



FINGERPRINT BACKGROUND CHECK APPLICATION

MUST PRESENT TWO UNEXPIRED FORMS OF ID (FIRST AND LAST NAMES MUST MATCH EXACTLY)

PERSONAL INFORMATION (PLEASE TYPE OR WRITE LEGIBLY - CANNOT BOTH TYPE AND WRITE ON FORM)

LAST NAME									
FIRST NAME		MIDDLE NAME							
OTHER NAMES USED (PROVIDE THE GIVEN AND SURNAME)		SSN							
CURRENT MAILING ADDRESS									
CITY		STATE		ZIP		COUNTRY			
DOB		GENDER	M F	PHONE					
RACE		HEIGHT		WEIGHT		HAIR COLOR		EYE COLOR	
DRIVERS LICENSE NUMBER		STATE		EXPIRES					
COUNTRY OF CITIZENSHIP		PLACE OF BIRTH (U.S. STATE OR FOREIGN COUNTRY)							
PASSPORT NUMBER		PASSPORT COUNTRY							
I-9 DOCUMENT		NON IMMIGRANT VISA		I-94 FORM		I-9 DOC NUMBER			
ALIEN REGISTRATION NUMBER		U.S. CERTIFICATE OF BIRTH ABROAD (DS-1350 OR FS-545)		YES		NO			

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 a fine or imprisonment or both (Section 1001 of Title 18 United States Code).

APPLICANT SIGNATURE _____ DATE OF APPLICATION _____

NEXT ITEMS MUST BE COMPLETED BY THE AUTHORIZED SIGNATORY AND ARE REQUIRED FOR PROCESSING

COMPANY NAME		PHONE	
BADGE TYPE REQUESTED	PUBLIC AREA ONLY (NO ACCESS)		

AUTHORIZED SIGNATORY CERTIFICATION

I HEREBY CERTIFY THAT ALL CONDITIONS OF TSA REGULATION 49CFR, PARTS 1540, 1542, 1544, & 1546 HAVE BEEN MET. I FURTHER CERTIFY THAT THE ORGANIZATION THAT I REPRESENT ASSUMES RESPONSIBILITY FOR ALL FINES OR OTHER PENALTIES IMPOSED BY THE TSA UPON THE METROPOLITAN NASHVILLE AIRPORT AUTHORITY FOR ANY VIOLATION(S) BY THIS APPLICANT. I UNDERSTAND THAT ANY INTENTIONALLY FRAUDULENT OR FALSE STATEMENTS IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM OR IDENTIFICATION BADGE IS A VIOLATION OF TSR 1540.103 AND UNITED STATES CODE TITLE 18, SECTION 1001. I MAY BE PERSONALLY SUBJECT TO FEDERAL CIVIL PENALTIES AND CRIMINAL PROSECUTION.

I _____ APPROVE _____ 'S MEDIA
Authorized Signatory's Name (Please Print) Applicant's Name (Please Print)

APPLICATION FOR _____
Company's Name (Please Print) Authorized Signatory's Signature Date



CRIMINAL HISTORY RECORDS CHECK FINGERPRINT SUBMISSION APPLICATION

PRINT NAME

I, (Print Applicant's Full Name) ,request the Metropolitan Nashville Airport Authority, Department of Public Safety, to take my fingerprints and submit them to the Federal Bureau of Investigation for a Criminal History Records Check in accordance with 49 CFR Section 1542. I understand any badge/access media that allows unescorted access to any area may not be issued until results have been received from all required reporting agencies indicating that I have not been convicted of any disqualifying crimes and that no information is found that might indicate I am a possible risk to aviation or the Metropolitan Nashville Airport Authority.

Basic Disqualifying Criminal Offenses

- (1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 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 and threats; 49 U.S.C. 46507.
- (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- (11) 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
- (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—
 - (i) Willful destruction of property;
 - (ii) Importation or manufacture of a controlled substance;
 - (iii) Burglary;
 - (iv) Theft;
 - (v) Dishonesty, fraud, or misrepresentation;
 - (vi) Possession or distribution of stolen property;
 - (vii) Aggravated assault;
 - (viii) Bribery; or
 - (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
- (27) Violence at international airports; 18 U.S.C. 37.
- (28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d).

By signing below, I am verifying that I have not been convicted of any of the basic criminal offenses listed above during the last 10 years.

I understand that under Federal regulation 49 CFR Section 1542 I have a continuing obligation to disclose to the Metropolitan Nashville Airport Authority within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. _____Initials

The information I have provided on this application is true, complete, and correct to my best 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. (Section 1001 of Title 18 United States Code.) _____Initials

A copy of the criminal record received from the FBI will be provided to the individual, if requested by the individual in writing; and

The Airport Security Coordinator is the individual's point of contact if he or she has questions about the results of the CHRC.

Applicant Signature

Date

Identification Verified by Trusted Agent: _____
(Initial Here)



**Department of Public Safety
Nashville International Airport**



Privacy Act Notice

Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS), and other Authorized Agencies, will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator will also transmit the fingerprints for enrollment into the US-Visit's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS and other Authorized Agencies may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN. **In accordance with TSA-NA-21-01A, airport operator-issued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the Centralized Revocation Database for 5 years from the date the violation occurred.**

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS and other Authorized Agencies.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS and other Authorized Agencies may be unable to complete your application for identification media. You must sign this form to be eligible for an access media even if you refuse to provide your SSN or you do not have a SSN.

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 (TSA-19)/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 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.

SSN: _____ **Date of Birth:** _____

Full Name: _____
(FIRST MIDDLE LAST)

Signature: _____