



The Jacksonville International Airport's Access Control Office maintains active card holders comprised of airport employees to include Herlong, Cecil Commerce Center and Craig Airfield, air carriers, airport tenants and lease holders as well as contract companies performing work at JAA. The issuance and accountability of JAX airports badges is regulated by the Transportation Security Resignations 49 CFR parts 1542 and 1544 and Security Directive 1542-04-08G.

The process to obtain a JAX ID Badge is as follows:

STEP 1: The company requesting badges must determine who will be the Certifying Official(s) for their company. The Certifying Official is a point of contact between the company and the JIA Access Control Office. This person(s) will have signing authority for JIA ID badge applications, authorize badge replacements, receive correspondence from the Access Control Office outlining security directives / mandates, company audits performed by the Access Control Office and badge returns / renewals.

The Certifying Official will be responsible for the return of all badges issued to their company. The maximum number of Certifying Officials for a company/agency is limited to three individuals.

STEP 2: Upon deciding who will be the point of contact(s) (Certifying Officials) with the company / agency a class time will be scheduled with the Access Control Office for the designated Certifying Official(s) to attend a 45 minute Certifying Official Course in the JIA Access Control Office training room in the JIA terminal building.

This course provides instruction on the required paperwork and procedures for badging employees and must be completed prior to the Access Control Office accepting badge applications for the company. The training course emphasizes the Certifying Official's accountability and responsibility of all media (cards, keys, placards) issued to them while conducting business with JAA.

Certifying Officials are subject to a successful completion of a 10-year fingerprint-based Criminal History Record Check (CHRC) and Security Threat Assessment (STA) prior to being given authorization of signing authority for JIA Photo ID badge applications. An electronic, inkless fingerprint machine is located in the Access Control Office for this purpose. The fingerprinting cost is \$35.00 per person. Acceptable forms of payment in the Access Control Office are cash or a check made payable to "JAA".

The appointed Certifying Official(s) are fingerprinted immediately following the Certifying Official Course. Payment is due at the time of service. Results of the CHRC and Security Threat Assessment are received at the Access Control Office within an average of two to fourteen days. Once the results have been received the Certifying Official will be notified of clearance to submit new applicants.

STEP 3: After successful completion of the CHRC and TSA Security Threat Assessment, the Certifying Official(s) for the prospective company may then sign applications for their employees and submit them to the Access Control Office. ***The company's employees submitting an application for a JIA Photo ID badge must also complete a successful CHRC and Security Threat Assessment prior to the issuance of a JIA Photo ID badge.***

After successful completion of the applicant's CHRC, the Certifying Official(s) with the company will be notified via email and may schedule an applicant for security training via phone or email at badgingoffice@jaa.aero.

The applicant will then return to the Access Control Office on their date of appointment for security training and upon successful completion of security training will pay the \$15.00 badge print fee. Their badge will be valid for the duration of the appointed contract. Badges issued to the company are an airport approved means of positive identification to enter into the Sterile, Secured and Air operations Areas of JIA.



JAA
Jacksonville
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SPONSORING COMPANY/JAA. DEPARTMENT:

CONTACT NUMBER:

CONTRACTOR INFORMATION

COMPANY NAME:

PHONE NUMBER:

WORK TO BE PERFORMED:

DURATION OF WORK:

REQUIRED ACCESS:

PRIMARY POINT OF CONTACT NAME:

I CERTIFY THAT THIS APPLICANT IS A CONTRACTOR HIRED TO PERFORM WORK FOR MY COMPANY/DEPARTMENT AND IS AUTHORIZED TO ACQUIRE A JACKSONVILLE AIRPORT IDENTIFICATION BADGE.

SIGNATURE

PRINT NAME/TITLE AND DATE

BADGING/ACCESS CONTROL USE ONLY

BADGE TYPE: _____

ACCESS LEVEL: _____

DRIVING PRIVILEGES: _____

DATE ISSUED: _____

DURATION OF BADGE: _____

PAID BY: _____



ACCESS CONTROL OFFICE FEE LIST

- **Electronic Fingerprint Submission** **\$ 35.00**
- **Electronic Fingerprint Submission** (*using a UID other than JIA's*) **\$ 6.00**
- **Inked Fingerprint Card by JAA-Police Department** **\$ 20.00**
- **Electronic Fingerprint Submissions for TSA's
Twelve-Five Flight Crew Rule** **\$ 22.00**
- **Proximity/Biometrics Badge** **\$ 15.00**
- **Lost Badge Replacements**
 - First** **\$ 50.00**
 - Second** **\$ 75.00**
 - Third** **\$100.00**
- **Unrecoverable Proximity badge** **\$100.00**
- **Proximity Badge Reprint** **\$ 15.00**
- **Employee Parking Lot Annual Fee** **\$ 60.00**

D R A F T

YOUR COMPANY LETTERHEAD
Sample Certifying Official Signature Letter
Letter must include verbiage below

TODAY'S DATE _____

JAA Public Safety and Security
Access Control Office
Jacksonville International Airport
P.O. Box 18018
Jacksonville, FL 32229-4018

The names below are authorized to sign as a Certifying Official for Jacksonville International Airport Access Badge Applications, JAX ID badge replacement letters and JAX ID badge renewal forms in accordance with the JIA Security Program and 49 CFR Part 1542 or 49 CFR Part 1544 where applicable.

This company assumes responsibility for any Federal Aviation Administration and/or Transportation Security Administration fines levied against the Jacksonville Aviation Authority which may be caused by the failure of our employee(s) to adhere to the JIA Security Program.

49 USC 46301(a) (6) FAILURE TO COLLECT AIRPORT SECURITY BADGES. Notwithstanding paragraph (1), any employer (other than a governmental entity or airport operator) who employs an employee to whom an airport security badge or other identifier used to obtain access to a secure area of an airport is issued before, on, or after the date of enactment of this paragraph and who does not collect or make reasonable efforts to collect such badge from the employee on the date that the employment of the employee is terminated and does not notify the operator of the airport of such termination within 24 hours of the date of such termination shall be liable to the Government for a civil penalty not to exceed \$10,000.

No other signatures are to be honored. We will notify you in writing if for any reason the individuals listed below change.

Name	Title	Signature	Phone #
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Name	Title	Signature	Phone #
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Name	Title	Signature	Phone #
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JAA

Jacksonville
Aviation
Authority

Airport Access Control Office
P.O. Box 18018
Jacksonville, Florida 32229
(904) 741-2016

2 Forms of ID are required:

1. State issued I.D. or Drivers License with the applicant's photo
2. SS Card or U.S. Passport/Current Military I.D. and INS information (if applicable)

Applicant Information

Last Name		First Name		Middle Name		
Social Security #		Date of Birth		State / Country of Birth		
- -		/ /				
Home Street Address						
City		State		Zip Code		
Home Phone #		Sex	Height	Weight	Eye Color	Hair Color
() -						
Drivers License #		State		License Expiration		
				/ /		

Have you ever been convicted, entered a plea of "nolo - contendere" (no contest) or had adjudication withheld for any felony, misdemeanor, infraction, or any violation of any law?

Yes ____ No ____

If yes, additional pages will be provided to list the infractions or violations. A conviction will not necessarily disqualify you from consideration for a badge. However, the Jacksonville Aviation Authority may not issue a badge if incorrect, incomplete, or false information is provided.

Company Information

Company Name		Badge Type			
		<input type="checkbox"/> Sterile	<input type="checkbox"/> Blue	<input type="checkbox"/> Red	<input type="checkbox"/> White
Company Phone #		Parking Lot Requested			
() -		<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> SOUTH TERM	CO Initials _____	

By my signature, I certify that I have read, understand, and agree with the foregoing and that all the information provided is true and correct to the best of my knowledge. I also hereby acknowledge that a JAX ID badge is issued solely for access to the restricted areas of Jacksonville International Airport and may be revoked by the Airport without cause. I also understand that failure on my part to notify my employer or the Airport when my JAX ID becomes lost or stolen, or failure to return my JAX ID upon termination of employment, may result in arrest and prosecution, as appropriate. I further understand that Federal regulations under 49 CFR 1542.209 (i) imposes a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have been granted unescorted access authority.

Applicant Signature		Date

Prohibited Crimes

In compliance with Transportation Security Administration (TSA) and Jacksonville International Airport (SIDA) Regulations, applicants for a JAX ID Badge must successfully complete a Criminal History Records Check before a JAX ID Badge allowing unescorted access to the Restricted or Common Areas is granted. If an applicant has been convicted of one or more of the following crimes within the last 10 years, the JAX ID Badge application will be denied. JAA has the right to deny a badge for reasons other than those listed below.

- (1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- (2) Interference with air navigation; 49 U.S.C. 46308.
- (3) Improper transportation of a hazardous material; 49 U.S.C. 46312.
- (4) Aircraft piracy; 49 U.S.C. 46502.
- (5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.
- (8) Conveying false information and threats; 49 U.S.C. 46507.
- (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- (11) 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.
- (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- (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; 18 U.S.C. 37.
- (28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d).

By my signature I acknowledge that I have read the list of disqualifying crimes and certify that I have never been convicted or found to be not guilty by reason of insanity of any of the above.

Applicant Signature

Date

Citizenship Statement

Other Names Used (Maiden Name and/or Alias Names)	Current Residence (Including City, State and Zip)
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Date of Birth:	Country of Birth:	Country of Citizenship
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I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States * A Lawful Permanent Resident ** An Alien with work authorization ****

*** All Citizens Must Complete This Section Completely.**

United States Citizenship: By Birth By Naturalization By Other (Specify) _____

If you are a United States citizen by any means other than birth, you must provide an original Naturalization Certificate.

**** All Lawful Permanent Residents Must Complete This Section and Provide Original Resident Alien Card With Application.**

Alien Registration Number: A _____

***** All Aliens With Work Authorization Must Complete This Section and Provide Original Employment Authorization Document (EAD) Card.**

Employment Authorization Document Number: _____ Expiration Date: _____

I understand that federal law provides for imprisonment and/or fines for falsely claiming to be a United States citizen, or for making false statements, or for using false documents in connection with the completion of this form.

Signature	Date (MM/DD/YYYY)
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Privacy Act Statement

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 release to verify that my SSN is correct. I know that if I make any representation than I know is false to obtain information from Social Security records, I could be punished by fine or imprisonment or both.”

Signature: _____	Date of Birth: _____
SSN and Full Name: _____	

Authority: 49 U.S.C. §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 in the US-VISIT’s Automated Biometrics Identification System (IDENT). If you provide 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.

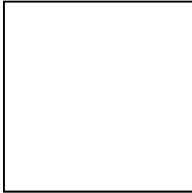
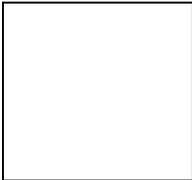
Routine Uses: This information may be shared with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with 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 or any other information requested, DHS may be unable to complete your application for identification media.

Certifying Official Information

Name	Company
Phone Number	Title

Access Investigation Certification

<p style="text-align: center;">Air Carrier</p> <p>As an authorized representative of a U.S. certified Air Carrier subject to 49 CFR 1544, in accordance with the Aircraft Operator Standard Security Program and the Airport Security Program Participant Manual of the Jacksonville International Airport, by my signature I certify that:</p> <p>The applicant's identity has been verified through two forms of identification, one that bears the applicant's photograph and the applicant has completed an application that includes: full name and aliases or nicknames;</p> <p>In compliance with 49 CFR 1544.229 an access investigation based on a Criminal History Records Check (CHRC) has been successfully completed for the above named applicant.</p> <div style="text-align: center; margin-top: 20px;">  <p>Initial</p> </div>	<p style="text-align: center;">Non Air Carrier</p> <p>As an authorized representative of the company named above, subject to 49 CFR 1542, the Jacksonville International Airport Security Program and as a current participant in good standing, by my signature I certify that:</p> <p>The applicant's identity has been verified through two forms of identification, one that bears the applicant's photograph. The applicant has completed an application that includes: full name and aliases or nicknames; notification that the applicant will be subject to a Criminal History Records Check (CHRC) and possibly an employment history verification; and convictions during the previous 10-year period of the crimes listed in this application.</p> <p>The results of the access investigation did not disclose that the applicant has been convicted of or found not-guilty by reason of insanity, in any jurisdiction, during the 10 years ending on the date of the investigation, of any of the crimes listed in this application.</p> <div style="text-align: center; margin-top: 20px;">  <p>Initial</p> </div>
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I hereby acknowledge responsibility for any FAA fines levied against the Jacksonville Aviation Authority which were caused by the failure of one of our employees to adhere to the Airport Security Plan. I also understand that I am responsible for returning the JAX ID badge to the JIA Access Control Office when no longer needed by this employee. Further, I certify that the requirements of the JIA Airport Security Plan and the provisions of 49 CFR PART 1542.209 and PART 1544.229 will continue to be complied with. I also certify that this employee's record will remain on file with my company and will be maintained for **180 days** after termination of the individual's access privileges. I also acknowledge that, upon the employee's termination, it is my company's responsibility to notify the Airport Communications Center within 24 hours of termination and return the badge to the Access Control Office. If the badge is not returned to the Access Control Office in the prescribed time, my company will pay the unrecoverable badge charge of **\$100**.

I certify that this applicant has an employment-related need to have unescorted access to the restricted areas of Jacksonville International Airport and to operate a vehicle on the AOA / RAMP (if applicable). I agree to provide immediate notification to the Airport when: a) the badgeholder's access authority has been revoked or limited; b) the badgeholder's access media has been lost or stolen; c) any representative of our organization becomes aware that the Access Control System or a component of the system has been compromised or threatened through any means. I acknowledge responsibility of our organization for any penalties assessed against the Airport which may result from a badgeholder's or our organization's failure to comply with the Airport Security Program, or any other applicable rule, regulation, or directive.

Certifying Official Signature	Date



By your signature below, you are authorizing the Jacksonville Aviation Authority (JAA) Access Control Office to issue keys to individual stated below. The associated privileges for keys issued will be in compliance with the JAA Key Agreement form. This Key Request form is to be completed and returned to the Access Control Office prior to employee receiving any keys. Faxed forms are acceptable.

Please Print:

Employee Name: _____

Badge No.: _____ **Telephone No.:** _____

Facility or area to be accessed:

Company/Agency (as stated on badge):

To be completed by certifying official or applicable JAA Supervisor

Signature

Date

Printed Name

Telephone Number



JAA

Jacksonville
Aviation
Authority

VEHICLE PLACARD/DECAL REQUEST FORM

AOA

COMMON AREA

Instructions. Complete the upper part of this form in its entirety and return to the Access Control Office accompanied with a photo copy of applicant's **REGISTRATION**, and **COMPANY INSURANCE ACCORD** to receive the vehicle decal or placard. Vehicle placards are issued to persons/vehicles approved to conduct official business at JIA.

Driver's Name (s): Phone:

Company: SIDA Badge Expiration:

Year: Make: Model: License Plate #:

Reason for Placard or Decal:

Requestor's Name: Signature:
(Printed Name)

Indemnification: The applicant shall hold harmless, indemnify, and defend the JAA, its agents, and employees, its successors and assigns (individually or collectively) from and against any liability for any claims and actions and all expenses incidental to the investigation and defense thereof, in any way arising from or based upon the damages which may occur by the applicant, its agents, employees, licenses, successors and assigns or those under its control, of any federal, state, or municipal laws, statues, ordinances, rules or regulations of the JAA, as they now exist or as they may be amended from time to time.

If the Requestor (above named person) is contracted by, or providing a service for, a contractor, tenant, or other entity as approved by JAA to conduct official business at JIA, that person whose positional authority, as recognized by those standards outlined in the JAA Rules and Regulations and Minimum Standards documents, is required to agree to the indemnification statement above as indicated by acknowledgement with his/her printed name and signature below prior to issuance of the JIA Vehicle Decal or Placard.

Authorized Name: Signature:
(Printed Name)

Placard Holder: Signature:
(Printed Name)

Access Control Office Use Only

Date Received: Expiration Date: Decal/Placard #:

Date Issued: Notes: