



# ROGUE VALLEY INTERNATIONAL-MEDFORD AIRPORT

## Airport Access Identification Badge Application

Applications accepted Mon-Fri 8:00a-4:00p

### FEES MUST BE SUBMITTED PRIOR TO APPLICATION PROCESS

Please be advised, the application and approval process could take up to (7) days or more.

Upon notification of approval, applicant has 30 days to complete badge process.

**SCREENING NOTICE:** Any employee holding a credential granting access to a Security Identification Display Area (SIDA) may be screened at any time while granting access to, working in, or leaving a SIDA Area.

Airport Access Identification Badge issued by the Jackson County Airport Authority *remains the property of the Airport* and must be immediately returned to the Airport under the following conditions:

- Upon separation of employment (for any reason).
- When job function no longer requires an airport-issued badge.
- Upon demand of the Jackson County Airport Authority.
- Upon conviction of any of the disqualifying crimes listed in this application (Page 3).

I agree that by signing below, I have read and accepted the terms set forth at the time of this application and acknowledge the Airport rules and my security responsibility under 49 CFR 1540.105(a). I understand:

- If I lose, damage, or have my security badge stolen, I will notify the Airport Credentialing office or an Airport Enforcement Officer immediately, and will apply for a replacement badge through my Authorized Signatory. **A PENALTY FEE WILL BE CHARGED AND PAID PRIOR TO THE ISSUANCE OF A NEW BADGE.**
- My security badge is non-transferable. Misuse of my security badge could result in civil penalties imposed by the Transportation Security Administration (TSA) and/or fines issued by the Jackson County Airport Authority.
- Any violation of the MFR operations or security rules and regulations, Federal Aviation Administration (FAA), TSA security regulations, Federal, State or local laws may result in the suspension, revocation of Unescorted Access Identification Badge.
- I certify that all details on this application as they apply to me are correct.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employer, Sponsoring Company, or Hangar #

\_\_\_\_\_  
Applicant's Signature

#### For office use only

- |   |   |
|---|---|
| <input type="radio"/> Application process | <input type="radio"/> Badge change (change access level)  |
| <input type="radio"/> STA                 | <input type="radio"/> Badge change (renewal, replacement) |
| <input type="radio"/> SIDA class          | <input type="radio"/> Badge transfer (change employer)    |
| <input type="radio"/> Fingerprint         | <input type="radio"/> Lost badge/non return               |
| <input type="radio"/> Rap Back            | <input type="radio"/> Re-current training                 |
| <input type="radio"/> Deposit             |   |

# MFR

## AIRPORT ID AND/ OR ACCESS APPLICATION

This is a multi-purpose application. Complete all sections that apply or indicate n/a. Missing information could result in delays associated with processing of this application for airport access. **Original, unexpired documents** must be presented when processing an application.

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Disclosure on page #4)

### Section 1 - Applicant Information - REQUIRED

Full Name: \_\_\_\_\_  
(First) (Full Middle) (Last)

Alias, Former or Maiden Names: \_\_\_\_\_  
(First) (Full Middle) (Last)

Alias, Former or Maiden Names: \_\_\_\_\_  
(First) (Full Middle) (Last)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate or Cell Phone: ( ) \_\_\_\_\_

Have you been badged at MFR any time after May 2009? Yes No If yes provide Date: MO / YR E-mail Address: \_\_\_\_\_

### Section 2 - Employer - REQUIRED IF NOT A HANGAR TENANT

Employer or Tenant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Supervisor Phone: ( ) \_\_\_\_\_ Employee Hire Date: \_\_\_\_\_ (Month / Year)

Job title or duties of applicant: \_\_\_\_\_

Sub-Contractors: List Name of Sponsoring Company \_\_\_\_\_

### Section 3 - Hangar Tenant include Pilot License Information

Hangar or Tie Down #: \_\_\_\_\_ Are you: Primary Co-Primary Sub-Tenant (circle one)

Name of Primary Hangar Tenant if Sub-Tenant: \_\_\_\_\_

Pilot License #: \_\_\_\_\_ Pilots please provide a license #

### Section 4 - Personal Information - REQUIRED

Gender:  Male  Female

Ethnicity:  Asian  Black  Caucasian  Latino  Native American  Other/Unknown

Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ State \_\_\_\_\_ \*\*\* Citizenship Country

\*\*\* If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the U.S., you must provide documentation in accordance with the USCIS Form I-9 "List of Acceptable Documents," which is attached.

Alien Registration #: \_\_\_\_\_ I-94 Arrival/ Departure form #: \_\_\_\_\_

U.S. Citizens born abroad or naturalized U.S. citizens must provide: U.S. passport, Certificate of Naturalization Number or Certificate of Birth Abroad form DS-1350, or 10-digit document number, which appears in the top right-hand corner of the document.

US Passport #: \_\_\_\_\_ Certificate of Naturalization #: \_\_\_\_\_ or Certificate of Birth Abroad DS-1350 #: \_\_\_\_\_

# Rogue Valley International-Medford Airport

## Criminal History

**Before the application date, have you been convicted or found not guilty by reason of insanity of any of the following disqualifying criminal offenses in the past ten (10) years?**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306  |
| <input type="checkbox"/> | <input type="checkbox"/> | Interference with air navigation; 49 U.S.C. 46308   |
| <input type="checkbox"/> | <input type="checkbox"/> | Improper transportation of a hazardous material; 49 U.S.C. 46312  |
| <input type="checkbox"/> | <input type="checkbox"/> | Aircraft piracy; 49 U.S.C. 46502  |
| <input type="checkbox"/> | <input type="checkbox"/> | Interference with flight crew members or flight attendants; 49 U.S.C. 46504   |
| <input type="checkbox"/> | <input type="checkbox"/> | Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506   |
| <input type="checkbox"/> | <input type="checkbox"/> | Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505   |
| <input type="checkbox"/> | <input type="checkbox"/> | Conveying false information and threats; 49 U.S.C. 46507  |
| <input type="checkbox"/> | <input type="checkbox"/> | Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502 (b)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Lighting violations involving transporting controlled substances; 49 U.S.C. 46315   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314   |
| <input type="checkbox"/> | <input type="checkbox"/> | Destruction of an aircraft or aircraft facility; 18 U.S.C. 32   |
| <input type="checkbox"/> | <input type="checkbox"/> | Murder  |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault with intent to murder   |
| <input type="checkbox"/> | <input type="checkbox"/> | Espionage   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sedition  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidnapping or hostage taking  |
| <input type="checkbox"/> | <input type="checkbox"/> | Treason   |
| <input type="checkbox"/> | <input type="checkbox"/> | Rape or aggravated sexual abuse   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon  |
| <input type="checkbox"/> | <input type="checkbox"/> | Extortion   |
| <input type="checkbox"/> | <input type="checkbox"/> | Armed or felony unarmed robbery   |
| <input type="checkbox"/> | <input type="checkbox"/> | Distribution of, or intent to distribute, a controlled substance  |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony arson  |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony involving a threat   |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony involving - <ul style="list-style-type: none"> <li>- Willful destruction of property;</li> <li>- Importation or manufacture of a controlled substance;</li> <li>- Burglary;</li> <li>- Theft;</li> <li>- Dishonesty, fraud, or misrepresentation;</li> <li>- Possession or distribution of stolen property;</li> <li>- Aggravated assault;</li> <li>- Bribery; or</li> <li>- Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.</li> </ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | Violence at international airports; 18 U.S.C. 37.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Conspiracy or attempt to commit any of the criminal acts listed   |

**I understand my signature below reflects that I have not been convicted of any of the above listed disqualifying crimes during the past ten year period. Federal Regulations under 49 CFR 1542.209 (1) imposes 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 to the Secured Area or Security Identification Display Area (SIDA) at the Rogue Valley International-Medford Airport (MFR). 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)**

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**If a Criminal History Records Check (CHRC) was performed as part of this application process, a copy of the results received from the FBI will be issued to you provided your request is made in writing to the security division. If you have any questions concerning the results of the CHRC, the Airport Security Coordinator is your point of contact.**

## Privacy Act Notice

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, 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.

### CERTIFICATION

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 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
SSN

**Access privileges may be temporarily suspended or permanently revoked  
for any violation of the application process or misuse of the ID/Access Media**

**Rogue Valley International-Medford Airport  
Airport ID and/or Access Application**

**Authorization Page**

**To be completed by the current Authorized Signer on file with the Airport Authority**

**Credentialing office:** If you are not on record as an authorized signer please leave this page blank and contact the Airport Security Credentialing Office for further information.

*As the authorized signer, I attest that I have examined and verified the applicant's information and original documents presented to me proving citizenship and employment authorization in the United States, as recorded on page 6 of this application. I attest that a specific need exists for providing the Applicant unescorted access authority.*

Applicant: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

INITIAL: ↓

\_\_\_\_\_ As the authorized signer, I have reviewed this application and verified that the applicant listed above has completed the information as required for airport access media. I attest that the applicant listed above has acknowledged their security responsibilities under 49 CFR 1540.105(a).

\_\_\_\_\_ As the employer, sponsoring company, or individual, I accept full responsibility for the costs or fees associated with the applicant's lost, stolen, or non-returned badge as determined by the then current Jackson County Fee Ordinance. I also understand my company is ultimately responsible for penalties or fines that may be assessed by Jackson County or other governing agencies as a result of violations incurred by me, my employees, or sponsored individuals while at MFR.

\_\_\_\_\_ For all applicants requiring access into a Secured Area, Sterile Area, or SIDA, a Criminal History Records Check is required. As the sponsoring agent, I have authorized this individual to undergo a FBI fingerprint based CHRC.

The applicant will need access to the following areas: (Completed by Credentialing Office)

|                               |                                       |                                       |  |  |
|-------------------------------|---------------------------------------|---------------------------------------|--|--|
| <b>Area's requiring CHRC:</b> | <input type="checkbox"/> Secured Area | <input type="checkbox"/> SIDA         | <input type="checkbox"/> Sterile   | <input type="checkbox"/> Full access-Determined by Airport (Movement Area) |
| <b>General Access:</b>        | <input type="checkbox"/> GA- Access   | <input type="checkbox"/> AOA - Access | <input type="checkbox"/> Construction (Area to be determined by Airport) |  |

\_\_\_\_\_ Authorized Signer (Print Name)

\_\_\_\_\_ Authorized Signer (Signature)

\_\_\_\_\_ Company or Agency Name

\_\_\_\_\_ Date:

**Note: Faxed copies are acceptable for data entry; however originals are required at time of badge issue.**

**Employer or Sponsor Review of Eligibility and Identity Verification**

Documents must be examined and recorded below by the Authorized Signer. Documents examined must be original and from either List A, or one document from List B and one from List C. **Copies of documents are not acceptable.** Record below the title, number, and expiration date if any, of the document(s).

Applicants Name: \_\_\_\_\_

|                    |        |    |        |     |        |
|--------------------|--------|----|--------|-----|--------|
|                    | List A | or | List B | and | List C |
| Document Type:     | _____  |    | _____  |     | _____  |
| Issuing Authority: | _____  |    | _____  |     | _____  |
| Document No:       | _____  |    | _____  |     | _____  |
| Expiration Date:   | _____  |    | _____  |     | _____  |

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(Person Verifying Documentation)

**LISTS OF ACCEPTABLE DOCUMENTS / All Documents must be UNEXPIRED**

Employees may present one selection from *List A* or a combination of one selection from *List B* and one from *List C*.

| List A   | OR | List B  | AND | List C   |
|--|----|---|-----|--|
| <p><b>Documents that Establish Both Identity and Employment Authorization</b></p> <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (<b>Form I-551</b>)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (<b>Form I-766</b>)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. <b>Form I-94</b> or <b>Form I-94A</b> that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with <b>Form I-94</b> or <b>Form I-94A</b> indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> |    | <p><b>Documents that establish Identity</b></p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under the age of 18 who are unable to present a document listed above</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> |     | <p><b>Documents that Establish Employment Authorization</b></p> <ol style="list-style-type: none"> <li>1. A Social Security Account Number card unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (<b>Form FS-545</b>)</li> <li>3. Certification of Report of Birth issued by the Department of State (<b>Form DS-1350</b>)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal.</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (<b>Form I-197</b>)</li> <li>7. Identification Card for use of Resident Citizen in the United States (<b>Form I-179</b>)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Form I-9** 03/08/13 Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).



## AIRPORT CREDENTIALING OFFICE

**Note:** This form is to be issued to the employee to request release of Criminal History Records results to the individual to whom the record pertains or that individual's authorized representative.

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ (*Print Full Name*),  
hereby authorize the *Jackson County Airport Authority Credentialing Office*, to provide my Criminal History Records Check results to the Individual, Corporate Office or Authorized Signer indicated below. I understand this information is confidential and is being used to determine whether to grant unescorted access to Secured, Sterile, or Security Identification Display Area's at the `Rogue Valley International-Medford Airport.

Release Information to: \_\_\_\_\_  
(*Print Name*)

\_\_\_\_\_  
(*Company Name*)

\_\_\_\_\_  
(*Print Name of Individual Fingerprinted*)

\_\_\_\_\_  
(*Signature of Individual Fingerprinted*)

#### For Office Use Only:

- Individual (Applicant)
- Air Carrier Corporate Office
- Authorized Signer
- Others Designated by TSA
- Other \_\_\_\_\_

Name of Individual Releasing Information: \_\_\_\_\_

Date: \_\_\_\_\_