

**1100 Jetport Road**

**Myrtle Beach, SC 29577**

**Tel: (843) 839-7372**

**Email:[communications@flymyrtlebeach.com](mailto:communications@flymyrtlebeach.com)**

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**APPLICATION FOR AIRPORT I.D. BADGE**

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| TYPE OR PRINT INFORMATION | | | | | | | | | | | | | | | |
| **APPLICANT** | | | | | | | | | | | | | | | |
| **EMPLOYER:** | | | **NAME (Last, First, Middle)** **(List ALL ALIAS/MAIDEN NAMES)** | | | | | | | | | | | | |
| **ADDRESS (Street, City, State, Zip):** | | | | | | | | | | | | | | | |
| **WORK PHONE:** | | | **HOME PHONE** | | **HEIGHT** | | | **WEIGHT** | | | **DOB** | | | | **MALE FEMALE** |
| **SUPERVISOR:** | | | **DRIVERS LICENSE #:** | | | | | | **DL STATE** | | | | **DL EXPIRATION** | | |
| **I understand that a criminal history records check will be performed and agree that all former employers may furnish my employer information regarding my service, character and reason for leaving former employment. I hereby release such former employer(s) from all liability on account of providing such information. By signing below I certify that the information provided on this form is truthful and accurate.**    **APPLICANT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:** | | | | | | | | | | | | | | | |
| **CERTIFYING OFFICIAL SECTION** | | | | | | | | | | | | | | | |
| **ACCESS REQUESTED**  **STERILE**  **SIDA**  **AOA**  **ESCORT**    **PUBLIC AREA** | | | | | | **CONTRACTED TO:** | | | | | | | | | |
| **CERTIFICATION:  I certify, as Employer Representative, that the above employee information is correct. I shall notify Myrtle Beach International Airport immediately upon termination or resignation of the above named person. All applicable 49 CFR part 1542 & part 1544 employment requirements have been satisfied.**   |  |  |  | | --- | --- | --- | | **NAME (PRINTED):** | **COMPANY:** | **TITLE:** | | **SIGNATURE** | | **DATE:** | | | | | | | | | | | | | | | | |
| **FOR AIRPORT BADGE OFFICE USE** | | | | | | | | | | | | | | | |
| **ACCESS LEVEL** | **BADGE NUMBER** | | | **ISSUE DATE** | | | **EXPIRE DATE** | | | **ISSUED BY** | | | | **RETURN DATE** | |
| **DATE OF SIDA/DRIVERS TRAINING** | | | **INSTRUCTOR** | | | | **ID’S VERIFIED BY TA** | | | | | **STA COLLECTED BY TA** | | | |
| **FP DATE** | | **FP RECEIPT #** | | | | | **CHRC RECEIVED DATE** | | | | | | | | |
| **HCDA AUTHORIZING OFFICIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |

**CITIZENSHIP AND SOCIAL SECURITY RELEASE**

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| --- |
| APPLICANT’S NAME: |
| US STATE WHERE BORN:     **OR** (Country of birth) |
| CITIZENSHIP:    (Country Code, 2 Letters) |
| NON-IMMIGRANT VISA #: |
| ALIEN REGISTRATION # :       US PASSPORT # : |

AIRPORT CATEGORY: I

“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)”

\*”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 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.”

|  |  |
| --- | --- |
| Signature: | SSN: |
| Full Name Printed | Date of Birth: |

#### 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, 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 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 records to ensure the validity of the information.

**Routine Uses:** 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 requested, DHS may be unable to complete your application for a security threat assessment.

|  |  |
| --- | --- |
| Signature | Date |

**LIST OF DISQUALIFYING CRIMINAL OFFEFNSES**

The Transportation Security Administration TSAR Part 1542 requires that all individuals who apply for unescorted access to an airport’s Secured Area undergo a fingerprint-based Criminal History Records Check (CHRC) that does not disclose a disqualifying criminal offense. An individual has a disqualifying criminal offense if the individual has been convicted, or found guilty by reason of insanity, any of the crimes listed below in the past 10 years.

1. Forgery of certificates, false making of aircraft, and other 20. Unlawful possession, use, sale, distribution or

aircraft registration violations manufacture of an explosive or weapon

2. Interference with air navigation 21. Extortion

3. Improper transportation of a hazardous material 22. Armed or felony unarmed robbery

4. Aircraft piracy 23. Distribution of, or intent to distribute, a controlled

5. Interference with flight crew members or flight attendants substance

6. Commission of certain crimes aboard aircraft in flight 24. Felony arson

7. Carrying a weapon or explosive aboard an aircraft 25. Felony involving a threat

8. Conveying false information and threats 26. Felony involving:

9. Aircraft piracy outside the special aircraft jurisdiction of a. Willful destruction of property;

the United States b. Importation or manufacture of a controlled substance

10. Lighting violations involving transporting controlled substances c. Burglary;

11. Unlawful entry into an aircraft or airport area that serves d. Theft;

air carriers or foreign air carriers contrary to established e. Dishonesty, fraud, or misrepresentation;

security requirements f . Possession or distribution of stolen property;

12. Destruction of an aircraft or aircraft facility g. Aggravated assault;

13. Murder h. Bribery; or

14. Assault with intent to murder i. Illegal possession of a controlled substance

15. Espionage punishable by a maximum term of more than 1

16. Sedition year.

17. Kidnapping or hostage taking 27. Violence at international airports;

18. Treason 28. Conspiracy or attempt to commit any of the

19. Rape or aggravated sexual abuse aforementioned acts

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 Federal regulations under 49 CFR 1542.209 imposes a continuing obligation for me to disclose to the Myrtle Beach International Airport within 24 hours if I am convicted of any disqualifying criminal offenses that occurs while I have unescorted 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.)

|  |  |
| --- | --- |
| Applicants Name (PRINT) | |
| Signature | Date |

**CRIMINAL HISTORY RECORDS CHECK (CHRC)**

In accordance with the Federal Aviation 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 Myrtle Beach International 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, Myrtle Beach International Airport may make the final determination to deny unescorted access authority.

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| --- | --- |
| Signature | Date |

**SECURITY VIOLATIONS**

I understand penalties associated with a security violation are dependent upon the severity of the violation, but as a

minimum will result in:

**1st Offense:** 1. Airport Badge privileges will be suspended until the immediate supervisor and the individual meet

with an Airport Security Officer. Badge privileges will be restored after the meeting, however the

Individual will be required to attend the next scheduled SIDA class.

**2nd Offense:** 1. Airport Badge privileges will be suspended until the immediate supervisor and the individual meet

with an Airport Security Officer **AND** attends the next scheduled SIDA class with the ndividual’s immediate Supervisor.

**3rd Offense:** **1. Airport Badge privileges will be suspended and may be permanently revoked.**

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| Signature | Date |

**1st Offense**: Narrative-Explain the circumstances leading to the violation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of re-training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retrained by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Offense:**  Narrative-Explain the circumstances leading to the violation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Suspension Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of re-training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retrained by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reactivation date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Badge Holder’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Offense:**  Narrative-Explain the circumstances leading to the violation:

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**ACKNOWLEDGEMENT OF MEDIA RECEIPT & RESPONSIBILITIES**

**(\*Complete section during badge issuance)**

I acknowledge receipt of media badge. I also understand penalties associated with a security violation, loss, or theft of my ID badge is dependent upon the severity of the violation, but as a minimum will result in:

**1st Offense:** 1. Individuals SIDA privileges will be revoked until the immediate supervisor and the individual meet with the Airport Security Officer or his representative and is reinstated.

2. The individual must attend a SIDA training class.

3. A $20 class fee will be charged to attend the SIDA class.

**2nd Offense:** 1. The immediate supervisor and the individual must meet with the Airport Security Officer.

2. The individuals SIDA privileges will be revoked until receiving SIDA training and reinstated by the security officer.

3. The individual’s supervisor must attend a SIDA training class with the individual.

4. A $40 class fee will be charged to attend the SIDA class.

**3rd Offense:** 1. The individual’s SIDA access may be revoked.

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Badge Holder‘s Signature Date

**1st Offense**: Narrative-Explain the circumstances leading to the violation, loss, or theft of Badge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2nd Offense:**  Narrative-Explain the circumstances leading to the violation, loss, or theft of Badge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Suspension –Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Reactivation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge Holder’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Offense:**  Lost/Stolen (circle one) Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Lost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FOR AIRPORT BADGE OFFICE USE**

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| **Badge #** | **TA (Initials)** | **Date** |
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**ACKNOWLEDGEMENT OF MEDIA RECEIPT & RESPONSIBILITIES**

**(\*Complete section during badge issuance)**

I acknowledge receipt of media badge. I also understand penalties associated with a security violation, loss, or theft of my ID badge is dependent upon the severity of the violation, but as a minimum will result in:

**1st Offense:** 1. Individuals SIDA privileges will be revoked until the immediate supervisor and the individual meet with the Airport Security Officer or his representative and is reinstated.

2. The individual must attend a SIDA training class.

3. A $20 class fee will be charged to attend the SIDA class.

**2nd Offense:** 1. The immediate supervisor and the individual must meet with the Airport Security Officer.

2. The individuals SIDA privileges will be revoked until receiving SIDA training and reinstated by the security officer.

3. The individual’s supervisor must attend a SIDA training class with the individual.

4. A $40 class fee will be charged to attend the SIDA class.

**3rd Offense:** 1. The individual’s SIDA access may be revoked.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge Holder‘s Signature Date

**1st Offense**: Narrative-Explain the circumstances leading to the violation, loss, or theft of Badge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2nd Offense:**  Narrative-Explain the circumstances leading to the violation, loss, or theft of Badge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Suspension –Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Reactivation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge Holder’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Offense:**  Lost/Stolen (circle one) Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Lost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FOR AIRPORT BADGE OFFICE USE**

|  |  |  |
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| **Badge #** | **TA (Initials)** | **Date** |
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Suspension Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for Airport I.D. Badge

Per SD 1542-04-08J Airport I.D. badges must be renewal at least once every two (2) years. If the Airport I.D. badge renewal process is not completed within the timeframe allotted and the individual badge expires then the airport is required to “obtain the employee’s signature on the application.” To fulfil this requirement, Myrtle Beach International Airport will utilize this supplemental signature page related to the original application.

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| **Last, First Name (Print)** | **Signature** | **Date** | **TA** |
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**LIST OF ACCEPTABLE DOCUMENTS**

**LIST A LIST B LIST C**

**Documents that Establish Both Documents that Establish Identity Documents that Establish Employment**

**Identity and Employment Eligibility Eligibility**

**OR AND**

|  |  |  |
| --- | --- | --- |
| **1.** U.S. Passport *(unexpired or*  *expired)*  **2.** Permanent Resident Card or Alien  Registration Receipt Card *(Form I-*  *551)*  **3.** An unexpired foreign passport with  a temporary I-551 stamp  **4.** An unexpired Employment  Authorization Document that contains  a photograph *(Form I-766, I-688, I-*  *688A, I-688B)*  **5.** An unexpired foreign passport with  an unexpired Arrival-Departure  Record, Form I-94, bearing the same  name as the passport and containing  an endorsement of the alien's  nonimmigrant status, if that status  authorizes the alien to work for the  employer | **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  **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 | **1.** U.S. Social Security card issued by  the Social Security Administration  *(other than a card stating it is not*  *valid for employment)*  **2.** Certification of Birth Abroad issued  by the Department of State *(Form FS-*  *545 or Form DS-1350)*  **3.** Original or certified copy of a birth  certificate issued by a state, county,  municipal authority or outlying  possession of the United States  bearing an official seal  **4.** Native American tribal document  **5.** U.S. Citizen ID Card *(Form I-197)*  **6.** ID Card for use of Resident Citizen  in the United States *(Form I-179)*  **7.** Unexpired employment  authorization document issued by  DHS *(other than those listed under*  *List A)* |