	arrod contains for 1	audito because	n of:	nitu on been some	ad and swelting to the	ial			
<u>Initial if True</u>	I have NOT been convict proceedings of ANY of t							dl			

I have been convicted, given a deferred sentence, found guilty by reason of insanity or been arrested and awaiting judicial proceedings of

ANY of the offenses listed above in any jurisdiction during the 10 years before the date of this application.

CM Revised: Feb. 9, 2023

Section 4 Agreement Section

My signature below certifies that I agree to all of the following applicable statements:

- 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 Programs (TSA-10)/ Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010. I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know 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 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 United States Code.
- I understand that Federal regulations under 49 CFR Part 1542.209(I) impose a continuing obligation to disclose to Gulf Shores International Airport within twenty-four (24) hours if I am convicted or found guilty by reason of insanity any Disqualifying Criminal Offenses (Section 3) that occur while I have unescorted access authority. If arrested for any of these offenses I am responsible for notifying the airport within twenty-four (24) hours of the arrest.
- If my badge includes Driving Privileges, I agree to abide by all Rules and Regulations for the operation of a vehicle within the Airport Operations Area (AOA), and understand that failure to do so may result in revocation of driving privileges. Furthermore, I understand personnel permitted to drive only in the Non-Movement Area (NMA) are not authorized to access any portion of the Movement Area (MA) (i.e., runways and taxiways) and Safety Area unless escorted by authorized personnel.
- The badge issued to me remains property of the Gulf Shores International Airport, must be surrendered upon termination of employment, and reported immediately to my supervisor if lost, misplaced, or stolen. A fee will apply for lost, misplaced, or stolen badges, for the issuance of a replacement 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.

Anneltonado Full Lond	FIRST	M	DDLE		LAST							
Applicant's Full Legal Name (Printed):												
				Date:								
Applicant's Signature: —				(mm-dd-yy) 								
Section 5 Authorized Sign	er Section	Prior to com information p	pletion of this provided by the	section, the Authorize e Applicant in Section	ed must validated is 1 4							
COMPANY NAME		APPLICAN	APPLICANT'S JOB TITLE									
BADGE TYPE REQUEST Secured (Red) Sterile (Blue) AOA (Yellow) All Access (Orange) Visitor (Green)												
DRIVING PRIVILEGES REQUEST None Non-Movement Area (NMA - ramps/aprons) only NMA and Movement Area (MA - runways/taxiways)												
AUTHORIZED SIGNER'S NAME - PRINTED												
EMAIL ADDRESS		PHONE NUN	PHONE NUMBER									
Initial I (authorized signer) hav applicant's acceptable f	e personally verified this badge orms of identification	Initial	Initial I (authorized signer) have personally verified this badge applicant's criminal history check performed by my company									
My signature below certifies I have reviewed this application for accuracy and request the named employee/applicant be issued the badge type indicated above. I understand before an application can be processed for Secured, SIDA, Sterile and AOA badge applicants, a fingerprint-based Criminal History Records Check (CHRC) must be successfully completed to the extent necessary to verify representations made by the employee/applicant. I, the Authorized Signer, am aware that a fee will be levied for lost, misplaced or stolen badges. Upon termination of employment, I will ensure the badge is returned to the Airport Operations Badging Office.												
Authorized Signer's Signature:			Date: (<i>mm-dd-vyyy</i>)									
	AIRPORT B	ADGING OFFICE US	E ONLY	(22 /////								
Badge Color:	_Access Level:			Exp:								
SIDA / NMA / MA / Security Brief	/ BSA Training Date:		Badge Issue Date:									
1st Govt. Issued ID:		_Agency:		Exp:								
2nd ID:		Agency:		Exp:								
DLV Date:	Receipt#: FP		BADGE	STA Date:	Initial							
Form	s and Information online: v	isit FlyJka.com then c	ick on Operati	ons & Badging								

Note: A copy of the criminal record received from the Federal Bureau of Investigation will be provided to you upon receipt of a written request to the Airport

Security Coordinator. Please direct all questions regarding Criminal History Record Check (CHRC) results to:

Airport Security Coordinator, 3190 Airport Dr., Second Floor Gulf Shores, AL 36542. (251) 967-3969