



PIEDMONT TRIAD AIRPORT AUTHORITY FINGERPRINT APPLICATION

Employee Personal Data

*Information must be complete prior to processing for
(circle one) SECURED Area/SIDA badge--- CARGO Area/ SIDA badge--- STERILE AREA badge*

**** Please Print**

Last Name _____, *First Name* _____ *Middle* _____

Eye Color _____ *Hair Color* _____ *Height* _____ *Weight* _____

Sex _____ *Race* _____ *Date of Birth* ____/____/____

State of Birth _____ *Country of Citizenship* _____

Social Security # _____ / _____ / _____

Resident Address _____

City _____ *State* _____ *Zip* _____

Occupation _____

Employer Name _____

Address _____

City _____ *State* _____ *Zip* _____

Employer Security Representative Name: _____

Security Representative Telephone/Fax Numbers () _____ / _____

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 under Section 1001 of Title 18 United States Code.

Print Name

Signature

Date

GSO Badging Office TA: _____

Piedmont Triad Airport Authority Fingerprint Application

DISQUALIFYING CRIMINAL OFFENSES: An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty of by reason of insanity, any of the disqualifying crimes listed below 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. The disqualifying criminal offenses are as follows:



- | | |
|--|--|
| 1. Forgery of certificates; false making of aircraft and other aircraft registration violation | 22. Armed or felony unarmed robbery |
| 2. Interference with air navigation | 23. Distribution of, or intent to distribute, a controlled substance |
| 3. Improper transportation of hazardous material | 24. Felony arson |
| 4. Aircraft piracy | 25. Felony involving a threat |
| 5. Interference with flight crew members or Flight attendants. | 26. Felony involving --- |
| 6. Commission of certain crimes aboard aircraft in flight | (i) Willful destruction of property |
| 7. Carrying a weapon or explosive aboard aircraft | (ii) Importation or manufacture of a controlled substance |
| 8. Conveying false information and threats | (iii) Burglary |
| 9. Aircraft piracy outside the special aircraft jurisdiction of the United State | (iv) Theft |
| 10. Lighting violations involving transporting controlled substances | (v) Dishonesty, fraud, or misrepresentation |
| 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements | (vi) Possession or distribution of stolen property |
| 12. Destruction of an aircraft or aircraft facility | (vii) Aggravated assault |
| 13. Murder | (viii) Bribery; or |
| 14. Assault with intent to murder | (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year |
| 15. Espionage | 27. Violence at International Airport |
| 16. Sediton | 28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph |
| 17. Kidnapping or hostage taking | |
| 18. Treason | |
| 19. Rape or aggravated sexual abuse | |
| 20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon | |
| 21. Extortion | |



Federal Regulation Under TSR 49 1542.209 (I) impose a continuing obligation to disclose to the Airport Operator within 24 hours if you have been convicted of any disqualifying criminal offense that occurs while you have unescorted access authority.

By my signature below, I certify that I (check one and initial) have _____ (or) have NOT _____ (initial) _____ been convicted or found guilty by reason of insanity any of the above listed disqualify crimes.

The information I have provided on this application is true, complete and correct to the best of my knowledge and belief 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.

PRINT NAME

SIGNATURE

DATE

PIEDMONT TRIAD INTERNATIONAL AIRPORT AUTHORITY

For Official Use Only. Do not write below this line

This portion of this form must be completed by the ASC or A Law Enforcement Officer

The identity of applicant must be verified through two forms of valid identification prior to fingerprinting. A government authority must have issued one of the two forms of identification, and at least one must include a photo.

Please list forms of identification reviewed

_____ Expiration Date (if applicable) _____
(Photo ID)

_____ Expiration Date (if applicable) _____

Reviewed & Copied By: _____
(Signature)

Position: _____ Employer: _____