

TOWN OF ISLIP
DEPARTMENT OF AVIATION AND TRANSPORTATION
DIVISION OF AIRPORT LAW ENFORCEMENT

LONG ISLAND MACARTHUR AIRPORT
100 ARRIVAL AVENUE/ SUITE 100
RONKONKOMA, NY 11779
631-467-3315 FAX 631-467-3291

Phil Nolan
Town Supervisor

Teresa Rizzuto
Commissioner



Eric M. Hofmeister
Deputy Commissioner

Greg DeCanio
Chief

April 15, 2009

To all Tenants:

Due to new regulations put forth by the Department of Homeland Security and the Transportation Security Administration, the Airport Operator is now required to conduct STA's (Security Threat Assessment's) and issue identification media to individuals with unescorted access to the AOA (Air Operations Area). Effective June 1, 2009, all personnel with regular and recurrent access to the AOA must be badged through the Airport Identification Section. All persons meeting these criteria must present their names to their Tenant Operator so you may be vetted for approval to be badged. It will be a further requirement that any person requiring an AOA badge must first attend a mandatory training session conducted by the LIMA Safety & Training Division. You will be notified of multiple dates and locations that these training sessions will occur.

After the effective date of June 1, 2009, any person without an Airport AOA badge will no longer be permitted unescorted access into the AOA. Any questions, feel free to contact Deborah McClure in the Airport Identification Section at 631-467-3315.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg DeCanio". The signature is fluid and cursive, with a large initial "G" and "D".

Greg DeCanio
Chief of Airport Law Enforcement

cc: Teresa Rizzuto, Commissioner

The following Documents will need to be shown to the Airport Identification Section to receive your badge:

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. 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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. 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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
9. Driver's license issued by a Canadian government authority		
6. 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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



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APPLICANT: (Print in black ink only)

SSN: _____

Last Name: _____ First Name: _____ Middle Name: _____

Aliases or Former Names: _____

Are you a Citizen of the United States? Yes No

If not, provide Alien No. Admission No. Employment Authorization No. _____

DOB: _____ Place of Birth: _____ Gender: Male Female
(State/Country)

Eyes: _____ Hair: _____ Height: _____ Weight: _____

Race: Asian African American/Black Caucasian Latino Native American Unknown

Drivers License No. _____ State Issued From: _____ Expiration Date: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

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 of Title 18 of the United States Code).

Applicant Signature: _____ Date: _____

A.O.A ACCESS

SIGNATORY AUTHORITY: (Print in black ink only)

Company Name / Aircraft Location: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Business Phone: _____ Fax No.: _____

Signatory Authority (Please print name): _____

By my signature I certify: that I am an authorized representative of the above employer and as such may execute (sign) this application; that the foregoing information is true, accurate and all information is verified; that (the named) employer authorizes a Security Threat Assessment be obtained from the TSA for badging authorization; and that the employee's AOA Badge will be returned upon request, termination, or when access is no longer required; that the above named applicant is required to have access to the Airport Operations Area.

Signatory Authority Signature: _____ Date: _____

Authority: 49 U.S.C. §114 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 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. 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 to compare that information against SSA's records to ensure the 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 Assessment Systems (T-STAS), DHS/TSA 002.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the completion of your security threat assessment, which may prevent your access to the air operations area, secured area, sterile area, SIDA, or other area or purpose for which personnel identification media are issued.

CERTIFICATION

"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 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."

Signature: _____ Date of Birth: _____

SSN and Full Name (Print) _____

Employer: _____