Access/Identification Media Application

Must present two unexpired forms of ID (First and Last Names must match exactly)

PERSONAL INFORMATION (Please either type or write legibly – Cannot both type and write on form).

EMPLOYER NAME _____

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

OTHER NAMES USED (PROVIDE THE GIVEN NAME AND SURNAME) _____ SSN _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____ COUNTRY _____

DOB _____ SEX M ☐ F ☐ PHONE _____ RACE _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

DRIVER'S LICENSE NUMBER
(IF NO DRIVER'S LICENSE, LEAVE BLANK) _____ 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 DOCUMENT NUMBER _____

ALIEN REGISTRATION NUMBER _____ U.S. CERTIFICATE OF BIRTH ABROAD
(DS-1350 OR FOREIGN COUNTRY) YES ☐ NO ☐

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
MUST CHECK ONLY ONE
SECURED ☐ STERILE ☐ AIRPORT WIDE ☐ CARGO AREA ☐ GENERAL AVIATION ☐ MRO ☐

DRIVER'S TRAINING
RAMP (REQ. RAMP TRAINING) ☐ AOA (REQ. OPS TRAINING) ☐ ACTAXI OR TWY (REQ. OPS TRAINING) ☐

ESCORT
MUST CHECK ONE
WILL ESCORT (ATTACH ESCORT FORM) ☐ WILL NOT ESCORT ☐

ARMED (LEO ONLY) YES ☐ NO ☐

US CUSTOMS (FIS) AREA YES ☐ MUST COMPLETE AND SUBMIT CBP FORM 3078 TO CUSTOMS LOCATED ON THE GROUND FLOOR OF THE TERMINAL FOR APPROVAL. CBP FORM 3078 CAN BE FOUND ON THE BADGING OFFICE WEBPAGE.

EMPLOYEE PARKING
MUST HAVE DRIVER'S LICENSE
YES ☐

EMPLOYER INVOICE YES ☐

3 MO. ☐ 6 MO. ☐ 9 MO. ☐ 12 MO. ☐ CREDIT TRANFER INVOICE ONLY

AUTHORIZED SIGNATORY CERTIFICATION

I HEREBY CERTIFY THAT ALL CONDITIONS OF TSA REGULATION 49CFR, PARTS 1540, 1542, 1544 AND 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 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 NAME (PLEASE PRINT) AUTHORIZED SIGNATORY'S SIGNATURE DATE

5/15/2026

Criminal History Records Check
Fingerprint Submission Application

I, _____ , 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**

I understand that in the interest of safety and security, the Metropolitan Nashville Airport Authority reserves the right to deny an individual an ID badge based on factors other than the results of the Criminal History Record Check (CHRC) or Security Threat Assessment (STA). _____ **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.

_____ _____ Identification Verified by Trusted Agent: _____

APPLICANT SIGNATURE **DATE** **(INITIAL HERE)**

MNAA Badging Office

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 operatorissued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the Centralized Revocation Database for five (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 _____

MNAA Badge Holder Responsibilities

General Security Responsibilities

As an MNAA badge holder I understand and will comply with the following requirements:

My MNAA badge is the property of the Airport Authority. Any MNAA representative is allowed to inspect my badge to verify personal identification and to ensure compliance with current regulations.

_____ **INITIAL**

My MNAA badge must be returned immediately to the identification office if any of the following occur: resignation, termination, transfer, lay off, or for any other reason the badge is no longer needed.

_____ **INITIAL**

My MNAA badge is for Official Use Only. I will not tamper with, mutilate, loan, borrow, or reproduce my badge in any manner.

_____ **INITIAL**

I understand that I am subject to both criminal history and background record checks. I also understand that I am required to immediately report any changes to my criminal history to the MNAA ID Office.

_____ **INITIAL**

I will keep my badge secured at all times and I will also keep my Personal Identification Number (PIN) confidential.

_____ **INITIAL**

I will not access, or attempt to access, any area of the airport without a valid OPERATIONAL NEED.

_____ **INITIAL**

I will not bring, carry or transport any items on the TSA Prohibited Item List on to airport property without a valid operational need.

_____ **INITIAL**

I understand that the Shuttle Station and Satellite Concourse is not accessible from the RAMP and I must utilize the shuttle bus provided from the main terminal.

_____ **INITIAL**

I acknowledge the above responsibilities:

PRINT NAME _____

COMPANY _____

SIGNATURE _____ **DATE** _____

MNAA Badge Holder Responsibilities

Challenge Program Responsibilities

As a BNA Badge Holder I understand that:

1. I am responsible for challenging any person or persons, not properly wearing or displaying their BNA badge within the Airport Operations Area (AOA), Secured Area (SA), or Security Identification Display Area (SIDA).

_____ **INITIAL**

2. I am responsible for challenging an individual and for verifying the following: (a) the individual challenged is in possession of a BNA badge, (b) the badge is not expired, (c) the picture matches the individual being challenged and (d) the individual is in an authorized area.

_____ **INITIAL**

3. I am responsible for immediately reporting any individual that refuses to comply with my request to challenge to the Airport Communications Center at 615-275-1703.

_____ **INITIAL**

4. I understand that if I fail to follow the above challenge procedures I am subject to a Breach of Rules which cares the following penalties:

As a BNA Badge Holder I understand that:

a. 1st Breach of Rules – access suspended for 48 business hours
b. 2nd Breach of Rules – access suspended for 72 business hours
c. 3rd Breach of Rules – access suspended for six months

_____ **INITIAL**

PRINT NAME _____

COMPANY _____

SIGNATURE _____ **DATE** _____

NOTE: Individuals that dispute the receipt of a Breach of Rules must do so in writing to the Airport Security Coordinator (ASC) within 5 business days. The ASC will review the incident and issue a decision. All decisions by the ASC are final.

BNA
Nashville International Airport®

SMS Safety Policy Statement

At the Metropolitan Nashville Airport Authority (MNAA), safety stands as our paramount priority. Safety is a core value that we ingrain across our operation. We are committed to maintaining a safe and secure environment for all employees, partners, tenants, and the public. Our Part 139 regulated Safety Management System (SMS) is designed to identify, assess, and mitigate risks and to foster a culture where every employee and leader within our organization recognizes they are responsible for safety.

MNAA is committed to implementing an SMS through the following objectives:

- Integrating safety into all aspects of the Airport's operations, eliminating its perception as a separate compliance obligation
- Providing the necessary resources to execute our SMS program
- Identifying hazards, assessing their risk, and developing and implementing pragmatic mitigation strategies in collaboration with our partners, where appropriate and where possible
- Providing a reporting tool which ensures confidentiality for Airport staff and key stakeholders to ensure that safety concerns and/or hazards are reported
- Pursuing continuous improvement by systematically measuring safety performance indicators
- Engaging all stakeholders in the safety process through various means of collaboration
- Holding MNAA managers and leaders accountable for integrating safety into all aspects of the Airport's operations
- Providing thoughtful training programs to increase knowledge of staff with key roles in and functions within the Airport's SMS program

Every employee and leader bear the responsibility for our safety performance, underscoring our collective commitment to safety excellence.

Pick Safety. It's Everyone's Responsibility.

Adam Floyd, A.A.E
EVP & Chief Operating Officer
Metropolitan Nashville Airport Authority

☐ I acknowledge that I have read and understand the SMS Safety Policy Statement

Name	Signature	Date

Effective 5/27/2026