☐ New ☐ Renewal ☐ Replacement

FLY CHAMPAIGN URBANA
UNIVERSITY OF ILLINOIS - WILLARD AIRPORT

11 Airport Road, Savoy IL, 61874 Administration Office: (217) 244-8604

Revised: January 2025

Section I – Applicant/Employee Information

Applicant must fill out Section I and Section III

To be completed by the applicant/employee. You must bring in the completed Airport Identification Badge Application Form AND two (2) forms of unexpired Government Issued identification (one to establish identity AND one to establish employment authorization) to the Airport Administration Office in the main passenger terminal.

Name (Last, First, Middle)

Other Legal Names/Aliases (ex. maiden/previous married name)

Social Security Number (SSN) | SSN is required for all Secure Identification Display Area (SIDA) Applications, and is voluntary for Sterile or AOA applications.

Home Mailing Address:
Street_____
City_____ State_____ Zip_____
Email_____ Cell Phone _____

Hair Color ☐ Black ☐ Blonde ☐ Brown ☐ Red ☐ Gray ☐ White ☐ Bald
Eye Color ☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel
Race/Ethnicity ☐ Asian ☐ Black ☐ Caucasian or Latino ☐ Native American Other _____

Gender ☐ Male ☐ Female Height____Ft.____In. Weight_____lbs.

Date of Birth_____ Place of Birth (CITY, STATE, COUNTY)_____ Country of Citizenship _____

If you are born outside the United States, you must provide one of the following:
Alien Registration Number, Non Immigrant Visa, I94 Arrival/Departure number, _____
DS1350 Certificate of Birth Abroad, Naturalization number, or US Passport Document Number

Section II – Applicant/Employee Badge Type and Privileges

To be completed by Organization's Authorized Signatory Authority

Company/Organization/Hangar_____ Phone _____
Street_____ City_____ State_____ Zip _____

The applicant requires access to the following security area:
☐ SIDA ☐ STERILE AREA ☐ AOA ☐ TSA/UIPD: Badge Number _____
Does the applicant require ESCORT PRIVILEGES? ☐ Yes ☐ No

Does the applicant need to drive in the Air Operations Area? ☐ Yes ☐ No (If Yes, List Driver's License Information Below)
☐ Non-Movement Area (General Aviation Apron / T-Hangars Only)
☐ Movement Area (Aircraft Movement Areas / Aircraft Taxi / Aircraft Tug)

Applicant Driver's License Number: _____ State:_____ Expiration Date: _____

As the Authorized Signatory for my organization, I certify that upon the Badge Holder's termination or loss of the ID Badge or key, it is my responsibility to notify the Airport Fire Department/Airport Operations IMMEDIATELY at (217) 244-8764. My company/organization will reimburse The University of Illinois Willard Airport for any TSA fines levied against Willard Airport which are caused by the failure of the applicant and/or this company to adhere to the Willard Airport Security Program. My signature is on file with the Willard Airport Badging Office and I am authorized to request Airport identification that allows unescorted access to the secured area, sterile area, or AOA of the airport on behalf of my company/organization. I have met all requirements for being granted unescorted access to areas of the airport in accordance with TSA regulations (CHRC, STA, training, badging). I certify the required access investigation and/or CHRC, in accordance with TSA regulations, has been satisfactorily completed when not completed by the airport. I request that the applicant be issued unescorted access identification.

Authorized Signatory Name (Print)_____ **Signature**_____
Date____/____/____ **Contact Number/Email**_____

WILLARD AIRPORT USE ONLY

ASC Approval

BADGE TYPE: ◯SIDA ◯STERILE ◯AOA ◯TSA/UIPD _____
ESCORT PRIVILEGES: ◯ Yes ◯No (verify authorization above)

DRIVING PRIVILEGES ◯ MOV ◯ NON-MOV ◯ N/A
DL Number _____
State_____ Expiration Date____/____/____

STA Approval_____ Initials ASC CHRC Approval_____ Initials
Badge ID Number_____ Badge Exp Date_____ Issued by:_____

I certify that the applicant has successfully completed security training in accordance with a TSA approved curriculum in the Willard Airport Security Program.
ASC/Trusted Agent Initials_____ **Date**____/____/____

Identification Verification

Date:_____

By:_____

☐ Driver's License _____
☐ State ID _____
☐ US Passport _____
☐ Foreign Passport _____
☐ Alien Registration_____
☐ Other_____

☐ Social Security Card _____
☐ Birth Certificate
☐ Certificate of Birth Abroad (Form FS-545 or DS-1350)_____
☐ Other _____
☐ TSA/UIPD Badge Number: _____

Section III – Disqualifying Criminal Offenses and Responsibilities/Certifications

To be completed by applicant/employee from Section I

By Signing where indicated below, I certify that I have reviewed the list of disqualifying criminal offenses listed below on this application, and I certify that I have not been convicted of, or found not guilty by reason of insanity, of any of the disqualifying criminal offenses listed below within the past ten (10) years. I acknowledge that Federal regulations under 49 CFR 1542.209 (I) impose a continuing obligation to disclose to the Airport within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. If I have any questions or would like to request a copy of my fingerprint results, I will contact the Airport Security Coordinator.

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

PRIVACY ACT NOTICE OF 1974 – 5 U.S.C. § 552a(e)(3)

Privacy Act Notice

Authority: 6 U.S.C. § 1140,6 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 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 yo ur 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). 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. Airport operator-issued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the CRD for five years from the date the violation occurred. DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

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. airport operator-issued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the CRD for five years from the date the violation occurred.

CERTIFICATIONS

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration. Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010. 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.

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.

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

SIGNATURE_____ **DATE OF BIRTH**_____

FULL NAME_____ **SSN** _____

Badge Issuance Acknowledgment

Date of Issuance of Airport ID_____ **Applicant/Employee Signature**_____