

## AOA Badge Application Process

### This Badge Application Packet includes:

- These AOA Badge Application Process Instructions
- AOA Badge Application
- Request for MCAS Yuma Background Check

### Step 1. DBIDS Pre-Registration

Location: on-line

- a) Pre-register on-line at: <https://dbids-global.dmdc.mil/enroll#!/>  
Click on the hyperlink and follow the instructions.  
**Sponsor Name:** Juan Trasvina  
**Sponsor E-mail:** [Juan@yumaairport.com](mailto:Juan@yumaairport.com)  
**Sponsor Phone:** (928) 750-6778  
**Site:** Service-Marine Corps, State-Arizona, Marine Corps Air Station Yuma
- b) Once completed, follow prompt to print out a QR Code document.
- c) Complete the Request for MCAS Yuma Background Check (attached)  
**(Note: complete and have it signed by Airport Operations before going to MCAS Yuma)**
- d) Schedule an appointment: Call 928-269-2888

### Step 2. DBIDS Registration

Location: Pass & Registration at the Front Gate of MCAS Yuma

Bring to Appointment:

- 1) Request for MCAS Yuma Background Check
- 2) QR Code (from Step 1)
- 3) Driver's License
- 4) Non-U.S. & Naturalized Citizens, bring Naturalization Documents.
- 5) AOA Badge Application (to be stamped by Pass and Registration)

### Step 3. AOA Application (Attached)

- a. Complete:
  - Section 1 Applicant Information
  - Section 2 Rules and Requirements; print name, sign and date
  - Section 3 Authorized Signatory **(To be completed, signed and dated by your Authorized Signatory. If you do not know who your Authorized Signatory is, contact Airport Operations at (928) 941-2396)**
  - Section 4 Certification; print name, sign, date, birth date and SSN.
  - Section 5 Privacy Act Notice; print name, sign and date

## AOA Badge Application Process

- b. Acceptable Documentation. Make sure you can provide the following:
  - 1) Passport  
or
  - 2) Gov't issued ID **and** Social Security Card **or** Birth Certificate
  - 3) If born outside the U.S., and don't have a Passport you'll need to provide your Immigration Documentation (see attached Form I-9)
- c. Watch the Driver's Training Video (if applicable) at:  
<https://flyyuma.com/driverstraining.html> or click on: [Driver's Training Video](#)
- d. Take the Driver's Test (if applicable) at: <https://www.answerkey.net/reg/114/SoSC1>  
Or click: [Driver's Test](#)
- e. Badge Application Fee (\$10.00)

### **Step 4. Make an appointment with Airport Operations** for a Review Badge Application Documents

Call (928) 941-2396 to make the appointment

### **Step 5. Appointment with Airport Operations.** Bring the following with you:

- a. Completed Application (All sections completed and signed, signed by Authorized Signatory, and DBIDS registration completion stamped)
- b. Acceptable Documentation
- c. Payment (There is a \$10.00 badge application fee)

If all the above are provided to Airport Operations, they will:

- d. Take your picture
- e. Make an ID
- f. Submit for a Security Threat Assessment (STA). It usually takes 3 days to get results.  
(Note: for individuals born outside the U.S., it will take a longer)

### **Step 6. Security Threat Assessment (STA) results**

When Airport Operations receives the results of your STA, they will notify you by the e-mail listed on your application, and will inform you that you can return to Airport Operations and pick up your badge.

### **Step 7. Return to Airport Operations for Badge Issuance**

**REQUEST FOR MCAS YUMA BACKGROUND CHECK**

MCASY 5500/12 (Rev 11-19)

**PRIVACY ACT STATEMENT**

This form collects Personally Identifiable Information (PII) necessary to perform background investigations of individuals desiring access to MCAS Yuma. Authority to collect and maintain this information, including Social Security Numbers, within a system of records includes Title 10 U.S.C. §§5013-41; DoD 5200.8R; MCO P5530.14; and E.O 9397. Disclosure of personal information is voluntary and no adverse action can be taken against individuals for refusing to provide information on this form. However, access to MCAS Yuma may be denied for individuals who decide not to disclose information.

**FOR OFFICIAL USE ONLY**

This form contains information that is provided for official use only and is protected from public disclosure by the Privacy Act of 1974, 5 U.S.C. §552(a). All recipients are required to ensure that this information is used solely for the specific official government business for which it was provided. All users and requestors are required to properly document and store PII pursuant to SECNAVINST 5211.5E and MCAS Yuma StaO 5211.1. Further duplication of this material without prior authorization from this office is not authorized. Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

**INFORMATION CERTIFICATION**

I certify that the information provided below is true and accurate and that:

1. Information disclosure is voluntary; however, failure to provide requested information may impede, delay or prevent processing of this request.
2. Access will be authorized ONLY if presentation of the below listed identification card is presented at the approved time/place of entry.

Verification Officer's Signature:

Position:

Verification Officer's Printed Name:

Phone:

**REASON REQUIRED FOR BACKGROUND CHECK:**

- EMPLOYEE       MILLION AIR       MAINTENANCE PERSONNEL  
 SUPERVISOR       PRIVATE PILOT       OTHER

Duration of the vetting period (Not to exceed 2 years):

**EMPLOYEE/PERSONNEL INFORMATION**

NOTE: Non-U.S. Citizens must call Pass & Registration (928) 269-2888 for an appointment to make an appointment to fill out this form in person. Please arrive with driver's license, alien resident card, and **original** Social Security Card. No Xerox Copies.

Full Last Name, First, Middle (No initials):

DOB:

Full Home Address (City/State/Zip):

State Issued DL/ID# /State:

SSN #:

Phone:

Alien Resident Card #:

Place of Birth (City/State):

Place of Birth (Country):

IF NOT A U.S.BORN CITIZEN, HAVE YOU BECOME A NATURALIZED U.S. CITIZEN? Select one  YES  NO

U. S. PASSPORT  
/CARD#  
(IF NATURALIZED):

NATURALIZATION  
CERTIFICATE#  
(IF NATURALIZED):

GENDER:

RACE:

ETHNICITY:

HEIGHT:

WEIGHT:

HAIR:

EYES:

**EMPLOYEE/PERSONNEL STATEMENT OF UNDERSTANDING**

I UNDERSTAND ALL PERSONS ACCESSING THE YUMA INTERNATIONAL AIRPORT/MILLION AIR/PRIVATE PILOT HANGARS ARE SUBJECT TO ALL SECURITY AND BASE ACCESS REQUIREMENTS, AND BY SIGNING BELOW I CONSENT TO A CRIMINAL BACKGROUND CHECK. I UNDERSTAND THAT IF I WISH AN EXTENSION OF ACCESS I MUST SUBMIT A NEW REQUEST UPON THE EXPIRATION OF THIS REQUEST.

I ACKNOWLEDGE THAT IF I HAVE HAD A BACKGROUND CHECK DONE BY MCAS YUMA THAT MY VETTING WILL BE RUN EVERY 90 DAYS TO VERIFY IF ANY NEGATIVE INFORMATION IS DETERMINED.

I UNDERSTAND THAT IF I AM FOUND ABOARD THE BASE IN A LOCATION NOT REQUESTED IN THIS FORM I MAY BE SUBJECT TO REMOVAL AND DEBARMENT FROM THE BASE AND CRIMINAL PENALTIES.

I UNDERSTAND THIS FORM WILL BE REJECTED IF THE INFORMATION IS INCOMPLETE OR ILLEGIBLE.

Signature of Employee/Personnel:

Date:

**FOR PASS AND REGISTRATION USE ONLY**

GVO Signature:

Date:

GVO Typed Name

designed in Adobe LiveCycle Designer ES4

# AOA APPLICATION

## Yuma International Airport

### SECTION I: APPLICANT INFORMATION

Last Name		First Name			Middle Name		
Aliases		Gender	Height (ft/in)	Weight (lbs)	Eye Color	Hair Color	Social Security Number
Date of Birth (MMDDYYYY)	Country of Citizenship	Country of Birth		State of Birth	City of Birth		
Address		City		State	Zip Code		
Company Name		Mobile Phone		E-Mail			

*For those applicants who are not United States Citizens or are United States Citizens who were born abroad, MUST provide additional immigration documentation.*

### SECTION II: ID RULES AND REQUIREMENTS

As a condition of obtaining/retaining the privilege of unescorted access to the Yuma International Airport AOA the undersigned agrees to the following:

1. I will comply with all the rules and regulations promulgated by the Yuma International Airport, the Transportation Security Administration, and the Federal Aviation Administration regarding airport access and use.
2. I will use my AOA access media each time I enter a restricted area and understand that once I am issued an AOA access media I will then be unescortable
3. I will challenge those persons found in the AOA that seem suspicious or out of place and report those individuals to Airport Operations.
4. I will not permit persons to enter the AOA unless they are authorized to do so by the airport or are under my escort.
5. I will ensure that persons under my escort in the AOA remain within my sight and control at all times.
6. I will not escort any person who has been issued a Yuma International Airport badge.
7. I will not leave any open, unsecured gate or door unattended.
8. I will not leave any door or gate unsecured after use.
9. I will enter only those areas I am authorized to enter.
10. I will not permit other persons to use my AOA access media.
11. I will immediately report the loss or theft of my AOA access media to Airport Operations.
12. I understand that the AOA access media issued to me remains the property of the Yuma International Airport and I will surrender it on demand.
13. I will comply with the restrictions on divulging sensitive security information as described in part 1520
14. I will not tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.
15. I will not enter, or be present within, a secured area, AOA, SIDA or sterile area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.
16. I will not use, allow to be used, or cause to be used, any airport-issued or airport-approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in the AOA in any other manner than that for which it was issued by the appropriate authority.
17. I understand that a violation of one or more of these rules may lead to fines, criminal charges, and suspension or revocation of my AOA access media.

The information I have provided is true, complete, and correct to the best of my knowledge and belief. I understand that the privilege of unescorted access to the AOA is not an entitlement and may be revoked at any time by the Yuma International Airport.

Applicant's Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION III: AUTHORIZED SIGNATORY

note: This section is not completed by the badge applicant

Employer/Company	Authorized Signatory's Name (Printed)	Authorized Signatory's Phone Number
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Badge Type:  DRIVER  NON-DRIVER Driver's Training Date: \_\_\_\_\_ Escort Authority:  YES  NO

I certify that this applicant is actively employed by the above listed employer/company, requires unescorted access to the Air Operations Area at Yuma International Airport and acknowledges their security responsibilities under 49 CFR 1540.105.

I understand that the applicant's Airport Identification Media will be returned promptly upon request, termination, or when access is no longer needed. The employer also acknowledges responsibility as the secondary payer of any penalty charges for the loss of the AOA Media should this applicant fail in their primary responsibility to pay.

Authorized Signatory's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION IV: 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 or Title 18 of the United States Code).

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.

Applicant's Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## SECTION V: PRIVACY ACT NOTICE

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

**Purpose:** The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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 system (including civil, criminal, and latent fingerprint repositories). The FBI may retain your fingerprints and associated information/biometrics 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 the fingerprints for enrollment into the US-VISIT's 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's records to ensure validity of your name and SSN.

**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/TSA 002. For as long as your fingerprints and associated information/biometrics 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 identification media.

I have read and understand this Privacy Act Notice.

Name (Printed): \_\_\_\_\_

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

\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

Company Code:

ID Number:

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**Identification Verification:**

I.D. Verification: Type #1: \_\_\_\_\_ Type #2: \_\_\_\_\_

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

Second Check of Paperwork: \_\_\_\_\_

P I N #

**TSA Threat Assessment Received:**     Approved     Denied    Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for AOA ID:**     Approved     Denied    Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**ASC Authorization:**     Approved     Denied    Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**ID Fee Payment:**    **Payment Type**     Credit Card     Cash/Check    Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Training:**

I certify that the listed applicant satisfactorily completed AOA Access Training per 49 CFR Part 1542.213(c).

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

I certify that the listed applicant has completed the Yuma International Airport driver's training.

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

**Badge Issued:**

Date ID Issued: \_\_\_\_\_ ID Issued By: \_\_\_\_\_ ID Expiration: \_\_\_\_\_

Date ID Returned: \_\_\_\_\_ ID Received By: \_\_\_\_\_ Date ID Lost: \_\_\_\_\_

Reason for ID Revoked or Returned: \_\_\_\_\_