ACCESS CONTROL BADGE APPLICATION GUIDELINES

Columbus Airport (CSG)
3250 W. Britt David Road; Columbus, Georgia 31909
(706) 323-4041/324-2449 x 1417
Office Hours: Monday – Friday (9:00 AM – 4:00PM)
www.flycolumbusga.com

SIDA (Security Identification Display Area)

A. All SIDA access control badges are issued by appointment only from 9:00am to 4:00pm. Please call (706) 324-2449 x 1417 to schedule.

B. Applicant must read, sign and have witness signature on copy of Columbus Airport SIDA Access Control Badge Application procedures, regulations, policies, and affidavit. (Page One)

C. Applicant must submit a complete Columbus Airport SIDA/Secured Access Control Badge Application form completed in its entirety.

D. Two (2) forms of identification are required from List Of Acceptable Documents. **Copies are not accepted.**
   1. Drivers License & Social Security Card
   2. Drivers License & Birth Certificate
   3. Passport Only

E. All SIDA access control badge applicants must undergo a fingerprint criminal history record check prior to the issuance of an access control badge. There is a $50.00 fee per fingerprint submission.

F. All SIDA applicants will only be issued an access control badge after completion of Criminal History Records Check (CHRC), Security Threat Assessment (STA), Security Awareness Training(SIDA) except those exempt by TSA policy.

G. SIDA access control badge applications, accompanied by a fingerprint application statement must be turned into the airport public safety access control badge office for scheduling of fingerprinting. All applications must be reviewed and approved by Chief of Public Safety Airport Security Coordinator/ASC prior issuance of access control badge.

H. All present Columbus Airport Access Control Badge holders must complete a new application form and turn in old access control badges before a new badge may be issued.
1. All applicants must sign an affidavit for the area of application, certifying that applicant has not been convicted or found not guilty by reason of insanity for any crime listed below during the previous ten (10) years.

2. All applicants are hereby notified that they are required to disclose, within 24 hours, any subsequent convictions of any disqualifying crime. Applicants are subject to civil penalties if they do not self disclose such convictions.

3. All Access Control Badges remain the property of the Columbus Airport.

4. SIDA Access Control Badges must be worn externally above the waist while in the SIDA area and on airport property with picture and data in plain view.

5. Any individual in the SIDA/Secure area that is not displaying an SIDA/Secure Access Control badge must be challenged and/or reported to either the Airport Public Safety Office (706323-4041) (324-2449 x 1417), (707 393-8183)

6. Columbus Airport Access Control Badges are not transferable between employees and/or tenants. Access Control Badges are not to be used by any other person(s) other than the authorized issued access badge holder.

7. All Columbus Airport Access Control Badges must be surrendered upon termination of employment and/or affiliation with the authorizing company/agency. Authorizing Signatory is responsible for notifying Columbus Airport Public Safety Office of applicant’s employment and/or affiliation, or expired Access Control badges.

8. As a Columbus Airport Access Badge holder, I understand that when entering and exiting the Columbus Airport that I must position my vehicle at the gate as not to allow another vehicle to enter or exit while gate is opening and/or closing. I will not allow other Columbus Airport Access Badge Holders or any other person(s) to enter the airport while entering and exiting the airport. Allowing another badge holder to enter or exit on your badge swipe is considered “piggy backing” and that is a violation of airport security plan and Transportation Security Administration (TSA) Rules and Regulations.

9. All vehicular traffic on airport property shall be governed by all rules, regulations, ordinances, and laws in effect at the airport and as provided for in the Code of the Columbus Consolidated Government, Columbus, Georgia, or rules & regs. of any other agency having jurisdiction over such issues.

10. No vehicular traffic movement is allowed on the Columbus Airport AOA without direct approval of the Airport Director or designate.

11. Pedestrian and aircraft have the right of way over all other traffic.

12. All authorized company vehicles and/or equipment operating in the aircraft movement area will be equipped with a two-way radio or escorted by a vehicle or authorized personnel, so equipped.

Columbus Airport Access Control Badge - SIDA (Security Identification Display Area) Application Procedures

13. All vehicles will pass to the rear of taxing aircraft and shall pass no closer than twenty (20) feet from any wing, tail, or nose of a parked aircraft. Ground vehicles will not overtake aircraft that are moving.

14. Vehicles will not be operated in a reckless or negligent manner, or in excess of 15 miles per hour on the ramp, apron, aircraft parking areas, and hangar areas.

15. Only person(s) having a valid state issued driver’s license may operate any motorized unit (vehicle, motorcycle, scooter, golf cart, etc.) on airport property.

16. As an authorized access control badge holder I understand that if I observe someone on or entering airport property without an airport access control badge that I will challenge them for identification. If unable to obtain identification and/or control the subject(s), I will notify the airport public safety office immediately (706.323.4041/706.393.8183) and will maintain visual contact with subject(s) until public safety officer arrives. I understand that at no time am I to place myself in danger in challenging an unknown subject on airport property.

17. All Columbus Airport Access Control Badge holders if found in violation of airport procedures, rules & regulations, and policies are subject to corrective action by the airport. Corrective actions to include, but not limited to, requiring retraining, suspension of access to the airport for a period of time, and/or revocation of access control badge.

18. All SIDA Access Control badge holders must notify Airport Public Safety or Airport Operations of the loss or theft of their badge immediately. In the event of a lost or stolen badge, a $75.00 charge for First replacement and additional $50.00 thereafter.

19. The SIDA Access Control badge must be surrendered upon termination or demand. Signatory will retain all access control badges immediately upon termination of an employee and return it to the Airport Public Safety office as soon as possible.

20. Columbus Airport reserves the right to revoke the authorization of individuals for SIDA Access Control Badges where such action is determined to be in the best interest of Airport Security.

21. All applicants applying for SIDA access control badges must be reviewed and approved by Airport Security Coordinator and/or designate.
DISQUALIFYING CRIMES:

 Forgery of certificates; false marking of aircraft; and other aircraft registration vio(s); Interference with air navigation; improper transportation of a hazardous material; aircraft privacy; interference w/flight crew members or flight attendants; commission of certain crimes aboard an aircraft; carrying a weapon or explosive aboard an aircraft; conveying false information and threats; lighting violations involving transporting controlled substances; unlawful entry into an aircraft or airport area; destruction of an aircraft or aircraft facility, murder, assault w/intent to murder; espionage, sedition; kidnapping or hostage taking; treason, rape or aggravated sexual battery, unlawful possession, use, sale, distribution of manufacture of an explosive or weapon; extortion, armed robbery, distribution of or intent to distribute a control substance, felony arson, felony involving a threat; a felony involving the following: willful destruction of property, importation or manufacture of a controlled substance, burglary, theft, dishonest, fraud, or misrepresentation, possession or distribution of stolen property, aggravated assault, bribery, illegal possession of a control substance punishable by a maximum term of imprisonment of more than one (1) year, or any other crime classified as felony that the administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money, conspiracy or attempt to commit any of the aforementioned criminal acts.
I hereby certify that I have read and understand the above policies, regulations governing the issuance of Columbus Airport Security Identification Area (SIDA) and/or AOA Area Access Control Badges and that I comply with those regulations including that I have never been convicted or found guilty by reason of insanity of any of the above listed crimes. “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 Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/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.

Applicant Signature ___________________________ Date __________

Witness/Public Safety Officer ______________________ Date ______

Full Name

Social Security ___________________________ Date of Birth __________
Privacy Act Notice

Authority: 49 U.S.C. Section 114, 49 U.S.C. Section 114, **44936** authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT’s 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 your name and SSN.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002 Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN and any other information requested, DHS may be unable to complete your application for identification media.
Columbus Airport
SIDA Access Control Badge Application

BADGE TYPE APPLIED FOR
☐ SIDA  ☐ AOA/General Aviation

Personal Information

BADGE #______________APPLICATION DATE _____/____/_____
SSN _____  _____ NICK NAMES/ALIAS/MAIDEN NAME______________
LAST NAME______________FIRST NAME______________MI________
HOME ADDRESS_____________________________________________
CITY______________________STATE____________ZIP CODE________
PLACE OF EMPLOYMENT__________________EMPL. CONTACT________
EMPLYMT ADDRSS.____________________CITY________ZIP________
HOME PHONE ( )__________________ WORK ( )__________________
EMAIL ADDRESS ____________________________________________
DOB______________POB______________SEX________RACE________
HEIGHT______WEIGHT_______ HAIR COLOR_______EYE COLOR_______
DRIVER LIC#_______________________STATE ISSUED_____________
CITIZENSHIP (COUNTRY CODE)_________________________________
ALIEN REGISTRATION NUMBER (IF APPLICABLE)_____________________
I-94 ARRIVAL/DEPARTURE FORM NUMBER (IF APPLICABLE)_________________
NON-IMMIGRANT VISA NUMBER (IF APPLICABLE)_____________________
PASSPORT COUNTRY__________________PASSPORT #_________________
CERT. OF BIRTH AROAD, FORM DS-1350 (IF APPLICABLE)_________________
VEH. LIC. PLATE #______________STATE_______VEH. DESC.____________
EMERG. CONTACT____________________PHONE#__________________
Columbus Airport Tenant Information

☐ HANGAR #_______  ☐CORP. HANGAR  ☐ TIE DOWN

Company Name: __________________________________________________________

Address: ________________________________________________________________

Phone: (____)____________________  24 Hr Phone: (____)____________________

Company /Tenant Signatory:______________________________________________

Authorized By Company/Tenant Signatory:_______________________________

Today’s Date______________________________

Authorizing Signatory

I, (Columbus Airport Tenant Signatory) hereby authorize the issuance of an airport access control badge to the above listed person and acknowledge responsibility for access control badge holder’s actions while on airport property.
Security Identification Display Area
(SIDA) Training Record

I certify that ______________________ satisfactorily Completed FAR Part 1542.205, Airport Identification Media/SIDA Training.

Signature: ___________________________   Date____________________

Public Safety Department

I have taken the Columbus Airport's IET Computerized Security, SIDA, and/or Driver's Training and was given a chance to ask the Airport Security Coordinator and/or his representative any questions that I had concerning the Airport.

Signature: ___________________________   Date____________________

Applicant

“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).”

_________________________  __________________________
Applicant’s Signature     Date

_________________________  __________________________
Witness’ Signature         Date
(Official Use Only)

Access Name: ________________ Badge Color: ________________

Badge Active Date: ___________ Badge Expiration Date ____________

Date STA Approved: __________________________

Airport Code: (CSG)  Airport Category: (III)

☐ SIDA  ☐ AOA/General Aviation

APPROVED ___________________________ DATE _____________

Security Coordinator

ISSUED BY ___________________________ DATE _____________

Signature