



# Lafayette Regional Airport (LFT - Category III)

## ID Badge Renewal / Replacement Form (Rev. July 2015)

222 Jet Ranger X Drive, Lafayette, LA 70508 - 337-266-4401 - Fax 337-266-4410 - email [airport@lftairport.com](mailto:airport@lftairport.com)

NOTE: Badges expired more than 30 days, are invalid, and not permitted to use this form.

Employee must complete the badging process in its entirety to reclaim active badge status. This includes fingerprinting and threat assessment.

Note - There is a non refundable \$50 fee for a lost badge and a non refundable \$25 fee assessed for a badged past the expiration date.

**THIS SECTION SHOULD BE FILLED OUT BY LAFAYETTE AIRPORT BADGING OFFICE (FILL OUT IN INK)**

LFT ID Badge No. _____	Expiration Date: _____	Vehicle Tag/s: _____
Date Issued: _____ <span style="background-color: yellow;">Date of Last CHRC:</span> _____	Reason for Application: <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement ( <input type="checkbox"/> Lost; <input type="checkbox"/> Stolen; <input type="checkbox"/> Broken) <input type="checkbox"/> Name Change <input type="checkbox"/> New Job Title <input type="checkbox"/> Other	

**NEW: SIDA/STERILE APPLICANT MUST SUBMIT TO FINGERPRINTING EVERY TWO YEARS.** Prior to renewal of a SIDA / Sterile area identification badge, make an appointment with the badging office for fingerprinting. Bring this form with you, and ensure page 3 "Fingerprint Application" is signed; results take about 3 days to clear. Thereafter applicant will return to renew the badge, provided the CHRC cleared. Applicants should start the renewal process at least thirty (30) days prior to ID badge expiration, to preclude any interruption of access privileges.

**THIS SECTION SHOULD BE FILLED OUT BY SPONSORING COMPANY AUTHORIZED SIGNER (FILL OUT IN INK)**

As an Authorized Signer, I request renewal of the applicant's LFT ID Security Access Badge; the badged individual requires:

<b>Badge Type:</b> <input type="checkbox"/> SIDA/Secured <input type="checkbox"/> Sterile <input type="checkbox"/> General Aviation <input type="checkbox"/> Public
<b>Access:</b> <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <b>Escort Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Applicant is:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Customer <input type="checkbox"/> Contractor <input type="checkbox"/> Other

Signature of Authorized Signer (Sponsor) \*required \_\_\_\_\_

\_\_\_\_\_ Date (applications dated over 30 days are void)

Sponsored by (List Company Name): \_\_\_\_\_

**APPLICANT INFORMATION (PRINT IN INK) (all information must be completed before submitting applicant to badge office)**

To ensure our records are current, please provide the following personal information.

<b>Applicant Name:</b> _____				
<b>Address:</b> _____				
<b>City:</b> _____		<b>State</b> _____		<b>Zip</b> _____
<b>Employer's Name</b> _____				
<b>Address:</b> _____				
<b>City:</b> _____		<b>State</b> _____		<b>Zip</b> _____
<b>Ph Home:</b> _____		<b>Ph Work:</b> _____		<b>Email address</b> _____
<b>Social Security No:</b> _____			<b>Date of Birth:</b> _____	
<b>Sex:</b> <input type="checkbox"/> F <input type="checkbox"/> M	<b>Height:</b> _____	<b>Weight:</b> _____	<b>Hair Color</b> _____	<b>Eye Color:</b> _____

Confirm two forms of ID on file:  Drivers License  Passport  Social Security  TWIC Card  Other: \_\_\_\_\_

Drivers License number \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Vehicle Insurance. Please provide proof of insurance for all vehicles used to access the LFT AOA.**

<b>Personal Vehicle</b> (NOTE: Proof of insurance required if applicant uses their personal vehicle airside. N/A to tenant vehicles; they are covered under lease with LAC).	<b>Insurance</b>	<b>Year</b>	<b>Make/Model</b>	<b>Color</b>	<b>License Plate #</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Aircraft Description</b> (year, make, model, color, registration no):	<b>Year</b>	<b>Make/Model</b>	<b>Color</b>	<b>Registration #</b>	

# APPLICANT'S RESPONSIBILITY & ACCOUNTABILITY STATEMENT

## General Notification

- As a user of Lafayette Regional Airport we request your support in keeping the airport safe and secure. Stated rules are in compliance with 49 CFR Part 1542, FAR 139 and LAC Ordinances, and are required of each badge holder.
- All information provided on this renewal application is true, and I understand that falsification shall be grounds for ineligibility.
- All identification badges issued by the Lafayette Regional Airport are the property of the Lafayette Airport Commission and must be returned immediately under the following conditions, otherwise available legal actions will be taken:
  1. Upon expiration
  2. Upon separation of employment (for any reason)
  3. When job function no longer requires a LFT-issued identification badge
  4. Upon demand of the Lafayette Airport Commission
  5. Upon conviction of any of the disqualifying crimes
- Your badge must be renewed, returned, or reported lost /stolen before the badge expires.
- While in the Air Operations Area (AOA) General Aviation area I must have my badge with me at all times.
- Immediately report suspicious activity to your sponsor or airport security.
- My Airport ID Badge may not be transferred or loaned to another individual or used for any purpose by another individual.
- I understand that use of the Airport ID Badge constitutes my consent to any search of either my person and/or accessible property when entering a direct access point or while present within a secured area, sterile area, or AOA.
- Immediately report and agree to pay the \$50 established fee for unaccounted badges (applies to lost/stolen/non-returned).
- I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas) where it is prohibited at high security doors as detailed in the SIDA training. I will follow "Stop & Wait" procedures before leaving vehicle access points.
- If I am a contractor with an Airport ID badge, my badge is valid only within the construction site to which I am assigned by my employer, within those areas authorized by LFT, and only until the contract is closed out and/or terminated or suspended.
- I will follow proper escort procedures. Ratio – 1:5 Individuals (Contractors 1:10) and 1:1 Vehicles (Contractors 1:2).

## Vehicle Users:

- Vehicle is properly marked by company logo or airport issued Vehicle Permit.
- Speed limits within the AOA are 15 mph and 5 mph while in close proximity of taxiing aircraft.
- Aircraft shall always have the right-of-way over vehicular and pedestrian access (while taxiing or being towed).
- Badge holders found not in compliance with aforementioned are subject to issuance of a "Notice of AOA Violation", resulting in potential fine or revoke or suspension of badge.
- Minimum driving on ramp; no parking on ramp, except in designated area, and No pedestrian access through a vehicle gate.
- Access onto controlled areas (movement area) is prohibited.
- I acknowledge my vehicle (personal or company) is in proper working condition, and insured I/A/W LA State Laws.

## SIDA Users:

- I will visibly display my Airport ID Badge outside my garments on my upper body whenever I am in the SIDA.
- I will challenge anyone in the SIDA not properly displaying their identification badge.
- I acknowledge and recognize the various ID's permitted in the SIDA / AOA and Sterile areas as detailed below.



By my signature, I understand and agree to comply with the terms and conditions provided for in this application and other security procedures identified to me, and agree to comply with any changes or amendments to the terms and conditions that may be imposed by LFT. My failure to comply may result in suspension or revocation of my Airport ID badge with possible fines or civil charges levied.

S/: \_\_\_\_\_ Date: \_\_\_\_\_

For Airport Use Only	<b>WARNING: THIS DOCUMENT CONTAINS SENSITIVE SECURITY INFORMATION</b>
<b>Trusted Agent:</b> As a Trusted Agent for LFT, I verify the above named individual is eligible for ID badge renewal (identify and work authorization documents are on file): <input type="checkbox"/> STA updated and sent to TSA (if applicable). Badge issued by: (initial) _____ Date: _____	
Comments:	

**Required for Secured / Sterile Area and SIDA Access Only**

**Disqualifying criminal offenses.**

The Transportation Security Administration TSAR Part 1542 requires that all individuals who apply for unescorted access to an airport's Secured – sterile - SIDA Area undergo a fingerprint-based Criminal History Records Check (CHRC) that does not disclose a disqualifying criminal offense. An individual convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below, in any jurisdiction during the ten years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority, cannot be issued an airport secured area / SIDA badge.

<ol style="list-style-type: none"> <li>1. Forgery of certificates, false making of aircraft, and other aircraft registration violations</li> <li>2. Interference with air navigation</li> <li>3. Improper transportation of a hazardous material</li> <li>4. Aircraft piracy</li> <li>5. Interference with flight crew members or flight attendants</li> <li>6. Commission of certain crimes aboard aircraft in flight</li> <li>7. Carrying a weapon or explosive aboard an aircraft</li> <li>8. Conveying false information and threats</li> <li>9. Aircraft piracy outside the special aircraft jurisdiction of the United States</li> <li>10. Lighting violations involving transporting controlled substances</li> <li>11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements</li> <li>12. Destruction of an aircraft or aircraft facility</li> <li>13. Murder</li> <li>14. Assault with intent to murder</li> <li>15. Espionage</li> <li>16. Sedition</li> <li>17. Kidnapping or hostage taking</li> <li>18. Treason</li> <li>19. Rape or aggravated sexual abuse</li> </ol>	<ol style="list-style-type: none"> <li>20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon</li> <li>21. Extortion</li> <li>22. Armed or felony unarmed robbery</li> <li>23. Distribution of, or intent to distribute, a controlled substance</li> <li>24. Felony arson</li> <li>25. Felony involving a threat</li> <li>26. Felony involving:                         <ol style="list-style-type: none"> <li>a. Willful destruction of property;</li> <li>b. Importation or manufacture of a controlled substance;</li> <li>c. Burglary;</li> <li>d. Theft;</li> <li>e. Dishonesty, fraud, or misrepresentation;</li> <li>f. Possession or distribution of stolen property;</li> <li>g. Aggravated assault;</li> <li>h. Bribery; or</li> <li>i. Illegal possession of a controlled substance punishable by a maximum term of more than 1 year.</li> </ol> </li> <li>27. Violence at international airports;</li> <li>28. Conspiracy or attempt</li> </ol>
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- I **DO** have a disqualifying criminal offense.
- I **have NOT** been convicted of a disqualifying criminal offense.

I, the undersigned, do not have any of the above disqualifying offenses and I understand that any individual who has been convicted or found not guilty by reason of insanity of the crimes listed above within the previous ten years is legally prohibited from unescorted SIDA access.

I understand that , in the future, in accordance with Federal regulations under 49 CFR 1542.209 imposes a continuing obligation for me to disclose to the Lafayette Regional Airport within 24 hours if I am convicted of any disqualifying criminal offenses that occurs while I have unescorted SIDA access authority.

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.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

In accordance with the Transportation Security Administration TSAR Part 1542.209, a copy of the criminal record received from the FBI will be provided to an individual only if requested in writing. The Airport Security Coordinator will address any questions concerning the results of the criminal history records check (CHRC).

If an individual receives notice that a disqualifying crime was returned from their FBI criminal history records check, and the individual questions the validity of the criminal record, the individual must notify the Lafayette Regional airport within 30 days in writing of his or her intent to correct any information he or she believes to be inaccurate. If no notification is received from the individual, Lafayette Regional Airport may make the final determination to deny unescorted access authority.

**Lafayette Regional Airport**  
Lafayette Regional Airport - Threat Assessment (SD 1542-04-08F, as revised) Supplement

**Certifications**

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 of both (see Section 1001 of Title 18 of the United States Code).

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 12<sup>th</sup> 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.

SIGNATURE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Privacy Act Notice**  
**(The following is NOT SSI)**

**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, and 44105; 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 biographical 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 your information.

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S. C. 221a(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 application Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for 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 requested, DHS may be unable to complete your application for identification media.

# Applicant's Copy: tear off and keep

## The Privacy Act of 1974 - 5 U.S.C. 552a(e)(3) Privacy Act Notice (The following is NOT SSI)

**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, and 44105; 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.

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**Disclosure:** Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

**NOTE: Badge Applications are held for processing and pick up of badges for 30 days only. Forms not processed, or badges not picked up within 30 days will be destroyed and re-application will be required**

**Badge renewal applications will not be process unless required personal identification is submitted, and this entire application is completed and signed by all parties (sponsor and applicant).**