



**LEHIGH-NORTHAMPTON AIRPORT AUTHORITY (LNAA)  
APPLICATION FOR UNESCORTED ACCESS PRIVILEGES  
SIGNED PAPERWORK IS ONLY VALID FOR 30 DAYS**

**PART 1 – TO BE COMPLETED BY AIRPORT AUTHORIZED SIGNATORY**

Employer or Agency: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Employer	Purpose/Access	Description	AOA Driver	Non-Driver
LNAA/Federal	Green – Access to SIDA, AOA, Secured and Sterile areas. Unescorted Driving Privileges in Movement area.	Applicant requests access to the SIDA, AOA, Secured and Sterile areas, including runways, taxiways.		N/A
LNAA/Tenant	Blue – Access to SIDA, AOA, Secured and Sterile areas. Unescorted Driving Privileges in Non-Movement areas.	Applicant requests access to the SIDA, Sterile and general aviation areas and drive unescorted within the perimeter roads and aprons ONLY.		
Hangar Tenant	Yellow – Access to general aviation areas only. Unescorted Driving Privileges in Non-Movement areas.	Applicant requests access to general aviation areas and driving unescorted within general aviation areas ONLY.		
Contractor	Orange – Access to job site only. May include Unescorted Driving Privileges in the Movement area.	Applicant requests access to job site locations ONLY. Contractors are prohibited from accessing areas outside of job site boundaries.		
Cargo Tenant	Brown – Access to Cargo SIDA and Cargo Apron. Unescorted Driving Privileges in Cargo Non-Movement areas.	Applicant requests access to the cargo apron only. This badge does not authorize access to general aviation or main terminal aprons.		
TSA	Pink – Access to SIDA, Secured and Sterile areas.	Applicant requests access to the SIDA, Sterile and Secured areas ONLY.		
LNAA/Tenant	Red/White – Unescorted Access to Sterile area only. Must pass through the security screening checkpoint	Applicant requests access to public areas of the airport and allows unescorted access to the Sterile area. This badge DOES NOT authorize unescorted access to the SIDA.	N/A	
Tenant	White – No Access	Identification only – NO ACCESS		

The employer/tenant indemnifies, saves and holds harmless the Lehigh-Northampton Airport Authority, its trustees, agents and employees from and against any and all claims, causes of action, judgments, liabilities, damages, costs, expenses (including reasonable attorney’s fees) or losses arising out of or as a consequence of employer’s/tenant’s certification and performance of the background check required by the Lehigh-Northampton Airport Authority Security Program. I understand that upon termination or transfer of the employee/tenant or loss of the identification badge, it is my responsibility to notify LNAA Operations & Safety Department. I certify that the individual identified on this application has an operational need to conduct work duties at Lehigh Valley International Airport as an employee, vendor, contractor, or agent representing this tenant/agency. As Authorized Signatory, I cannot request unescorted access for my employee/tenant unless I have taken initial and recurrent Authorized Signatory training as required by LNAA.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEHIGH-NORTHAMPTON AIRPORT AUTHORITY (LNAA)  
APPLICATION FOR UNESCORTED ACCESS PRIVILEGES  
SIGNED PAPERWORK IS ONLY VALID FOR 30 DAYS**

PART 2 – APPLICANT INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth (MM/DD/YYYY)	State of Birth	
Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Height	Weight	Eye Color	Hair Color
OTHER NAMES (ALIASES)			
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
CONTACT INFORMATION			
Home Address (Street)	City	State	Zip
Home Phone	Cell Phone	Email	Contact Preference <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail
CITIZENSHIP INFORMATION			
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", are you lawfully present in the U.S. in accordance with the Immigration and Nationality Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Birth	Country of Citizenship
Passport Number/Country	Alien Reg Number	I-94 Number	Non-immigrant Visa Number

I, the undersigned, certify that the statements made on this application are, true, complete, and correct to the best of my knowledge and belief and are 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. I further understand that 49 CFR 1540.103 and LNAA regulations prohibit through applicable criminal, civil or LNAA penalties any fraudulent or intentionally false statement in any application for any security program, access medium, or identification medium; any fraudulent or intentionally false entry in any record or report that is kept, made, or used to show compliance with federal, state or LNAA laws or regulations; or any reproduction or alteration, for fraudulent purpose, of any report, record, security program, access medium or identification medium issued by the LNAA.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LNAA USE ONLY			
PRINTS & ENTRY DATE		DATE REC'D. PRINTS	
RAPBACK ID		DATE APPROVED	
APP ID: ABE00000000		PRINT ID: TSCFP	
Police Officer	Name:	Signature:	
Trusted Agent	Name:	Signature:	

**LEHIGH-NORTHAMPTON AIRPORT AUTHORITY (LNAA)  
APPLICATION FOR UNESCORTED ACCESS PRIVILEGES  
SIGNED PAPERWORK IS ONLY VALID FOR 30 DAYS**

**PART 3 – DISQUALIFYING OFFENSES**

Under Transportation Security Administration (TSA) requirements, a fingerprint-based Criminal History Records Check (CHRC) is required before an airport identification badge can be issued which allows an individual to have unescorted access to the Security Identification Display Area (SIDA), Sterile and Secure Areas.

**DISQUALIFYING CRIMINAL OFFENSES:** Have you been convicted, plead guilty or found not guilty by reason of insanity, of any of the disqualifying crimes listed below during the previous fifteen (15) years? You must circle an answer for each offence listed below. If you answer YES to any of the following, you may be ineligible to obtain an identification badge and will be required to provide additional information for further processing of your application.

YES	NO	Forgery of certificates, false making of aircraft, and other aircraft registration violations (49 U.S.C. 46306);	YES	NO	Sedition;
			YES	NO	Treason;
YES	NO	Interference with air navigation (49 U.S.C. 46308);	YES	NO	Kidnapping or hostage taking;
			YES	NO	Rape or aggravated sexual abuse;
YES	NO	Improper transportation of a hazardous material (49 U.S.C. 46312);	YES	NO	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon;
YES	NO	Aircraft piracy (49 U.S.C. 46502);	YES	NO	Extortion;
YES	NO	Interference with flight crew members or flight attendant (49 U.S.C. 46504);	YES	NO	Armed robbery or felony unarmed robbery;
YES	NO	Commission of certain crimes aboard aircraft in flight (49 U.S.C. 46506);	YES	NO	Distribution of, or intent to distribute, a controlled substance;
			YES	NO	Felony arson;
YES	NO	Carrying a weapon or explosive aboard an aircraft (49 U.S.C. 46505);	YES	NO	Felony involving a threat;
			YES	NO	Felony involving willful destruction of property;
YES	NO	Conveying false information and threats (49 U.S.C. 46507);	YES	NO	Felony involving Importation or manufacture of a controlled substance;
YES	NO	Aircraft piracy (49 U.S.C. 46502);	YES	NO	Felony involving Aggravated assault;
YES	NO	Smuggling;	YES	NO	Felony involving Burglary;
YES	NO	Federal crime of terrorism (18 USC 2332b(g))	YES	NO	Felony involving Theft;
YES	NO	Lighting violations involving transporting controlled substances (49 U.S.C. 46315);	YES	NO	Felony involving dishonesty, fraud, or misrepresentation;
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	Felony involving Possession or distribution of stolen property;
			YES	NO	Felony involving Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year;
YES	NO	Espionage;	YES	NO	Felony involving Bribery;
YES	NO	Murder or Voluntary Manslaughter;	YES	NO	Violence at International airports; 18 U.S.C. 37; or
YES	NO	Destruction of an aircraft or aircraft facility (18 U.S.C. 32);	YES	NO	Conspiracy or attempt to commit any of the criminal acts listed above.
			YES	NO	
YES	NO	Assault with intent to murder;			

Please provide the circumstances and date of any conviction(s) noted above.

**I, the undersigned, understand that both Federal regulations under 49 CFR 1542.209 and LNAA regulations impose a continuing obligation to disclose to LNAA within 24 hours if I am convicted of any disqualifying criminal offense including any felony that occurs while I have unescorted access authority at Lehigh Valley International Airport.**

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEHIGH-NORTHAMPTON AIRPORT AUTHORITY (LNAA)  
APPLICATION FOR UNESCORTED ACCESS PRIVILEGES  
SIGNED PAPERWORK IS ONLY VALID FOR 30 DAYS**

**PART 4 – IDENTIFICATION CERTIFICATION**

**LISTS OF ACCEPTABLE DOCUMENTS:** All documents must be UNEXPIRED. **Applicants are required to have TWO forms of identification. One ID must bear your photograph. Your selections must be from two separate lists.**

COLUMN A	COLUMN B	COLUMN C
<ul style="list-style-type: none"> <li><input type="checkbox"/> U.S. Passport or U.S. Passport Card</li> <li><input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li><input type="checkbox"/> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa</li> <li><input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766)</li> <li><input type="checkbox"/> For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Foreign passport; and</li> <li><input type="checkbox"/> Form I-94 or Form I-94A that has the following:                   <ul style="list-style-type: none"> <li><input type="checkbox"/> The same name as the passport; and</li> <li><input type="checkbox"/> An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li><input type="checkbox"/> ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li><input type="checkbox"/> School ID card with a photograph</li> <li><input type="checkbox"/> Voter's registration card</li> <li><input type="checkbox"/> U.S. Military card or draft record</li> <li><input type="checkbox"/> Military dependent's ID card</li> <li><input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card</li> <li><input type="checkbox"/> Native American tribal document</li> <li><input type="checkbox"/> Driver's license issued by a Canadian government authority</li> </ul> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> School record or report card</li> <li><input type="checkbox"/> Clinic, doctor, or hospital record</li> <li><input type="checkbox"/> Day-care or nursery school record</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> <li><input type="checkbox"/> Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li><input type="checkbox"/> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li><input type="checkbox"/> Native American tribal document</li> <li><input type="checkbox"/> U.S. Citizen ID Card (Form I-197)</li> <li><input type="checkbox"/> Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li><input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security</li> </ul>

**LNAA USE ONLY**

Column(s):	Type, ID number, Expiration Date:	Verified By:

**LEHIGH-NORTHAMPTON AIRPORT AUTHORITY (LNAA)  
APPLICATION FOR UNESCORTED ACCESS PRIVILEGES  
SIGNED PAPERWORK IS ONLY VALID FOR 30 DAYS**

**PRIVACY ACT STATEMENT**

**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 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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).

DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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:** Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

I have read and understand the Privacy Act Notice.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEHIGH-NORTHAMPTON AIRPORT AUTHORITY (LNAA)  
APPLICATION FOR UNESCORTED ACCESS PRIVILEGES  
SIGNED PAPERWORK IS ONLY VALID FOR 30 DAYS**

**SCREENING NOTICE**

Any employee holding a credential granting access to a Security Identification Display Area (SIDA) may be screened at any time while gaining access to, working in, or leaving a SIDA. Upon receipt of LNAA security access media, I understand, acknowledge, and consent to random inspection and video surveillance, both of myself and my property, at sterile area or SIDA entry points or within the sterile area or SIDA.

I have read and understand the above statements and agree to random inspection of me and my accessible property. I also understand that I may be under video surveillance at all times when on Airport property.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOCIAL SECURITY AUTHORIZATION STATEMENT**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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.

I have read and understand the Social Security Authorization Statement.

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_