

FINGERPRINT APPLICATION FORM

Full Name

| | | |
|---------|---------------|--------|
| (First) | (Full Middle) | (Last) |
|---------|---------------|--------|

Have you been convicted or found not guilty by reason of insanity, in any jurisdiction, of any of the following crimes within the last 10 years:

- | | | | |
|------|-----------|----------|--|
| (1) | Yes _____ | No _____ | Forgery of certificates, false making of aircraft, and other registration violations. |
| (2) | Yes _____ | No _____ | Interference with air navigation. |
| (3) | Yes _____ | No _____ | Improper transportation of a hazardous material. |
| (4) | Yes _____ | No _____ | Aircraft piracy. |
| (5) | Yes _____ | No _____ | Interference with flightcrew members or flight attendants. |
| (6) | Yes _____ | No _____ | Commission of certain crimes aboard aircraft in flight. |
| (7) | Yes _____ | No _____ | Carrying a weapon or explosive aboard aircraft. |
| (8) | Yes _____ | No _____ | Conveying false information and threats. |
| (9) | Yes _____ | No _____ | Aircraft piracy outside the special aircraft jurisdiction of the United States. |
| (10) | Yes _____ | No _____ | Lighting violations involving transporting controlled substances. |
| (11) | Yes _____ | No _____ | Unlawful entry into an aircraft or airport area that serves air carrier or foreign air carriers contrary to established security requirements. |
| (12) | Yes _____ | No _____ | Destruction of an aircraft or aircraft facility. |
| (13) | Yes _____ | No _____ | Murder. |
| (14) | Yes _____ | No _____ | Assault with intent to commit murder. |
| (15) | Yes _____ | No _____ | Espionage |
| (16) | Yes _____ | No _____ | Sedition. |
| (17) | Yes _____ | No _____ | Kidnapping of hostage taking. |
| (18) | Yes _____ | No _____ | Treason. |
| (19) | Yes _____ | No _____ | Rape or aggravated sexual abuse. |
| (20) | Yes _____ | No _____ | Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon. |
| (21) | Yes _____ | No _____ | Extortion. |
| (22) | Yes _____ | No _____ | Armed or felony unarmed robbery |
| (23) | Yes _____ | No _____ | Distribution of, or intent to distribute, a controlled substance. |
| (24) | Yes _____ | No _____ | Felony arson. |
| (25) | Yes _____ | No _____ | A felony involving a threat. |
| (26) | Yes _____ | No _____ | A felony involving willful destruction of property |
| (27) | Yes _____ | No _____ | A felony involving importation or manufacture of a controlled substance. |
| (28) | Yes _____ | No _____ | A felony involving burglary. |
| (29) | Yes _____ | No _____ | A felony involving theft. |
| (30) | Yes _____ | No _____ | A felony involving dishonesty, fraud, or misrepresentation. |
| (31) | Yes _____ | No _____ | A felony involving possession or distribution of stolen property. |
| (32) | Yes _____ | No _____ | A felony involving aggravated assault. |
| (33) | Yes _____ | No _____ | A felony involving bribery. |
| (34) | Yes _____ | No _____ | A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. |
| (35) | Yes _____ | No _____ | Violence at international airports. |
| (36) | Yes _____ | No _____ | Conspiracy or attempt to commit any of the criminal acts listed. |

I understand my signature below reflects that I have not been convicted of any of the above listed disqualifying crimes during the past ten year period. Federal Regulations under 49 CFR 1542.209 (1) imposes a continuing obligation to disclose to the airport operator within 24 hours if you have been convicted of any disqualifying criminal offense that occurs while you have unescorted access authority to the Secured Area or Security Identification Display Area (SIDA) at the Capital Region International Airport (LAN). 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 fine or imprisonment or both. (See section 1001 of Title 18 United States Code.)

Name (please print) _____

Signature: _____ Date _____