FLO SECURITY BADGE APPLICATION

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FLO DEPARTMENT OF PUBLIC SAFETY CONTACT AT 843.519.0591 OR <u>BADGE@FLYFLO.US</u> REVISION (3) REVISED November 13, 2023.



SECTION I-B	ADGE APPLI	CANT PERSON	NAL IN	FORI	MATION	(Please Type or	Clea	arly Print)			
FIRST NAME				((FULL) MID	DLE NAM	E		LAST NAME		SUFFIX	
					ALIA	SES						
DATE OF BIRTH	(MM/DD/YYYY)	COUNTRY OF E	BIRTH	STAT	E OF BIRTH	CIT	TY OF BIRTH	C	COUNTY OF BIRTH	CITIZENS	SHIP	
								\perp				
GENDER	RACE	SOCIAL SECUR	ITY NUI	MBER	HAIR C	OLOR	EYE COLO	R	HEIGHT	WEIG	НТ	
DRIVERS LICEN	CE NUMBED		np:	WEDE	LICENSE ST	TATE	ln	DIVE	RS LICENSE EXPIRAT	TION DATE		
DRIVERS LICEN	SE NUMBER		DK	IVERS	LICENSE SI	AIL		KIVE	RS LICENSE EXITICAT	TION DATE		
HOME ADDRESS	(NO P.O. Box) &	(Include Apt #):										
	CITY		STATI	E POST	TAL CODE	C	OUNTRY		PRIMARY EMA	IL ADDRESS		
PRIMA	ARY TELEPHON	E NUMBER		BUS	INESS TELI	ELEPHONE NUMBER			MOBILE TELEPHONE NUMBER			
EMBL OV	ED ALAME OF O	OCANIZATION)					EMBLOW:	ED AF	NDECC			
EMIPLOY	ER (NAME OF OI	KGANIZATION)					EMPLOY	LK AL	DIKESS			
EMPLOYER POI	NT OF CONTACT	T NAME			I	EMPLOYE	R POINT OF CO	NTA(CT EMAIL ADDRESS			
If you are a U.S	S. Citizen, BORN	OUTSIDE THE	U.S., P	rovide	one of the f	ollowing:						
PASSPORT NUM	BER:				PASSPO	ORT ISSUI	ING COUNTRY:					
ALIEN REGISTR	ATION NUMBER	ł:			DS-1350) CERTIFI	CATE OF BIRTI	H ABR	ROAD:			
If you are NC	OT a U.S. Citizer	, Provide one (1) of th	e follo	wing:							
ALIEN REGISTR	ATION NUMBER	:			I-94 AR	RIVAL/DI	EPARTURE FOR	M NU	MBER:			
	at a knowing an	-					-		elief and is provided r both (see Section 1	_		
BAI	DGE APPLI	CANT'S SIG	ANT	URE					DATE			

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SEC'	TIONII-	DISQU	JALIFYING CRIMES (Please Type or Clearly Print)
PLEA	SE INDICA	ГЕ ВҮ МА	ARKING YES OR NO IF YOU HAVE BEEN CONVICTED OR FOUND NOT GUILTY BY REASON OF INSANITY OF ANY OF THE
FOLL	OWING DIS	QUALIFY	YING CRIMES DURING THE TEN (10) YEARS BEFORE THE DATE OF THIS APPLICATION OR WHILE YOU HAVE HAD
UNES			RIVILEGES AT FLORENCE REGIONAL AIRPORT (FLO).
1	YES	NO	Aircraft Piracy
2	YES	NO	Aircraft piracy outside the special aircraft jurisdiction of the United States
3	YES	NO	Armed or felony unarmed robbery
4	YES	NO	Assault with intent to murder
5	YES	NO	Carrying a weapon or explosive aboard aircraft
6	YES	NO	Commission of certain crimes aboard aircraft in flight
7	YES	NO	Conspiracy or attempt to commit any of the aforementioned criminal acts
8	YES	NO	Conveying false information and threats
9	YES	NO	Destruction of an aircraft or aircraft facility
10	YES	NO	Distribution of, or intent to distribute, a controlled substance
11	YES	NO	Espionage
12	YES	NO	Extortion
13	YES	NO	Felony arson
14	YES	NO	Felony involving a threat
15	YES	NO	Felony involving aggravated assault
16	YES	NO	Felony involving bribery
17	YES	NO	Felony involving burglary
18	YES	NO	Felony involving dishonesty, fraud, or misrepresentation
19	YES	NO	Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
20	YES	NO	Felony involving importation or manufacture of a controlled substance
21	YES	NO	Felony involving possession or distribution of stolen property
22	YES	NO	Felony involving theft
23	YES	NO	Felony involving violence at international airports
24	YES	NO	Felony involving willful destruction of property
25	YES	NO	Forgery of certificates, false making of aircraft, and other aircraft registration violations
26	YES	NO	Improper transportation of a hazardous material
27	YES	NO	Interference with air navigation
28	YES	NO	Interference with flight crew members or flight attendants
29	YES	NO	Kidnapping or hostage taking
30	YES	NO	Lighting violations involving transporting controlled substances
31	YES	NO	Murder
32	YES	NO	Rape or aggravated sexual abuse
33	YES	NO	Sedition
34	YES	NO	Treason
35	YES	NO	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established requirements
36	YES	NO	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
	CORDAN	CE WIT	H 49CFR 1542.209

IN ACCORDANCE WITH 49CFR 1542.209

- I have been advised and understand that the Florence Regional Airport (FLO) must collect and process one set of legible and classifiable fingerprints for a Criminal History Records Check. I understand that the fingerprint process must occur under the direct control of a FLO employee.
- I have been advised and understand that as long as I have unescorted access privileges, I am under the obligation to disclose to FLO Public Safety, within twenty-four (24) hours, should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.
- I have been advised and understand that I am under the obligation to surrender the FLO issued Security Badge immediately should I be convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the disqualifying criminal offenses as listed in TSR 1542.209.
- I have been advised and understand that a copy of the criminal history record received from the Federal Bureau of Investigation (FBI) will be provided to me after making the request in writing.
- I have been advised and understand that the FLO Airport Security Coordinator is my point of contact for any and all questions pertaining to my criminal history records check.
- I have been advised and understand that if a disqualifying crime has been disclosed, I will have thirty (30) days to notify FLO Public Safety of my intention to correct information that is incorrect. This notification must be made in writing. If written notification to correct the criminal history record is not made within 30 days, a final decision to deny unescorted access privileges will be made.
- I have been advised and understand that if my fingerprints are not legible or classifiable, I will be fingerprinted a second time and that this fingerprint process must occur under the direct control of a FLO employee.
- I have been advised and understand that if my hands or fingers will not render a classifiable set of prints because of injury or missing digits, my employer will submit a ten (10) year work history and five (5) year verification.

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).

BADGE APPLICANT SIGNATURE	DATE	

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SECTION III - SOCIAL SECURITY NUMBER (SSN) VERIFICATION

- 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.

PRINT FULL NAME	DATEOFBIRTH	
BADGE APPLICANT'S SIGNATURE:	SOCIAL SECURITY NUMBER	

SECTION IV-BADGE HOLDER'S RESPONSIBILITIES (Please Read Carefully)

As A Badge Holder You Are Required to:

- Display your Security Badge at all times while in any restricted area (AOA, SIDA, Secured, etc.)
- Remain with individuals under escort at all times.
- Wear your badge on your upper body (waist level or above) and on your outermost garment.
- Never share your badge or confidential PIN number.
- Report problems by calling Airport Public Safety at (843) 519-0591
- Never deface your badge.
- Never piggyback or allow anyone else to piggyback through secured doorways and gates.
- Comply with the Airports Rules and Regulations, Airport Security Program (ASP), and the AOA Manual.
- Challenge anyone not wearing a badge in the restricted areas of the airport.

AIRPORT SECURITY AND SIDA VIOLATIONS

Violations of the provisions of the Airport Security Program (ASP) and SIDA training may result in one or more of the following penalties:

1. Written warning.	2. Letter to manager requesting a written response.
3. Mandatory SIDA retraining.	4. Revocation of Identification media
5. Citation for violations of S.C. Code 55-11-640	6. Federal Criminal and Civil penalties for violations of CFR 1542 and 1544.

SCREENING NOTICE

Any individual 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.

RETURNING YOUR BADGE

All security badges issued by the FLO Public Safety or Badging office are the property of the Pee Regional Airport District and must be returned upon expiration, separation of affiliation. (FOR ANY REASON), when job function no longer requires an airport-issued security badge and/or upon demand from the Badging office. Any misuse or willful failure to return a security badge is punishable by criminal misdemeanor prosecution. Security badges are non-transferable and must be used only by the person to whom they are issued.

The security badge must be returned to your Authorized Signatory at the end of affiliation and the Signatory must return badge to the

The security badge must be returned to your Authorized Signatory at the end of affiliation and the Signatory must return badge to the FLO Public safety/Airport Badging Office. FAILURE TO DO SO WILL RESULT IN FEES CHARGED TO YOU OR YOUR COMPANY.

LOST, STOLEN, DAMAGED BADGES

All lost or stolen badges must be immediately reported to FLO Public Safety or Airport Badging at (843) 519.0591 via e-mail at publicsafety@flyflo.com or after hours to (843) 519.0591, available 24 hrs a day, 7 days a week. If there is no answer, please leave a detailed message. In the event of a lost, stolen, or misplaced security badge, a payment will be collected by the FLO Public Safety/Badging office before a replacement is issued. If Lost/Stolen Badge is found, half of the collected payment will be refunded.

DRIVING IN THE AOA

All persons driving in the AOA shall possess and carry a valid U.S. driver's license and appropriate issued Security Badge. Each driver is required to receive and successfully complete Non-Movement Area Drivers Training before operating a vehicle in the AOA. In order to possess proper authorization to operate in the Movement Areas (Taxiways and Runways) the individual must receive further training from Airport Operations. IT IS STRICTLY PROHIBITED FOR BADGE HOLDERS TO OPERATE IN THE MOVEMENT AREAS WITHOUT PROPER AUTHORIZATION.

ESCORT PRIVILEGES

Individuals must first be given proper authorization to be given escort privileges. Those individuals authorized with escort privileges must keep escorted persons under their plain view sight at all times. Failure to do so may result in immediate suspension of airport security badge and possible suspension of escort privileges.

RELEASING AIRPORT SECURITY INFORMATION

No person issued a Security Badge may divulge any information concerning an act of unlawful interference with civil aviation if such information is likely to jeopardize the safety of domestic or international aviation, or regarding any airport or airport tenant's security system to unauthorized persons.

FLO SECURITY BADGE APPLICATION

DEPARTMENT OF PURLIC SAFETY

AUTHORIZED SIGNATORY'S SIGNATURE:



CONTACT AT 042 510 0501						Flore	nce
CONTACT AT 843.519.0591 REVISION (3) REVISED Nov		FLU.US				Regio	onal Airpor
SECTION IV-BADGE H		ONSIBILITIES (C	Continued)				
Badging Fee		· ·	,]	Damaged Badge	Replacement:	
New Badge Issue \$85.00	Badge Renew	al \$45.00 S	TA Only	\$35.00	Replacement	\$25.00	
Lost/Stolen Replacement:							
				ditional:	\$250.00		
**If the Lost/Stolen Bad					e refunded		
ailure to Return Badge up	on termination:	-	week, up to \$500. JECT TO CHANGE A				
PRIVACY ACT NOTICE		DADOL TELO GODO	LET TO CHANGE A	TANT IIII			
Authority: 6 U.S.C. § 1140, 46 decommendations of the 9/11 Cl 1934(c) (132 Stat. 3186, Public Purpose: The Department of Hossociated information will be publis Next Generation Identification gainst other fingerprints submit dentification System (IDENT). It is sued identification media revolution in the dentification media revolution in the dentification to the data dentralized database wishes to purpose to the decurity threat assessment, employers where the decurity threat assessment, employers where the decurity threat assessment, or adjusted at any time in the Feduction may disclosed pursuablished at any time in the Feduction of the decurity decoration of the properties of the decurity decoration of the decurity threat assessment, employers where the decurity threat assessment, employers which is the formation may disclosed pursuablished at any time in the Feduction of the decurity decoration of the decurity decoration of the decurity threat assessment of the decurity threat	commission Act of 2c Law 115-254, Oct comeland Security (Do rovided to the Federation (NGI) system of the federation in NGI after ted to or retained by DHS will also main ked for noncompliar base to correct the reursue expungement ose disclosures generation disclosed outside Doyment investigation of your application of your application of the FAA Reaut is real Register, includic of the FAA Reaut is real resulting to the real Register, includication of your disclosed outside Doyment investigation of your application of the FAA Reaut is real Register, includication of your disclosed outside Doyment investigation of your application of your application of your disclosed outside Doyment investigation of your application of the FAA Reaut is real Register, includication of your disclosed outside Doyment investigation of your application of	907, § 1520 (121 Stat 5, 2018), and Execution (15, 2018), and Execution (15) will use the informal Bureau of Investigator its successor system the completion of this will also tain a national, central event and have the include to mistaken identically permitted under the HS as a routine use proposed in the control of th	t. 444, Public Law 1 ve Order 9397 (Nov rmation to conduct a ation (FBI) for the p as including civil, er s application and, w transmit your finger dized revocation daturity requirements. Edividual's name exputity, the individual m 5 U.S.C. § 552a(b) oursuant to 5 U.S.C. a waiver or appeal relance with the routin as long as your finge ent as permitted by the for the NGI system 8, TSA is required the this information vermation requested, I	10-53, Augustember 22, 19d a security threaurpose of contiminal, and labile retained, prints for enrabase of individuals of the Privacy \$552a(b)(3) is equest to the end uses identification and assiste Privacy Adand the FBI's to collect your will result in doths may be uses	t 3, 2007); FAA Re 43), as amended. at assessment. If apparing your finger tent fingerprints nollment into US-VI viduals who have halished a process to e database. If an immail to TSA at Avi Act, all or a portion ncluding with third extent necessary to be desired in the TSA syst sociated information of 1974 and all a Blanket Routine U r SSN on application and of a credential unable to complete the systems of	cauthorization Act pplicable, your fing prints to other fing positories. The FB pay continue to be a significant or aircrallow an individual who is list ation. workers@tsan of the records on a parties during the obtain information em of records not on are retained in N pplicable Routine (ses.) ons for Secure Ider vour security threa	gerprints and gerprints in the I may retain you compared iometrics raft operatoral whose name is sted in the a.dhs.gov. Information course of a pertinent to the ice (SORN) NGI, your Uses as may be ntification on credentials, at assessment.
BADGE APPLICANT'S SIGN	IATURE]	DATE:		
STOP**STOP**STOP**S	STOP**STOP**S	STOP**STOP**S	TOP**STOP**S	TOP**STO	P**STOP**STO	OP**STOP**S	ГОР**ЅТОР
ECTION 5 - SIGNATORY	AUTHORIZATIO	N (To Be Completed O	NLY By the Authorized	Signatory)	(Please Type or Pr	int)	
The Pee Dee Regional District etermined to be in the best in CHECK REQUESTED BAD	nterest of airport s	security.		dual for an a	airport security ba	adge where such	action is
AOA (RED)	SIDA (Purple)	GA (Yellow)	Admir	n (White	Constructi	on (Green)
ORGANIZATION NAME:					K PHONE:		
NAME OF AUTHORIZED SIGI	NATORY (Type or P	rint):			I		
REQUESTING <u>ESCORT</u> PRI	VILEGES:	YES NO	Requesting	Ramp Driv	ing Privileges:	YES	NO
FOR CONTRACTORS ONL	Y: COMPANY NA	AME:					
Project Title:			Start Date	2:	Finis	h Date:	
I affirm that the employee listed he provided in this application is true false statement can be punished be AUTHORIZED SIGNATORY RES	e, complete, and correctly fine, imprisonment,	ct to the best of my know or both (see Section 10	wledge and belief and 01 of Title 18 of the Ur	is provided in g nited States Co	good faith. I understa de). I HAVE READ A	nd that a knowing a	nd willful

****** FOR AIRPORT BADGING USE ONLY *******

DATE:

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Payment Method

TELOS ENROLLED
ADDED TO BILLING LIST

CHRC APPROVED

STA APPROVED

FLO DEPARTMENT OF PUBLIC SAFETY CONTACT AT 843.519.0591 OR <u>BADGE@FLYFLO.US</u> REVISION (3) REVISED November 13, 2023.



- TO BE COMPLETED BEFORE 2nd BADGING APPOINTMENT-

Invoice

Amount Paid:			Date:			Print N	Name			
		DATE		INITIAL						
REQUIRED IDENTIFIC	ATION									
PRIVACY ACT NOTICE										
FINGERPRINTED ON										

VERIFY THE APPLICATION IS COMPLETELY FILLED OUT

Check Cash Credit/Debit

- TO BE COMPLETED WHEN BADGED -

TELOS CASE #

DAC ID#

	- 10	BE COIVII	LETED WHEN BADGED –		
				DATE	INITIAL
BADGE NUMBER			BADGE STATUS UPDATED IN TELE	os	
PIN NUMBER			SUBSCRIBED TO RAP BACK		
BADGE DATE OF ISSUE					
BADGE EXPIRATION DATE					
BADGE TYPE					
COMPANY					
SIDA TRAINING DATE					
ESCORT PRIVILEGES	YES	NO			
FEDERAL INVESTIGATIVE STANDARDS (FIS)	YES	NO	FIS NUMBER		
PARKING ACCESS	YES	NO			
BADGE PRINTED BY:			DATE:		

ALL OF THE ABOVE MUST BE COMPLETED BEFORE APPLICATION IS FILED

Comments: