

**MONTROSE REGIONAL AIRPORT (MTJ)**  
**AIRPORT IDENTIFICATION/ACCESS MEDIA APPLICATION**

rev. 4-2019

**APPLICANT'S SECTION – PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_ Contact Phone (required) (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Birth=Mo. \_\_\_\_ Day \_\_\_\_ Yr. \_\_\_\_ Place of Birth (City, State, Country) \_\_\_\_\_ Citizenship \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_ ft \_\_\_\_ in. Weight \_\_\_\_\_ lbs. Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Aliases -Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_ Passport Number \_\_\_\_\_ Passport Country \_\_\_\_\_

Alien Registration # \_\_\_\_\_ Non immigrant Visa # \_\_\_\_\_ I94# \_\_\_\_\_

What is your airport affiliation \_\_\_\_\_ Hangar/N# \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

The above mentioned employer/employee/applicant agrees to pay \$60 SIDA/STERILE or \$50.00 AOA for initial badge issue cost. Replacements for damaged-nonfunctioning badges, with the current valid badge present, may be issued for a fee of \$15. Lost or stolen badges/keys/prox cards must be reported to the Administration Office in writing immediately. By signing this form, the undersigned agrees to pay \$50.00 for any lost or stolen badge or any badge unreturned seven (7) days following employment termination. Lost or stolen keys/prox cards will be \$15.00 for each. I further agree not to duplicate any airport controlled key nor will I lend out, for any reason, my airport issued badge, key, or prox card. The individual applicant acknowledges that no ID media will be issued until after completing MTJ security responsibilities training under 49 CFR 1540.105 (a).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZED SIGNATORY SECTION**

Company: \_\_\_\_\_ Escort Ability (circle one)    Y    N

Area Requesting Access:    AOA    SIDA    Secured Area    Sterile Area    Other (specify) \_\_\_\_\_

Driving Privileges:    None    Non-Movement    Movement    Other (specify) \_\_\_\_\_

Access requested for what doors/gates/keys \_\_\_\_\_

I certify that the applicant listed above requires unescorted access authority at the Montrose Regional Airport.

Authorized Signatory Authority (Print Name) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AIRPORT ADMINISTRATION USE ONLY**

Badge # \_\_\_\_\_ Access Level \_\_\_\_\_ Expires \_\_\_\_\_ Date Issued \_\_\_\_\_ Issued By \_\_\_\_\_

ID's \_\_\_\_\_ CHRC \_\_\_\_\_ STA \_\_\_\_\_    New    Replacement    Renewal    AOA Key # \_\_\_\_\_ Prox Card # \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Invoice \_\_\_\_\_ Who \_\_\_\_\_

SIDA Training Date \_\_\_\_\_ Driver's Training Date \_\_\_\_\_ MA Driving Access \_\_\_\_\_

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**DISQUALIFYING CRIMINAL OFFENSES – SIDA/SECURED AREA/STERILE AREA ONLY**

**FAR §1542.209 (d)** An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty of by reason of insanity, of any of the disqualifying crimes listed in this paragraph in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority.

**HAVE YOU BEEN CONVICTED, OR FOUND NOT GUILTY BY REASON OF INSANITY OF ANY OF THE FOLLOWING IN THE PAST 10 YEARS? (Mark any that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49U.S.C. 46306   | <input type="checkbox"/> Treason   |
| <input type="checkbox"/> Interference with air navigation; 49 U.S.C. 46308   | <input type="checkbox"/> Rape or aggravated sexual abuse   |
| <input type="checkbox"/> Improper transportation of a hazardous material;49U.S.C.46312   | <input type="checkbox"/> Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon                        |
| <input type="checkbox"/> Aircraft piracy; 49 U.S.C. 46502  | <input type="checkbox"/> Extortion   |
| <input type="checkbox"/> Interference with flight crew members or flight attendants;49U.S.C. 46504   | <input type="checkbox"/> Armed or felony unarmed robbery   |
| <input type="checkbox"/> Commission of certain crimes aboard aircraft in flight; 49U.S.C.46506   | <input type="checkbox"/> Distribution, of, or intent to distribute, a controlled substance   |
| <input type="checkbox"/> Carrying a weapon or explosive aboard aircraft; 49U.S.C.46505   | <input type="checkbox"/> Felony arson  |
| <input type="checkbox"/> Conveying false information and threats; 49U.S.C. 46507   | <input type="checkbox"/> Felony involving a threat   |
| <input type="checkbox"/> Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b)  | <b>Felony involving</b>  |
| <input type="checkbox"/> Lighting violations involving transporting controlled substances; 49 U.S.C. 46315   | <input type="checkbox"/> Willful destruction of property   |
| <input type="checkbox"/> Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314 | <input type="checkbox"/> Importation or manufacture of a controlled substance  |
| <input type="checkbox"/> Destruction of an aircraft or aircraft facility; 18 U.S.C. 32   | <input type="checkbox"/> Burglary  |
| <input type="checkbox"/> Murder  | <input type="checkbox"/> Theft   |
| <input type="checkbox"/> Assault with intent to murder   | <input type="checkbox"/> Dishonesty, fraud, or misrepresentation   |
| <input type="checkbox"/> Espionage   | <input type="checkbox"/> Possession or distribution of stolen property   |
| <input type="checkbox"/> Sedition  | <input type="checkbox"/> Aggravated assault  |
| <input type="checkbox"/> Kidnapping or hostage taking  | <input type="checkbox"/> Bribery   |
|  | <input type="checkbox"/> Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year |
|  | <input type="checkbox"/> Violence at international airports; 18 U.S.C. 37  |
|  | <input type="checkbox"/> Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d)                         |

**NONE**

Federal regulations under 49 CFR 1542.209 (l) impose a continuing obligation to disclose to the airport operator within 24 hours if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority.

By signing this application below I acknowledge that I have not been convicted or found not guilty by reason of insanity of any of the disqualifying criminal offenses listed within the last 10 years, nor have I been arrested for any of the disqualifying offenses and am awaiting judicial proceedings. Additionally, by signing this application below I acknowledge that I will notify Airport Administration within 24 hours if I am convicted or found not guilty by reason of insanity of any disqualifying criminal offense while I have unescorted access authority.

**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.

**AGREEMENTS**

**DOOR ACCESS RESPONSIBILITY AGREEMENT:** I understand that I am responsible for the security of any door/gate/hangar that I open, electronically or manually or assume responsibility for, while it remains open/disabled. My Airport Identification Badge/Access Media has been authorized to open certain doors/gates, operating on the Airport's electronic access system, and I will use them in accordance with access rules. Requests made by the Director of Aviation, or his/her designee, must be followed to support the Airport's Security Plan. All gates/doors owned and operated by tenant are subject to proper signage and secured access. **INITIAL** \_\_\_\_\_

**FLIGHT LINE DRIVING AGREEMENT:** I agree to abide by all Airport and FAA Rules and Regulations pertaining to the operation of a vehicle within the Airport, and understand that failure to do so may result in revocation of my Airport driving privileges and/or position. All vehicles operating on the Montrose AOA are required to notify their insurance company that the vehicle is being operated on an Airport AOA. Vehicle operators are required to carry appropriate insurance coverage as dictated by their insurance provider. **Personnel are not authorized to drive on or across runways or taxiways unless they have been authorized by Airport Administration or are escorted.** **INITIAL** \_\_\_\_\_

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 have read and do understand this document and any questions I have regarding it have been satisfactorily explained to me. I understand that any misrepresentations, omission, or falsification of information contained in this document will either preclude me from employment at the Montrose Regional Airport, may result in my termination from employment, or may result in revocation of my access badge. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both. (Section 1001 of Title 18 USC)

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**ADVISEMENTS**

**Privacy Act Notice**

**The Privacy Act of 1974**

**5 U.S.C. 552a(e)(3)**

**Authority:** 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106,114, 5103 a, 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 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 the fingerprints for enrollment into the 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's records to ensure the validity of the information.

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. 522 a(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 pursuant to 5 U.S.C. 522 a(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 requested, DHS may be unable to complete your application for a security threat assessment.

**Print Name** \_\_\_\_\_

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

**Social Security Number (SSN) Verification**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis (OIA), Attention: Aviation Programs (TSA-10) / 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:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SSN and Full Name:** \_\_\_\_\_