

# LONG BEACH AIRPORT IDENTIFICATION BADGE APPLICATION

## APPLICANT INFORMATION - This section **MUST** be completed by *applicant*

LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
HOME ADDRESS (No P.O. Box)			APT.	CITY		STATE	ZIP CODE
SOCIAL SECURITY NUMBER - If AOA applicant, write N/A		CONTACT NUMBER		ALIASES (If N/A, write N/A)		DATE OF BIRTH (MM/DD/YYYY)	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	GENDER	ETHNICITY		
				MALE	Asian	Black	
				FEMALE	Caucasian	Hispanic	
					Native American		
					Other		
PLACE OF BIRTH (State/Province)		COUNTRY OF BIRTH		CITIZENSHIP COUNTRY			

All applicants **MUST** provide **two (2)** forms of identification from TSA approved list of documents - <https://www.uscis.gov/i-9-central/acceptable-documents>  
*Naturalized Citizens* **MUST** provide a US Passport Number or Certificate of Naturalization Number  
*Permanent Residents* or *Legal Aliens* **MUST** provide Permanent Resident Number or Employment Authorization Number respectively

ID TYPE	ID NUMBER	EXP. DATE (MM/DD/YYYY)	STATE/COUNTRY
State ID	Drivers License		
Passport/Passport Card	Other		

## SECURITY ACCESS INFORMATION - This section **MUST** be completed by *Employer/Flight School/Tenant/Airport Affiliate*

JOB TITLE OR AIRPORT AFFILIATION	WORK LOCATION OR AIRPORT AFFILIATION				
TRANSACTION TYPE					
New Badge	Renewal	Lost/Stolen Badge	Broken Badge	Confiscated Badge	Other (Specify)
BADGE TYPE					
SIDA	AOA	Sterile Area			
ESCORT (SIDA ONLY)	REASON FOR ESCORT - If N/A, write N/A				
Yes					
N/A					

## SECURITY TRAINING - This section **MUST** be completed by *Badging Office*

SIDA	TRAINER NAME	COMPLETION DATE (MM/DD/YYYY)
Yes	N/A	
AOA / Sterile Area	TRAINER NAME	COMPLETION DATE (MM/DD/YYYY)
Yes	N/A	

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**SIGNATORY AUTHORITY INFORMATION - This section MUST be completed by *Authorized Signer***

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I certify the employee/flight student/tenant/airport affiliate named on this badge application has direct relation to the organization listed below. Further, I have reviewed the information and statements on this application and dated this form **ONLY AFTER ALL INFORMATION WAS COMPLETED AND VERIFIED.**

COMPANY NAME

SIGNATORY AUTHORITY - Print full name

CONTACT NUMBER

AUTHORIZED SIGNATURE

AUTHORIZED DATE (MM/DD/YYYY)

Form valid for 14 calendar days from date authorized above

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**MANDATORY CRIMINAL HISTORY QUESTIONNAIRE - This section MUST be completed by *applicant* - (AOA applicant exempt)**

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Have you been convicted or found not guilty by reason of insanity, of any of the following disqualifying crimes in any jurisdiction during the last ten (10) years before the date of your application for unescorted access authority, or while you have unescorted access authority? Please mark the appropriate "Yes" or "No" box of EACH of the disqualifying criminal offenses listed below.

Forgery of certificates, false marking of an aircraft, and other aircraft registration violation; 49 U.S.C. 46306	Yes No		Murder	Yes No
Interference with air navigation; 49 U.S.C. 46308	Yes No		Assault with intent to murder	Yes No
Improper transportation of hazardous material; 49 U.S.C. 46312	Yes No		Espionage	Yes No
Aircraft Piracy; 49 U.S.C. 46502	Yes No		Sedition	Yes No
Interference with flight crew members or flight attendants; 49 U.S.C. 46504	Yes No		Kidnapping or hostage taking	Yes No
Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506	Yes No		Treason	Yes No
Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505	Yes No		Rape or aggravated sexual abuse	Yes No
Conveying false information and threats; 49 U.S.C. 46507	Yes No	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon		Yes No
Aircraft Piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b)	Yes No		Extortion	Yes No
Lighting violations involving transporting controlled substances; 49 U.S.C. 46315	Yes No		Armed or felony unarmed robbery	Yes No
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	Yes No	Distribution of, or intent to distribute, a controlled substance		Yes No
Destruction of an aircraft or aircraft facility; 18 U.S.C. 32	Yes No		Felony arson	Yes No
Violence at international airports; 18 U.S.C. 37	Yes No	Conspiracy or attempt to commit any of the aforementioned criminal acts listed		Yes No
Felony involving: a threat; 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; illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year	Yes No			

INITIALS

I certify I have read this form in its entirety and understand if I am convicted or found not guilty by reason of insanity to any of these disqualifying crimes *after* I receive a LBG Identification Badge, I am to report the conviction and surrender all badge(s) within twenty four (24) hours to the LBG Badging Office - (AOA applicant exempt)

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## BADGE HOLDER RESPONSIBILITIES

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### AS A BADGE HOLDER YOU MUST

- Display your badge at all times
- Wear your badge on your outer most garment between your waistline and neckline
- Challenge anyone not wearing a badge in a restricted area or on the AOA
- Remain with anyone under your escort at all times
- Never "piggyback" or allow others to "piggyback" through secured access points
- Never share your badge
- Never deface or alter your badge
- Report emergencies by calling Airport Safety and Security at 562-570-2640

### YOU MUST RETURN YOUR BADGE

All identification badges issued by the Long Beach Airport Badging Office are the property of the Long Beach Airport and must be returned upon expiration, separation of employment (for any reason), when job function or affiliation no longer requires an airport issued identification badge and/or upon demand from the Long Beach Airport. Identification badges are non-transferable and must be used only by the person to whom they are issued.

### BADGE DISPLAY AND CHALLENGE RESPONSIBILITIES

The Transportation Security Administration (TSA) approved airport security program for Long Beach Airport (LGB) requires each person issued an airport identification badge to display said badge at all times while in the Secured Area, Sterile Area or Air Operations Area (AOA). Each employee who has been issued an identification badge is responsible for challenging any individual who is not properly displaying an airport approved badge. Any person who is not properly displaying a valid identification badge must be immediately reported to Airport Safety and Security at 562-570-2640.

### RELEASING AIRPORT SECURITY INFORMATION

No person issued an identification 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.

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## PRIVACY ACT NOTICE & EMPLOYEE CERTIFICATION - This section **MUST** be completed by *Applicant*

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**Authority:** 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including 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 the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

**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 a security threat assessment.

**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. (Title 18 United States Code § 1001.)**

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

I understand any misuse of the badge is grounds for revocation, and will surrender my badge upon demand by Airport Safety and Security or the Badging Office.

**I further understand that, by Order of the Department of Homeland Security, Transportation Security Administration, employees or airport affiliates entering the AOA, sterile and secured areas from public and non-public access points are subject to random inspection of their persons and property.**

APPLICANT NAME (Print)

DATE OF BIRTH (MM/DD/YYYY)

APPLICANT SIGNATURE

SOCIAL SECURITY NUMBER (AOA applicant exempt)

EMAIL ADDRESS OF APPLICANT



LGB Badging Office  
4100 Donald Douglas Dr., 2nd Floor  
Long Beach, CA 90808  
(562)570-2618