ID Office Only

Front ID Card # _____

Personal ID # _____

RESET

THE PORT AUTHORITY OF NY & NJ

APPLICATION FOR PORT AUTHORITY AIRPORT IDENTIFICATION CARD

PA3253/10-15

PART 1 Employer & Card Privilege Information

Completed by Issuing Officer/Signatory Authority

EMPLOYER NAME	ISSUING OFFICER NAME

Facility & Card: Please select **one** facility with a corresponding card type.

- ☐ JFK Airport: ☐ SIDA (red) ☐ STERILE (blue) ☐ SNOW REMOVAL (checkered)
- ☐ LGA Airport: ☐ SIDA (red) ☐ STERILE (blue) ☐ SNOW REMOVAL (checkered)
- ☐ EWR Airport: ☐ SIDA (red) ☐ STERILE (blue)
- ☐ SWF Airport: ☐ white ☐ blue ☐ red ☐ yellow ☐ green
- ☐ TEB Airport: ☐ red ☐ blue ☐ green

Escort Privileges (none unless otherwise indicated):

- EP (Escort People): ☐ Yes ☐ No
- EV (Escort Vehicles): ☐ Yes ☐ No

Driver Privileges (none unless otherwise indicated):

- Driver: ☐ DR1 (Non-Movement Area) ☐ DR2 (Movement Area) ☐ DR3 (Movement Area-ATCT-Control Required)

Customs Privileges

☐ Zone 1 ☐ Govt
☐ Zone 2
☐ Zone 3

Will this ID Card be used for less than 12 months? If yes, please list an ID Card Expiration Date (MM/DD/YYYY)

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

ACCESS LEVELS (JFK and LGA Only)
Fill out applicable JFK/LGA control point form

PART 2 Applicant Information

Completed by Applicant

LAST NAME	FIRST NAME	MIDDLE NAME

SOCIAL SECURITY NUMBER	JOB TITLE	PA EMPLOYEE NUMBER	DATE OF EMPLOYMENT (MM/DD/YYYY)

CURRENT MAILING ADDRESS	APT #	CITY	STATE	ZIP CODE

CURRENT HOME ADDRESS (if different from mailing)	APT #	CITY	STATE	ZIP CODE

DAYTIME PHONE NUMBER	ALTERNATE PHONE NUMBER	DATE OF BIRTH (MM/DD/YYYY)	STATE OF BIRTH	COUNTRY OF BIRTH

RACE/ETHNICITY *Please select the appropriate box*	GENDER	EYE COLOR	HAIR COLOR	HEIGHT (in inches)	WEIGHT
☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other				IN.	LBS.

Are you a U.S. citizen ◯ **Yes** ◯ **No If no, are you lawfully present in the U.S. in accordance with the Immigration and Nationality Act?** ◯ **Yes** ◯ **No**

COUNTRY OF CITIZENSHIP	PASSPORT COUNTRY

PASSPORT NUMBER	ALIEN REGISTRATION NUMBER	I-94 NUMBER	NON-IMMIGRANT VISA CONTROL NUMBER (in the top right corner of the visa)

COMPLETE THE FOLLOWING APPLICABLE FIELD IF YOU ARE A U.S. CITIZEN BORN ABROAD OR A NATURALIZED U.S. CITIZEN. ➡

IMMIGRATION AND NATURALIZATION SERVICE (INS) NUMBER	CERTIFICATE OF BIRTH ABROAD
	☐ FS-240 ☐ FS-545 ☐ DS-1350 ☐ DS 1 5 9

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 names.

◯ **Yes** ◯ **No If "Yes", write names in the space below. Attach additional sheets if necessary.**

LAST NAME	FIRST NAME	MIDDLE NAME

Name of Applicant **DOB (MM/DD/YYYY):**

PART 3 Convictions & TSR 1542 Disqualifying Crimes — Completed by Applicant

MANDATORY DISCLOSURE OF PLEAS, CONVICTIONS AND /OR CONDITIONAL DISMISSALS FOR CRIMES AND MISDEMEANORS OTHER THAN PARKING OR SPEEDING VIOLATIONS

Have you ever in your LIFE been convicted of, plead no contest or plead nolo-contendre, plead guilty, or found not guilty by reason of insanity to an offense other than a parking or speeding violation in this country or elsewhere? Yes___ No___. If "Yes", you must provide the following details for each offense: date, place, charge, court and final disposition. Regardless of whether a conviction was expunged, sealed or removed from your record, list it below. If additional space is needed attach sheets.

Offense	Date	Place	Charge	Court	Final Disposition

An individual has a disqualifying criminal offense under TSA regulations if the individual has been convicted, plead guilty, or found not guilty by reason of insanity to an offense of any of the disqualifying crimes listed in this paragraph below in any jurisdiction during the last 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 listed below. If you have been convicted, plead guilty, or found not guilty by reason of insanity to an offense, please check "Y" for Yes or if not, "N" for No for EACH offense listed below (choose only 1 response per offense):

(1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation ☐ Y ☐ N
(2) Interference with air navigation ☐ Y ☐ N
(3) Improper transportation of a hazardous material ☐ Y ☐ N
(4) Aircraft piracy ☐ Y ☐ N
(5) Interference with flight crewmembers or flight attendants ☐ Y ☐ N
(6) Commission of certain crimes aboard aircraft in flight ☐ Y ☐ N
(7) Carrying a weapon or explosive aboard aircraft ☐ Y ☐ N
(8) Conveying false information and threats ☐ Y ☐ N
(9) Aircraft piracy outside of the special aircraft jurisdiction of the United States ☐ Y ☐ N
(10) Lighting violations involving transporting controlled substances ☐ Y ☐ N
(11) Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements ☐ Y ☐ N
(12) Destruction of an aircraft or aircraft facility ☐ Y ☐ N
(13) Murder ☐ Y ☐ N
(14) Assault with intent to murder ☐ Y ☐ N
(15) Espionage ☐ Y ☐ N
(16) Sedition ☐ Y ☐ N
(17) Kidnapping or hostage taking ☐ Y ☐ N
(18) Treason ☐ Y ☐ N
(19) Rape or aggravated sexual abuse ☐ Y ☐ N
(20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon ☐ Y ☐ N
(21) Extortion ☐ Y ☐ N
(22) Armed or felony unarmed robbery ☐ Y ☐ N
(23) Distribution of, or intent to distribute, a controlled substance ☐ Y ☐ N
(24) Felony arson ☐ Y ☐ N
(25) Felony involving a threat ☐ Y ☐ N
(26) Felony involving –
- (i) Willful destruction of property ☐ Y ☐ N
- (ii) Importation or manufacture of a controlled substance ☐ Y ☐ N
- (iii) Burglary ☐ Y ☐ N
- (iv) Theft ☐ Y ☐ N
- (v) Dishonesty, fraud, or misrepresentation ☐ Y ☐ N
- (vi) Possession or distribution of stolen property ☐ Y ☐ N
- (vii) Aggravated assault ☐ Y ☐ N
- (viii) Bribery ☐ Y ☐ N
- (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year ☐ Y ☐ N

(27) Violence at international airports ☐ Y ☐ N
(28) Conspiracy or attempt to commit any of the criminal acts listed in this section ☐ Y ☐ N
(29) Or any other crime classified as a felony that the Administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money; violence at international airports; conspiracy or attempt to commit any of the criminal acts listed in 49 CFR and 1542.209(d) or 49 CFR and 1544.299(d) ☐ Y ☐ N

Airport I.D. Cards are subject to the regulations of the Transportation Security Administration (TSA). **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).** All applicants are subject to a criminal history records check. An individual may be disqualified for an Airport I.D. Card if this or subsequent record checks disclose convictions for any of the disqualifying crimes cited. False statements or non-disclosure of pertinent information may disqualify an applicant from receiving an Airport I.D. Card. In addition, Transportation Security Regulations (TSR) 1542 and 1544, mandate that all individuals must surrender the Airport ID to The Port Authority within 24 hours if they are convicted of any disqualifying criminal offense that occurs while they have unescorted access authority.

I understand and hereby authorize The Port Authority or its Agents to conduct an initial and such additional Criminal History Records Checks as it deems appropriate at any time during the term of any access privilege granted to me by The Port Authority as the Airport Operator.

I certify that all of the statements made in this entire application are true, and that I have not been convicted of a disqualifying crime as stated in TSR 1542 and 1544 within the 10 years prior to the submission of this application for unescorted access privileges pursuant to 49 CFR 1542.209, 49 CFR 1544.229 or other applicable laws or regulations.

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

Name of Applicant: **DOB (MM/DD/YYYY):**

Have you ever been denied a Port Authority Airport ID Card (red/blue/green/yellow/white) or had Airport privileges revoked at any time? ☐ YES ☐ NO
If yes, please provide additional details in the space below.

PART 4 Criminal History Record Copy Request — Completed by Applicant

FOR CONFIDENTIALITY REASONS ONLY THE APPLICANT MAY REQUEST AND RECEIVE A COPY OF THEIR CRIMINAL HISTORY RECORD.

Do you wish to receive a copy of your Criminal History? Please write 'Yes' or 'No' in the space below.

PART 5 Social Security Administration Release, Applicant Certification and Subject to Search Notification — Completed by Applicant

I authorize the Social Security Administration to release my Social Security Number and full name to the Port Authority and Transportation Security Administration, Office of Intelligence and Analysis (OIA), 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.

The information I have provided in this entire 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 can be punished by fine or imprisonment of both (see Section 1001 of Title 18 of the United States Code) and 75:35 OF THE NEW YORK STATE PENAL LAW AND SECTION 2C: 21-3(b) OF THE NEW JERSEY STATUTES.

By accepting an Airport Identification Card, you consent to the inspection and examination of any item in your possession for TSA issued "Prohibited Items List", and includes but is not limited to, inspection of handbags, tote bags, lunch bags, backpacks, electronic devices, etc. at the entry points of the SIDA/AOA or Sterile Area pursuant to Federal Regulations (Security Directive 1542.06-01).

Signature	Date of Birth (mm/dd/yyyy)	Social Security Number and Full Name

The Privacy Act of 1974
5 U.S.C. 552a(e)(3)

Privacy Act Notice

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 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. 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). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Use: 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: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information request, DHS may be unable to complete your application for a security threat assessment.

APPLICANT STOP HERE. ISSUING OFFICER/SIGNATORY AUTHORITY WILL COMPLETE PARTS 6-8.

PART 6 Identification Certification — Completed by Issuing Officer/Signatory Authority

Two (2) forms of UNEXPIRED government issued ID, one of which must include a photograph, that establish both identity and employment eligibility must be presented to the Issuing Officer/Signatory Authority prior to the application being filed with The Port Authority. Copies of these forms must be submitted with this application and the ORIGINALS must be presented when applicant is fingerprinted and when/if the card is issued. Listed below are the accepted forms. Your two options* are:

1) Select a document from Column A and then select a second document from Column A, B, or C **OR**
2) Select a combination of one document from Column B AND one document from Column C.

*All airport ID applicants who were born outside of the US must choose option 1 above except if he/she has a FS-545 or DS-1350.

COLUMN A

- ☐ U.S. Passport or U.S. Passport Card
- ☐ Permanent Resident or Alien Registration Receipt Card (Form I-551)
- ☐ Foreign Passport with a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa.
- ☐ Employment Authorization Document that contains a photograph (Form I-766).
- ☐ For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
  - a. Foreign passport; and
  - b. Form I-94 or Form I-94A that has the following:
    - i. The same name as the passport; and
    - ii. 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.
- ☐ 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.

COLUMN B

- ☐ 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.
- ☐ ID card issued by federal, state or local government/agency or entity provided it contains a photograph or information such as, name, date of birth, gender, height, eye, color, and address.
- ☐ U.S. Military card or draft record.
- ☐ Driver's license issued by a Canadian government authority.
- ☐ U.S. Coast Guard Merchant Mariner Card.
- ☐ Native American tribal document.

COLUMN C

- ☐ U.S. Social Security Card, unless the card includes one of the following restrictions:
  - (1) NOT VALID FOR EMPLOYMENT
  - (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
  - (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
- ☐ Certification of Birth Abroad issued by the Department of State (Form FS-545).
- ☐ Certification of Report of Birth issued by the Department of State (Form DS-1350)
- ☐ Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal.
- ☐ U.S. Citizen ID Card (Form I-197)
- ☐ Native American tribal document
- ☐ Identification Card for use of Resident Citizen in the United States (For I-179).
- ☐ Employment authorization document issued by the Department of Homeland Security.

Providing the SSN to the Transportation Security Administration (TSA) is voluntary on the part of the applicant; however, failure to provide it may delay or prevent completion of the Security Threat Assessment (STA) by the TSA.

The two forms of identification checked above have been presented to me and the names on all forms of identification MATCH EXACTLY. _____(Issuing Officer's/Signatory Authority's Initials)

PART 7 Issuing Officer/Signatory Authority Authorization — Completed by Issuing Officer/Signatory Authority

FALSIFICATION OF THIS APPLICATION IS A VIOLATION OF STATE AND FEDERAL LAW. FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS E FELONY PURSUANT TO SECTION 175:35 OF THE NEW YORK STATE PENAL LAW AND SECTION 2C: 21-3(b) OF THE NEW JERSEY STATUTES ANNOTATED UNDER FEDERAL LAW. ANY INTENTIONAL FALSE STATEMENTS OR FRAUDULENT INFORMATION WILL SUBJECT THE INDIVIDUAL AND/OR COMPANY/AIRLINE TO CIVIL PENALTY FINES UP TO $ 25,000 FOR EACH OFFENSE PURSUANT TO THE REGULATIONS OF THE TRANSPORTATION SECURITY ADMINISTRATION, 49 C.F.R., PART 1542 AND PUNISHABLE UNDER TITLE 18 OF THE U.S. CODE SECTION 1001.

I _____(Clearly Print Name of Company Issuing Officer/Signatory Authority), hereby certify that the employee applying for this I.D.Card is actively employed by my company, and requires continuous access to areas as defined in 49 C.F.R Part 1542. I further certify that, in connection with the employee-applicant's employment with my company, my company has obtained and continues to maintain in its possession a completed Citizenship and Immigration Services Form I-9 for the employee-applicant. Falsification of this statement will result in the termination of my company privilege and its continued participation in the Port Authority Security Identification Card Program.

EMPLOYER ISSUING OFFICER/SIGNATORY AUTHORITY	ISSUING OFFICER/SIGNATORY AUTHORITY CODE (ID CARD NUMBER)	SWORN BEFORE ME THIS _____ Day Of _____ 20____
_____ Authorized Signature on file with Port Authority		Notary Stamp Here
(AREA CODE) TELEPHONE NO.	BUSINESS ADDRESS	
E-MAIL ADDRESS		NOTARY'S SIGNATURE

Name of Applicant: **DOB (MM/DD/YYYY):**

PART 8 Fingerprint Authorization

Completed by Issuing Officer/Signatory Authority

PLEASE READ AND SELECT THE APPROPRIATE STATEMENT (Select only one)

1 I hereby certify that a Criminal History Records Check 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 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 No.	Issuing Officer/Signatory Authority Signature	Date CHRC Completed (mm/dd/yyyy)

OR

2 I hereby certify that a Criminal History Records Check has been completed by the appropriate Federal Agency and the applicant has been issued an airport I.D. card pursuant to TSA regulations at the airport listed below and subsequent to the fingerprint date provided below. Additionally, I certify that the applicant has been continually employed with this company since the date of issuance through the present. I would request that these results be utilized for the issuance of a Port Authority Airport I.D. Card.

Airport Operator (Name of Airport)	Date Fingerprinted (mm/dd/yyyy)	Issuing Officer/Signatory Authority Signature	Date (mm/dd/yyyy)

OR

3 I hereby request that the above named individual be fingerprinted by the Port Authority.

Issuing Officer/Signatory Authority Signature	Date (mm/dd/yyyy)	SON#

Has applicant ever been fingerprinted for an airport issued ID in the last 30 days? ◯ **Yes** ◯ **No** **If "Yes", indicate date** (mm/dd/yyyy) _____ **and the name of the airport** _____.

PART 9 CHRC Receipt

Completed by Applicant Upon Receipt of CHRC

I acknowledge that I have received a copy of my Criminal History Records Check.

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

PART 10 ID Card Confirmation

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 ID card, the proper utilization of the Automated Access Control System and my responsibilities under TSA regulations while in 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 is convicted of any of the disqualifying crimes within the ten years prior to submission of an application for unescorted access privileges pursuant to 49 CFR Part 1542.209 or other applicable law or regulation or at any time thereafter must surrender the Airport ID card to The Port Authority of New York and New Jersey ("Port Authority") within 24 hours of learning of the conviction. Moreover, I understand that The Port Authority or its agents will conduct an initial criminal history record check and may conduct additional record checks at any time 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 will 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 fine of up to $10,000 per offense under 49 CFR Parts 1542 and 1544.

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