



## ACCESS MEDIA APPLICATION INSTRUCTIONS

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- STEP 1** – Fill out the Access Media Application entirely. Must be filled out in **BLUE ink**. Do not leave any blank sections, sections which do not apply place an “N/A” (not applicable).
- STEP 2** – Turn in the completed application to the Access Control Office located on the 1<sup>st</sup> floor of the main terminal, along with the required identification. Full payment of badge fees (\$97.00) is due at this time.

**After completion of all requirements, badge privileges will be re-issued.**



## APPENDIX L-3: LRD ID BADGE/ACCESS MEDIA RENEWAL APPLICATION

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, I ALSO HEREBY ATTEST THAT NONE OF MY DEMOGRAPHIC INFORMATION HAS CHANGED AND IS CORRECT AS FILED IN MY ORIGINAL APPLICATION. I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES. SHOULD ANY OF MY INFORMATION CHANGE DURING WHICH MY ACCESS/IDENTIFICATION MEDIA IS STILL ACTIVE I UNDERSTAND IT IS MY DUTY TO IMMEDIATELY REPORT THIS TO THE BADGING OFFICE PERSONNEL.

**BLUE** INK ONLY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TODAY'S DATE

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**EMPLOYER/SPONSOR** (**PRINT IN BLUE INK**)

Official Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Company Phone No \_\_\_\_\_ Fax No. \_\_\_\_\_

By my signature I certify: that I am an authorized representative of the above employer and as such may execute (sign) this application; that the foregoing information is true and accurate; that (the named) employer authorizes fingerprints to be obtained for the purpose of performing a criminal history record check, if needed for unescorted access to SIDA; that this employee requires the access level as indicated on original application; and that the employee's Airport Identification Badge will be returned upon request, termination, or when access is no longer required.

**Authorized Signature** \_\_\_\_\_ **Print** \_\_\_\_\_ **Date** \_\_\_\_\_

**(ONLY PERSON(S) on Signature Verification Form on File can sign above)**

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**OFFICE USE ONLY:**

I do hereby certify that all statements made by the applicant are true and have verified the applicant's identifications submitted to be current and acceptable.

\_\_\_\_\_  
TRUSTED AGENTS SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TODAY'S DATE

# 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 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115 -254, Oct 5, 2018), and Executive Order 9397 (**November 22, 1943**), 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). 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:** Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

"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-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."

**SOCIAL SECURITY NUMBER:**    --   --

**DATE OF BIRTH:**   /   /

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

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

**OBTAINING AN AIRPORT ID/ACCESS CONTROL MEDIA IS A PRIVILEGE.**

The Airport ID / Access Control Media is the property of the Laredo International Airport and must be returned immediately upon request, damaged, lost and found or no longer valid. A replacement charge and/or penalty fee will be assessed for a lost or unreturned ID Media.

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

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**APPLICANT MUST PRESENT REQUIRED FORMS OF ID.**

**EXPIRED DOCUMENTS ARE NOT ACCEPTABLE.**



## SIDA Training Certification Statement

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- ❑ Aviation Security Overview
- ❑ Terminology and Definitions
- ❑ The unescorted access authority of the individual to enter and be present in various areas of the airport.
- ❑ Access to the Sterile area
- ❑ Identification and description of LRD access media and ID media
- ❑ Control, use and display of LRD access and ID media
- ❑ Prohibition against "piggybacking: and "stop and wait" requirements
- ❑ Challenge procedures and law enforcement responsibilities related to each requirement
- ❑ Escort requirements (may be limited to only those with escort authority)
- ❑ LRD-PEP (Progressive Enforcement Program)
- ❑ Law Enforcement Authority
- ❑ TSA Authority
- ❑ Non-Movement Area driver training procedures and requirements (may be limited to only those with driving authority) who have successfully completed the training.

I \_\_\_\_\_, certify that I have understood the topics discussed during the SIDA training, have been given the opportunity to ask questions and address my concerns or comments. I can also address any further questions to Access Control at 956-795-2000 or the Primary Airport Security Coordinator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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In accordance with City of Laredo Ordinance, Ch.4 Airport, Article 1, Sec 4-3 *RIGHTS OF ENFORCEMENT BY AIRPORT POLICE DEPARTMENT*.

If deemed necessary, based on my negligent act(s) to security or safety, any violation I commit as a badge-holder, shall constitute my revocation of privileges and/or have my LRD access media confiscated temporarily or permanent. Additionally, based on the severity or frequency of my violation(s) I may be prohibited from re-entry into any areas of the Laredo International Airport.

I \_\_\_\_\_ hereby acknowledge this notice as stated above and that a copy of Ordinance 4-3 may be provided to me, but only upon a written request. I shall adhere to all Security and Safety policies and procedures explained to me either written or verbally or as an act of my own good judgment to keep this airport safe.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date