

Cherry Capital Airport Fingerprint Application

Name: _____

Company: _____

Social Security Number: _____

Date: _____



Northwest Regional Airport Authority

Under Federal Law, anyone who has been convicted of, or found not guilty by reason of insanity, during the last 10 years, of any of the crimes listed below, may not obtain unescorted access privileges to the Security Identification Display Area at the Cherry Capital Airport:

1. Forgery of certificates, false marking of aircraft and other aircraft registration violations: 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 or threats: 49 U.S.C. 46507
9. Aircraft piracy outside the special aircraft jurisdiction of the United States: U.S.C. 49 46502(b)
10. Lighting violations involving transporting controlled substances: 49 U.S.C. 46315
11. Unlawful entry into an aircraft or airport area that services air carriers or foreign air carriers contrary to established security requirements: 49 U.S.C. 4314
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: Willful destruction of property, Importation or manufacture of a controlled substance, Burglary, Theft, Dishonesty, fraud or misrepresentation, Possession or distribution of stolen property, Aggravated assault, Bribery, and Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year
27. Violence at international airports: 18 U.S.C. 37
28. Conspiracy or attempt to commit any of the criminal acts listed above

Please read carefully

By signing below:

1. I certify **I have not been found guilty** or not guilty by reason of insanity **of any** of the above referenced disqualifying criminal offenses within the last ten years.
2. I understand, under Federal regulation, specifically 49 CFR 1542.209(l), I am obligated to disclose to the airport operator within 24 hours if I am convicted of any of the disqualifying offenses while I have unescorted access privileges.
3. I certify 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).
4. I understand that a copy of the criminal record received from the FBI will be provided to me upon written request and that the Airport Security Coordinator is the main point of contact concerning the criminal history record check.
5. 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 12th Street, Arlington, VA 20598.

I am the individual to whom the information applies and want this information released to verify that my SSI 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.

Applicant Signature: _____ **Date of Birth:** _____

SSN and Full Name: _____

If badge applicant is under the age of 18, a signature of the parent/legal guardian is also required.

By signing below, I acknowledge I am the parent or legal guardian of the minor badge applicant above, and I have read and accept all terms mentioned above. I confirm that all information and representations provided by applicant above are accurate, and authorize the record check and release noted above.

Printed Name of Parent/Legal Guardian

Parent/Legal Guardian Signature

Date

Relationship to Applicant