

TRAINING AND ID CARD INFORMATION

**ALL TRAINING CLASSES (Driving and/or SIDA)
MUST be scheduled through
The OPERATIONS Department 822-5050, option 4**

Movement Driving (airfield, runways and taxiways) training classes are held on Wednesdays at 12 noon or 2:00.

Non-Movement Driving (ramps only) training classes are held on Thursdays at 12 noon or 2:00.

SIDA training renewals are held immediately following the Driving classes, at 1:30 and 3:30 Wednesday and Thursday.

Initial SIDA training classes are held Wednesday or Thursday at 9:00 am.

FBO Ramp Security Training classes are offered on Tuesday afternoon at 2:00 or Friday at 10:00 or 2:00.

All classes must be scheduled by calling 822-5050. No person will be admitted to class without prior authorization and Employee ID Card Data sheets filled out by the employee and signed by the employee's manager. A driver's license must be presented at the time of class attendance, and a new employee picture will be taken at each renewal.

All fingerprints will be scheduled by calling 822-5133. Costs are as follows, and are due at the time of fingerprinting:

Fingerprints and Security Threat Assessment (STA) - \$70.00

Fingerprints with results going to an airline corporate office and STA - \$43.00

Security Threat Assessment only – (transfer of CHRC from another Airport) - \$15.00

2 forms of PROPER identification are REQUIRED prior to fingerprinting or class attendance call 822-5151 for clarification

Initial fee for an identification media is \$15.00

LOST BADGE FEE IS \$45.00

**PERSONS ARRIVING LATE FOR ANY CLASS
WILL NOT BE ADMITTED**

Columbia Metropolitan Airport
Fingerprint Data Sheet for Secured Area/SIDA Access

Applicant must read and complete this application. This is page one of two.

<u>Please Print or Type</u>	
Name: (Last) _____	(First) _____ (MI) _____
Height: _____	Weight: _____ Eyes: _____ Hair: _____ Sex: _____ Race: _____
Social Security No. _____	Date of Birth _____
Place of Birth (state/country) _____	Country of Citizenship _____
Driver's License No. _____	State of Issue _____
Aliases and Nicknames: _____	
Employer: _____	Position: _____
Person authorizing fingerprints and responsible for payment: _____	

Two forms of official government issued identification which will establish your identity, place of birth, and citizenship must be presented at the time of fingerprinting. Contact the Airport Police Department at 803-822-5151 for types of acceptable identification.

IF RESULTS CERTIFIED/SUPPLIED BY OTHER THAN THE RICHLAND-LEXINGTON AIRPRORT DISTRICT FINGERPRINT INFORMATION MUST BE ATTACHED ON COMPANY LETTERHEAD AND SIGNED BY MANAGER. IT MUST INCLUDE APPLICANT NAME, SSN, DATE RESULTS CERTIFIED AND BY WHOM. ALL APPLICANTS MUST PRESENT TWO FORMS OF IDENTIFICAION TO BE PROCESSED

Review and Initial each line.

1. _____ You authorize a representative of the Airport or your prospective employer to perform a fingerprint based Criminal History Record Check (CHRC).
2. _____ You understand that if issued an ID card, the ID card remains the property of the Columbia Metropolitan Airport and **must be returned immediately** upon termination of employment at this facility.
3. _____ You understand that there is a replacement cost for a lost or stolen Secured Area/SIDA ID, if issued.
4. _____ You agree that if issued an ID card, you shall immediately notify the Columbia Metropolitan Airport Police Department if the ID card is lost or stolen.
5. _____ You agree to notify the Columbia Metropolitan Airport Police Department within 24 hours if any of the disqualifying crimes are committed while you are employed at this facility and have authority for unescorted access to the SIDA [49 CFR 1542.209 (L)].
6. _____ **You agree that the information provided on this application is true, complete, and correct to best of your knowledge and belief and is provided in good faith. And, you understand that knowing and willful false statements on this application can be punished by fine and imprisonment or both. (See section 1001 of Title 18 of the United States Code.)**
7. _____ You understand that if you have been denied employment as a result of the, a copy of the criminal record received from the FBI can be provided to you if you make a request in writing to the Security Department.
8. _____ You understand that the Airport Security Coordinator is your point of contact if you have any questions about your Criminal History Records Check.
9. _____ You understand that the results of this investigation (CHRC) shall be disseminated as necessary according to [49 CFR 1542.209 (J) 1,2,3,4] to other airport operators, aircraft operators, or others designated by the TSA as a determination for granting unescorted access to the Secured Area/SIDA or authorization to perform screening functions.
10. _____ You have not been convicted or found not guilty by reason of insanity of any of the disqualifying crimes listed on page 2.

(continued next page)

Columbia Metropolitan Airport
Fingerprint Data Sheet for Secured Area/SIDA Access

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Disqualifying Criminal Offenses

If you have been convicted of any of these crimes, check any and all which apply.

- 1. Forgery of certificates, false making of aircraft, and other registration violations;
- 2. Interference with air navigation;
- 3. Improper transportation of a hazardous material;
- 4. Aircraft piracy;
- 5. Interference with flight crew members or flight attendants;
- 6. Commission of certain crimes aboard aircraft in flight;
- 7. Carrying a weapon or explosive aboard an aircraft;
- 8. Conveying false information and threats;
- 9. Aircraft piracy outside the special aircraft jurisdiction of the United States;
- 10. Lighting violations involving transporting controlled substances;
- 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements;
- 12. Destruction of an aircraft or aircraft facility;
- 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 robbery;
- 23. Distribution of or intent to distribute, a controlled substance;
- 24. Felony arson;
- 25. Felony threat;
- 26. Felony involving willful destruction of property; importation of a controlled substance; burglary; theft; dishonesty, fraud or misrepresentation; possession or distribution of stolen property; aggravated assault; bribery; or illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year;
- 27. Violence at an international airport; or;
- 28. Conspiracy or attempt to commit any of the aforementioned criminal acts.

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 (TSA19)/Aviation Worker Program, 601 South 12th St., Arlington, VA 22202.

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.

By signing below, you certify that you have read and understand this application.

Applicant Signature: _____ **Date:** _____

SSN and Full Name: _____

Columbia Metropolitan Airport
Escort Privilege Authorization



Applicant must read and complete this application.

<p><u>Print or Type</u></p> <p>Name: (Last) _____ (First) _____ (MI) _____</p> <p>Employer: _____ Position: _____</p> <p>Social Security No. _____ Date of Birth _____</p> <p>ID Card Record Number: _____</p> <hr/> <p>Person authorizing escort privilege:(Print) _____</p> <p>(Sign) _____</p>

“Escort” means to accompany and supervise an individual who has an “operational need” to be present in but does not have unescorted access authority to areas restricted for security purposes, as identified in the Airport Security Program (ASP), in a manner sufficient to take action should the individual engage in activities other than those for which the escorted access is granted. A person providing escort must be trained and approved for this privilege. Escort privilege is noted on the front of the ID cards with an “E” after the ID record number (i.e. 1234 E). When providing escort you must maintain visual line of sight contact with the person(s) being escorted and not become involved in any other activity besides the responsibility of your escort. If being escorted into the Sterile Area, the person providing escort must remain under constant escort unless the escorted person has been screened by TSA Security representatives. All vehicles escorted into a secure or restricted area must remain under escort until they exit the area. All vehicles in the Secure Area must be clearly marked with company name and/or Airport issued vehicle media. In the event of a breach of these rules, responsive action shall be taken by the escort or other authorized individual and shall include, but not be limited to, immediate notification of the Airport Operations Office and/or Airport Police Department personnel.

Review and Initial each line.

1. ____ You understand that only persons and/or vehicles with an “operational need” for access may be escorted into Security Identification Display Areas (SIDA), Secure Areas, Sterile Areas, Restricted Areas and/or Aircraft Operations Areas (AOA).
2. ____ You understand that you are responsible for the actions of any person/vehicle under your escort.
3. ____ You understand that you must be able to control the actions of the individual/vehicle you are escorting in the areas noted in item 1.
4. ____ You must maintain visual line-of-sight contact with the individual(s) and not become involved in any other activity besides the responsibility of your escort(s).
5. ____ You understand that once you begin escort you are responsible for the escort(s) until they exit the area or you receive an acknowledgement of acceptance of escort from another authorized person.
6. ____ You must notify, by the most expedient means available, the Airport Operations Office and/or Airport Police Department immediately upon any deviation from these rules. Airport Operations can be reached at 803-822-5050 for dispatch of Airport Police.
7. ____ You acknowledge that you have been trained in the rules, regulations and requirements of proper escort of persons in the SIDA, Secure Areas, Sterile Areas, Restricted Areas and/or AOA according to the requirements of the Airport Security Plan as specified by TSA Regulations 1542.
8. ____ You agree that the information provided on this application is true, complete, and correct to best of your knowledge and belief and is provided in good faith. And, you understand that knowing and/or willful false statements on this application can be punished by fine and imprisonment or both. (See section 1001 of Title 18 of the United States Code.)

By signing below, you certify that you have read and understand this application.

Applicant Signature: _____ **Date:** _____