



**U.S. VIRGIN ISLANDS PORT AUTHORITY
CYRIL E. KING AIRPORT
ID BADGE APPLICATION**

COMPANY (TENANT) NAME LITTLE ST. JAMES LLC

LOCATION ST. THOMAS, V.I. TELEPHONE NO. [REDACTED]

ID APPLICANT/REQUESTOR NAME: LEON A. CASEY, SR.
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

PHISICAL ADDRESS [REDACTED]

MAILING ADDRESS: SAME AS ABOVE

TELEPHONE NO: [REDACTED]

PLACE OF BIRTH: ST. THOMAS (HOME) CITIZENSHIP: U.S. (CELL) PASSPORT NO. _____
V.I.

PASSPORT ISSUING CONTRY _____ RESIDENT ALIEN NO. _____

SSN# [REDACTED] SEX: [REDACTED] IT: [REDACTED]

HAIR COLOR: _____ EYE COLOR: BROWN AOA: YES NO

ESCORT PRIVILEGE: YES NO DRIVING PRIVILEGE: YES NO TERMINAL: YES NO

[REDACTED] 2/2/2010 X
DATE Requesting Supvr./Mgr. Signature DATE

By my signature and authorized by the above employer (tenant) to execute (sign) this application, I hereby certify that based upon this company's verification of the information contained within this application, the information presented has been determined to be true and accurate. As its representative, I certify that the above employer (tenant) has obtained and will maintain a ten-year employment history and five-year employment verification, on file for the above applicant. I certify that the above company (tenant) will provide information to the officials of the Transportation Security Administration (TSA) or Virgin Islands Port Authority (VIPA) upon request, to include applicable records of those employees who are terminated or whose access is no longer required.

The above employer (tenant) agrees that should VIPA be fined by TSA for any security violation resulting from negligence by this employer (tenant) associated with this certification; the VIPA will place responsibility on this employer (tenant) for reimbursement or direct payment to VIPA for any fine levied for each violation.

SIGNATURE OF EMPLOYER (TENANT) REPRESENTATIVE _____
Name

TITLE: _____ DATE: _____
MONTH DATE YEAR

THIS CERTIFIES THAT I HAVE RECEIVED FROM THE PORT AUTHORITY A RESTRICTED AREA IDENTIFICATION BADGE/CARD ACCESS MEDIA.

I UNDERSTAND THAT THE IDENTIFICATION BADGE/CARD MEDIA REMAINS THE PROPERTY OF TH PORT AUTHORITY, AND MAY BE RECLAIMED BY THE AUTHORITY SHOULD MISUSE OR ABUSE BE DISCLOSED.

I FURTHER UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE PORT AUTHORITY AND ANY OTHER RULES AND REGULATIONS CONCERNING THE RESRRICTED AREA IDENTIFICATION BADGE/CARD ACCESS MEDIA

EMPLOYEE APPLICANT SIGNATURE _____ DATE _____

FOR VIPA USE ONLY

ID MEDIA
DISAPPROVED _____ APPROVED _____

ID MEDIA ISSUED BY _____

I, LEON A. CASEY, SR (Print Name) HEREBY AUTHORIZE VIPA SECURITY OFFICE TO CONDUCT A

CRIMINAL HISTORY RECORD CHECK FOR THE PAST TEN (10) YEARS.

[REDACTED SIGNATURE]

SIGNATURE

2/2/2010
DATE

(FOR VIPA USE ONLY)

SIDA

BLUE/RED & BLUE

MAROON/GREEN

BLUE & GREEN

GREEN/RED & BLUE

BADGE #: _____

NON-SIDA

RED/WHITE

GREEN/RED

BLUE/RED

WHITE/BLUE

BLUE/GREEN

ESCORT

RAMP PRIVILEGE

ARMED

ISSUE DATE: _____

EXP. DATE: _____

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING INFORMATION:

1. I AGREE TO ABIDE BY THE RULES AND REGULATIONS ESTABLISHED UNDER 49 CFR, PARTS 1520, 1540, 1542, AND 1544.
2. AN ID BADGE CAN ONLY BE USED BY THE PERSON TO WHOM IT IS ISSUED.
3. EVERY PERSON WHO HAS BEEN ISSUED AN AIRPORT ID BADGE HAS THE INDIVIDUAL, PERSONAL RESPONSIBILITY FOR CHALLENGING ANY INDIVIDUAL IN THE SIDA AREA WHO IS NOT DISPLAYING AN AIRPORT APPROVED ID, OR WHOSE ID DOES NOT MATCH THE BADGE HOLDER.
4. LOST OR STOLEN ID BADGES WILL BE IMMEDIATELY REPORTED TO THE VIPA SECURITY OFFICE. A LOST/STOLEN REPORT MUST BE COMPLETED AT THAT TIME.
5. I AGREE TO RETURN THE ID BADGE TO THE SAFETY AND SECURITY OFFICE SHOULD I QUIT, BE TERMINATED, TRANSFERRED OR LAID OFF OR LEAVE THE EMPLOYMENT OF THE TENANT; ALSO BEFORE EXPIRATION DATE PRINTED/TYPED ON FRONT OF ID BADGE/MEDIA.
6. ALL APPLICATIONS MUST LIST ANY CRIMINAL CONVICTIONS OCCURRING IN THE PAST TEN YEARS.
7. ALL APPLICANTS WILL BE SUBJECT TO AN EMPLOYMENT HISTORY VERIFICATION AND A POSSIBLE FBI CRIMINAL HISTORY RECORDS CHECK. IF A CRIMINAL HISTORY RECORDS CHECK DISCLOSES A DISQUALIFYING CONVICTION, UNESCORTED ACCESS PRIVILEGES WILL BE DENIED.
8. IF A COPY OF THE CRIMINAL HISTORY RECORD CHECK IS REQUESTED BY THE APPLICANT, THAT REQUEST MUST BE MADE IN WRITING.
9. A WRITTEN RECORD OF ANY INVESTIGATION CONDUCTED WILL BE MAINTAINED BY THE EMPLOYER FOR 180 DAYS AFTER TERMINATION OF THE INDIVIDUAL'S UNESCORTED ACCESS PRIVILEGES.
10. THE REGULATIONS REQUIRE THAT AN INDIVIDUAL HAS THE RIGHT TO CHALLENGE THE ACCURACY OF HIS/HER CRIMINAL HISTORY RECORD. THIS RULE REQUIRES THAT THE INDIVIDUAL MUST NOTIFY THE AIRPORT OPERATOR (VIPA) OR ITS DESIGNEE WITHIN 30 DAYS OF RECEIPT OF HIS/HER INTENT TO CORRECT ANY INFORMATION BELIEVED TO BE INACCURATE.
11. A LIST OF THE DISQUALIFYING CRIMES FOLLOWS. (SEE PAGE 3)
12. I UNDERSTAND THAT THE ID MUST BE WORN AND PROPERLY DISPLAYED AT ALL TIMES, AND WILL ACCESS ONLY AREAS I AM AUTHORIZED TO BE IN.
13. THE AIRPORT-ISSUED BADGE/CARD ACCESS MEDIA REMAINS THE PROPERTY OF THE PORT AUTHORITY AT ALL TIMES.

DISQUALIFYING CRIMINAL OFFENSES

HAVE YOU EVER BEEN CONVICTED, OR FOUND NOT GUILTY BY REASON OF INSANITY, OR ANY OF THE FOLLOWING CRIMES LISTED BELOW IN ANY JURISDICTION IN THE LAST 10 YEARS?

1	Forgery of certificates, false marking of aircraft, and other registration violation, 49 U.S.C. § 46306.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
2	Interference with air navigation, 49 U.S.C. § 46308.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
3	Improper transportation of a hazardous material, 49 U.S.C. § 46312.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
4	Aircraft piracy, 49 U.S.C. § 46502.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
5	Interference with flight crew members or flight attendants, 49 U.S.C. § 46504.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
6	Commission of certain crimes aboard aircraft in flight, 49 U.S.C. § 46506.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
7	Carrying a weapon or explosive aboard aircraft, 49 U.S.C. § 46505.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
8	Conveying false information and threats, 49 U.S.C. § 46507.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
9	Aircraft piracy outside the special aircraft jurisdiction of the United States, 49 U.S.C. § 46502.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
10	Lighting violations involving transporting controlled substances, 49 U.S.C. § 46502(b).	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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. § 32.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
12	Destruction of an aircraft or aircraft facility, 18 U.S.C. § 32.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
13	Murder.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
14	Assault with intent to murder.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
15	Espionage.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
16	Sedition.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
17	Kidnapping or hostage taking.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
18	Treason.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
19	Rape or aggravated sexual abuse.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
20	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
21	Extortion.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
22	Armed or felony unarmed robbery.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
23	Distribution of, or intent to distribute, a controlled substance.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
24	Felony arson.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
25	A felony involving a threat.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
26	A felony involving willful destruction of property.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
27	A felony involving importation or manufacture of a controlled substance.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
28	A felony involving burglary.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
29	A felony involving theft.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
30	A felony involving dishonesty, fraud or misrepresentation.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
31	A felony involving possession or distribution of stolen property.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
32	A felony involving aggravated assault.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
33	A felony involving bribery.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
34	A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
35	Violence at international airports.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
36	Conspiracy or attempt to commit any of the criminal acts listed above.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

ID BADGE APPLICATION

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Please initial and sign below

Under Federal regulations, 49 CFR 1542.209(1), you have a continuing obligation to disclose to the Port Authority within 24 hours if you are convicted or found not guilty by reason of insanity of any disqualifying criminal offense that occurs while you have unescorted access privileges granted by the Port Authority. _____

I hereby certify that I do not have any of the disqualifying criminal offenses listed above.

“The information I have provided is true, complete, and correct to the best of my knowledge and belief and 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 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 fine or imprisonment or both” _____

Signature:



Date of Birth:



SSN and Full Name:

LEON A. CASEY, SR





VIRGIN ISLANDS PORT AUTHORITY
POLICE DIVISION
PO BOX 301707
ST. THOMAS, U.S.V.I. 00803-1707
(340)-714-6655, OR (340)-714-6667
FAX: (340)-714-1494



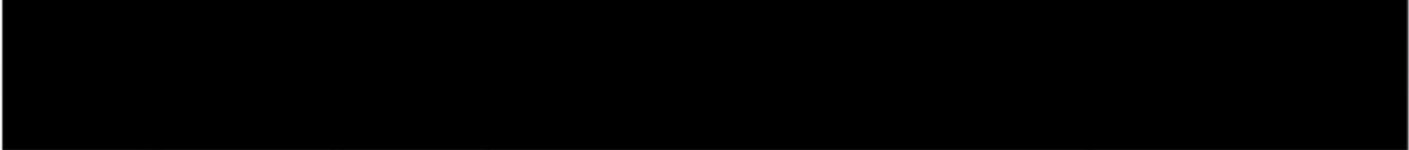
APPLICATION FOR DRIVER'S PERMIT
Please Print or Type

LITTLE ST. JAMES, LLC
(Requesting Agency)

LEON
(First Name)

A.
(Middle Initial)

CASEY, SR
(Last Name)



SAME AS ABOVE
(Mailing Address)

[Redacted]
(Date of Birth) (Age) (Sex) (Height) (Weight)

[Redacted] 2011
(Driver's License No.) (Expiration Date)

I _____, certify that the individual listed above is employed by our company and has received instructions to drive safely and in a responsible manner for a vehicle to be assigned to him/her, and that he/she must adhere to the Rules and Regulations of the Virgin Islands Port Authority.