



**MOHAVE COUNTY AIRPORT AUTHORITY, INC
LAUGHLIN/BULLHEAD INTERNATIONAL AIRPORT
AIRPORT ID BADGE APPLICATION PROCESS**

- Step 1** **Fill out Photo Identification Application:**
- Section 1: **Applicant fill out clearly and completely
Applicant sign and date**
- Section 2: **To be completed by your company's
"Authorized Signatory"**
- Section 3: **Leave blank**
- Remaining Pages: Answer questions and sign where indicated**
- Step 2** **Get fingerprints (if applicable)**
 See fingerprinting instructions
- Step 3** **Turn into MCAA Administrative Office:**
- **Bring two forms of ID listed on the Federal I-9 Form**
 - **Bring fully completed and signed Application**
 - **Bring fingerprints (if applicable)**

In approximately 5-15 days, the Security Coordinator will call you to schedule a date and time to complete the badging process (Training and Badge Issuance).



Fingerprinting Information

1. All highlighted fields on the fingerprint cards must be filled out as indicated below.
2. The applicant must verify their identity before having their fingerprints taken. Ink or inkless (digital) prints are acceptable.
3. The person taking your fingerprints must sign the card and place the card into an envelope. They then must sign and stamp their organization seal/stamp across the seal of the envelope as shown below.
4. The applicant can mail, or hand deliver the envelope to MCAA.

IF ENVELOPE APPEARS TO HAVE BEEN TAMPERED WITH, THE FINGERPRINT CARD WILL BE REJECTED.

A fingerprint card form is shown. The top section is labeled "APPLICANT". There are several fields, some of which are highlighted in yellow. The highlighted fields include: "DATE OF BIRTH (MM/DD/YYYY)", "MIDDLE INITIAL", "LAST NAME", "STATE", "CITY", "ZIP", "SOCIAL SECURITY NUMBER", "MILITARY SERVICE NUMBER", "MILITARY BRANCH", "MILITARY GRADE", "MILITARY POSITION", "MILITARY DUTY STATION", "MILITARY SERVICE TYPE", "MILITARY SERVICE NUMBER", "MILITARY BRANCH", "MILITARY GRADE", "MILITARY POSITION", "MILITARY DUTY STATION", "MILITARY SERVICE TYPE". The form also includes a section for "MOLIVE COUNTY AIRPORT AUTHORITY, INC." with the address "2550 Laughlin View Dr., #117, Bullhead City, AZ 86429".



LAUGHLIN/BULLHEAD INTERNATIONAL AIRPORT
MOHAVE COUNTY AIRPORT AUTHORITY, INC.
PHOTO IDENTIFICATION APPLICATION

SECTION 1 - APPLICANT INFORMATION						* REQUIRED FIELDS
Name: *				SSN: * - -		
Address: *				DOB: *		
City / State / Zip: *						
Phone # *			Country of Birth: * <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			State of Birth (Or Providence): *			
Phone #2			Citizenship: * <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			
EMAIL:					Sex: * <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: * Ft. In.		Weight: * lbs.		Eyes: *		Hair: *
Employer: *				Job Title: *		
SIGNATURE:					DATE:	
SECTION 2 - TO BE COMPLETED BY AIRPORT "AUTHORIZED SIGNATORY"						
Type of Badge Requested: <input type="checkbox"/> PROJECT <input type="checkbox"/> PUBLIC AREA <input type="checkbox"/> AOA/GA <input type="checkbox"/> STERILE <input type="checkbox"/> SIDA / SECURED						
Does Individual Need DRIVING Access: <input type="checkbox"/> YES <input type="checkbox"/> NO				Access Required:		
Does Individual Need ESCORT Authority: <input type="checkbox"/> YES <input type="checkbox"/> NO						
<i>I certify that the above-named individual has met all the requirements to obtain a Photo ID Badge.</i>						
Signatory Signature:					Date:	
Printed Name:					Title:	
SECTION 3 - OFFICE USE ONLY			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement			
Identification: <input type="checkbox"/> Passport Exp.			Training: <input type="checkbox"/> SIDA Date:			
<input type="checkbox"/> Driver's License Exp.			<input type="checkbox"/> Drivers Date:			
<input type="checkbox"/> State ID Exp			<input type="checkbox"/> Sterile Date:			
<input type="checkbox"/> US Military Card			<input type="checkbox"/> AOA/GA Date:			
<input type="checkbox"/> Social Security Card			<input type="checkbox"/> Public Date:			
<input type="checkbox"/> Birth Certificate			<input type="checkbox"/> Project Date:			
CHRC Date Submitted:			<input type="checkbox"/> Matched – OK		Date:	
STA Date Submitted:			<input type="checkbox"/> Passed/Updated		Date:	
RAP BACK <input type="checkbox"/> Enrolled		STA DATABASE <input type="checkbox"/> Enrolled		Badge #:		PIN #:
BILLING: <input type="checkbox"/> Send to A/R <input type="checkbox"/> Prepaid			Date:		Amount: Initial:	
BADGE RECEIVED BY:					DATE:	

SOCIAL SECURITY NUMBER VERIFICATION

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 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."

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Full Name Printed: _____

(First, Middle, Last)

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 a Security Identification Display Area."

CONVICTION INFORMATION

Applicant's FULL NAME _____

List of all aliases and nicknames used presently or in the past:

1. _____ 2. _____

You are subject to an employment history verification for the past ten (10) years and FBI criminal history check. Within the past ten (10) years, have you been convicted or found not guilty by reason of insanity involving any of the following offenses?

	YES	NO
1. Forgery of certificates, false making of aircraft, and other aircraft violations;	_____	_____
2. Interference with air navigations;	_____	_____
3. Improper transportation of hazardous material;	_____	_____
4. Aircraft piracy;	_____	_____
5. Interference with flight crewmembers or flight attendants;	_____	_____
6. Commission of certain crimes aboard aircraft in flight;	_____	_____
7. Carrying a weapon or explosive aboard an aircraft;	_____	_____
8. Conveying false information and threats;	_____	_____
9. Aircraft piracy outside the special aircraft jurisdiction or the United States;	_____	_____
10. Lighting violations involving transporting controlled substances;	_____	_____
11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security regulations;	_____	_____
12. Destruction of an aircraft or aircraft facility;	_____	_____
13. Murder;	_____	_____
14. Assault with intent to murder;	_____	_____
15. Espionage;	_____	_____
16. Sedition;	_____	_____
17. Kidnapping or hostage taking;	_____	_____
18. Treason;	_____	_____
19. Rape or aggravated Sexual Assault;	_____	_____
20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon;	_____	_____
21. Extortion;	_____	_____
22. Armed robbery;	_____	_____
23. Distribution or intent to distribute, a controlled substance;	_____	_____
24. Felony arson;	_____	_____
25. Felony involving a threat;	_____	_____
26. Felony involving:		
a. Willful destruction of property	_____	_____
b. Importation or manufacture of a controlled substance	_____	_____
c. Burglary	_____	_____
d. Theft	_____	_____
e. Dishonesty, fraud, or misrepresentation	_____	_____
f. Possession or distribution of stolen property	_____	_____
g. Aggravated assault	_____	_____
h. Bribery	_____	_____
i. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year	_____	_____
27. Violence at international airports;	_____	_____
28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph	_____	_____

Signature: _____ Date: ____ / ____ / ____

EMPLOYMENT ACKNOWLEDGEMENT

I understand that if I am convicted of any of the below listed crimes, I am to notify the Mohave County Airport Authority immediately and surrender my IFP Badge within twenty-four (24) hours.

1. Forgery of certificates, false making of aircraft, and other aircraft violations;
2. Interference with air navigations;
3. Improper transportation of hazardous material;
4. Aircraft piracy;
5. Interference with flight crewmembers or flight attendants;
6. Commission of certain crimes aboard aircraft in flight;
7. Carrying a weapon or explosive aboard an aircraft;
8. Conveying false information and threats;
9. Aircraft piracy outside the special aircraft jurisdiction or the United States;
10. Lighting violations involving transporting controlled substances;
11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security regulations;
12. Destruction of an aircraft or aircraft facility;
13. Murder;
14. Assault with intent to murder;
15. Espionage;
16. Sedition;
17. Kidnapping or hostage taking;
18. Treason;
19. Rape or aggravated Sexual Assault;
20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon;
21. Extortion;
22. Armed robbery;
23. Distribution or intent to distribute, a controlled substance;
24. Felony arson;
25. Felony involving a threat;
26. Felony involving:
 - a. Willful destruction of property
 - b. Importation or manufacture of a controlled substance
 - c. Burglary
 - d. Theft
 - e. Dishonesty, fraud, or misrepresentation
 - f. Possession or distribution of stolen property
 - g. Aggravated assault
 - h. Bribery
 - i. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
27. Violence at international airports;
28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph

Signature: _____ **Date:** _____ / _____ / _____

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.

Printed Name: _____ **Signature:** _____

Date: ____ / ____ / ____

CERTIFICATION STATEMENT

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).

Printed Name: _____ **Signature:** _____

Date: ____ / ____ / ____

FEDERAL I-9 FORM

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-786) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security