

Acknowledgement of SIDA BADGE REQUIREMENTS

By my signature herein, I acknowledge that I have been advised of the basic requirements of the TSA regarding SIDA (Secure Identification Area) access.

I agree to comply with the outlined requirements.

I further acknowledge having been given a list of *Disqualifying Offenses*. I hereby certify that I have not been convicted of any of the captioned felony offenses within the last ten years except any that I may have discussed with the Airport Security Coordinator. I further agree to immediately advise the Airport Security Coordinator of any arrest and conviction for any of the listed offenses during the time period that I have a SIDA access badge. Pursuant to Federal Regulations 14CFR 107.209 there is an obligation to report any such conviction within 24 hours to the Airport Operator.

CERTIFICATION

“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), Aviation Programs (TSA-19)/Aviation Worker Program, 601 12th Street, Arlington, VA 20598.”

“I am the individual to whom the information applies and want this information released to verify that my SS number 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: _____ DOB: _____

“SSN and Full Name: _____

CERTIFICATION

“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: _____