Swac Becure Worker Access Consortium Application Wizard For customer service, call: 1-877-522-7922 MADE IN THE USA
TEP 1: Corporate Sponsorship 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
UESTION: Have you ever been a member of the SWAC (Secure Worker Access Consortium) Trusted Contractor Community?
yes on o If 'Yes', then please enter your Membership ID number here (not required): #### - XXXXXX
UESTION: Do you have a Sponsor Account ID Number?
yes ◎ no ◎ If 'Yes', then please enter it here:
PI, TRCD
or security purposes, please enter the text from the image above.
Security Code:
ONTINUE TO STEP 2 OF 16

SWA Secure Worker Access Consor		ation Wizard	For customer service, call: 1-877-522-7922 MADE IN THE USA
STEP 2: Agency or U	5 6 7 8	9 10 11 12 13 14 lication is being submitted.	15 16
		Please select:	
Con	tractor: 🖲 🦳		r a subcontractor at one of the Agencies'
Em	ployee: 🔘	'Employee' if you are a dire	ect employee of, and your paycheck come
Union M	ember: 🔘	• 'Union Member' if you are	n the selection menu below. self-sponsoring or sponsored by a Union below (after selecting Union Member).
PLEASE MAKE SURE Y result in additional card please contact your spo	OUR SELECTIONS reprinting fees. If ye nsoring company's [e Agency	EDING. Failure to do so may t for your specific application, tive (DSR), for guidance.
	yes 🔘 no If 'Yes', the	n please enter it here:	
This application is being o	completed by:		
this application is	Applicant		
ompleted by the DAC, DSR, or any other orporate representative,	© Designated	Administrative Contact Please S	Select
WAC strongly ecommends that a signed, rinted copy be retained	Designated	Security Representative Please	e Select
or your protection.	◎ Other:		
CONTINUE TO STEP 3 OF 16			

Secure Worker Access Consortium	plication Wizard	For customer service, call: 1-877-522-7922 MADE IN THE USA	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16			
Please enter the following information			
Gender: Male 🔘	Female 🔘		
Prefix: Dr. 🔘 Mr	. 🔘 Mrs. 🔘 Ms. 🔘 Sr. 🔘 None	۲	
First Name:	Middle Name:		
Last Name:	Suffix:		
Date of Birth: MM 💌 /	DD 🗸 / YYYY 💌		
Place of Birth: Country State/Re City:	gion: Select State		
Mother's Maiden Name:	Mother's Maiden Name: (last name only)		
QUESTION: Are you a United States	citizen?		
yes 🔘	yes 🔘 no 🔘		
Social Security Number: [Social Security Number: (Not required for non-U.S. citizens)		
Country of Citizenship:	Select Country		
National ID #:			
Alien Registration Number:	(aka Gree	n Card)	
Passport Country:	Select Country		
Passport Number:			
Non-Immigrant Visa Type:	Select Type		
Non-Immigrant Visa Number:			
CONTINUE TO STEP 4 OF 16			

Swac Secure Worker Access Consortium	For customer service, call: 1-877-522-7922 MADE IN THE USA
STEP 4: Physical Characteristics	15 16
Please enter or confirm the following information:	
Ethnicity (optional): Select 💌 (optional)	
Eye Color: Select 💌	
Hair Color: Select	
Weight: Ibs.	
Height: ft in.	
CONTINUE TO STEP 5 OF 16	

Ethnicity Options Eye Color Options Hair Color Options Hairless African American Blue Black Asian Brown Green Blonde Caucasian Hispanic Hazel Brown / Brunette Gray / Silver Other Light Brown Red Other

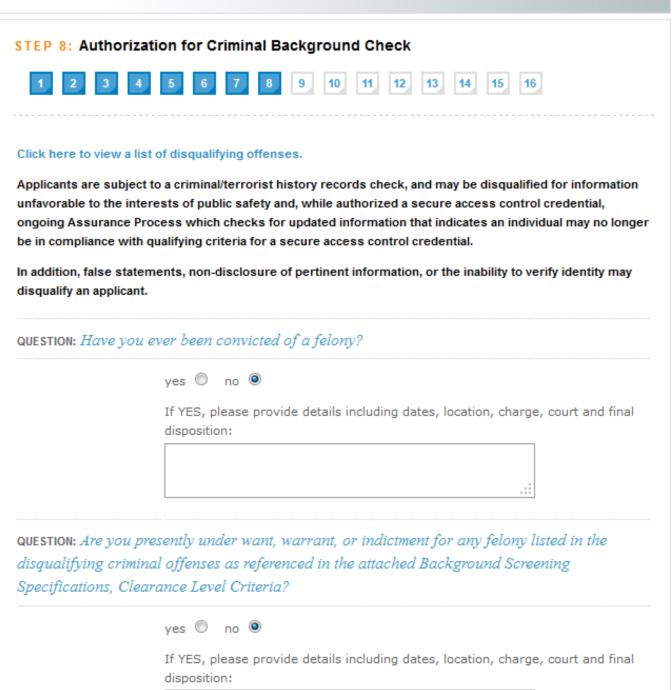


STEP 5: Contact Information 1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16
Please enter or confirm the following information:	
Email:	
Alternate Email:	
Home Phone: USA 💌 011-1-	© Primary Phone
Mobile (Cell) Phone: USA 💌 011-1-	O Primary Phone
Business Phone: USA 💌 011-1-	ext. O Primary Phone
Please enter or confirm the following EMERGENCY CONTACT informat	tion:
Name:	
Relation:	
Phone: USA 💌 011-1-	ext.
Alternate Phone: USA 💌 011-1-	ext.
Click here to enter an alternate Eme	rgency Contact.
CONTINUE TO STEP 6 OF 16	

STEP 6: Home Add	ress Information		
1 2 3 4	5 6 7 8 9	10 11 12 13 14	15 16
Please enter or confirm	the following information rega	arding your current home a	ddress:
Address Line 1:			
City:			
Country:	United States		
State/Region:	Select State		
Zip Code:			
	Time at this address:		
	Time at this address: From: MM / YYYY - To	o: Current	
			the form below and clickir
Please enter any previou	From: MM / YYYY To us home addresses within the on for each historical address.	e last 10 years by filling out	
Please enter any previou the "Add Address" butto	From: MM / YYYY To us home addresses within the on for each historical address. t.	e last 10 years by filling out	
Please enter any previou the "Add Address" butto the 10 year requirement litional Addresses fo	From: MM / YYYY To us home addresses within the on for each historical address. t.	e last 10 years by filling out You can add as many addr	esses as needed to fulfill
Please enter any previou the "Add Address" butto the 10 year requirement litional Addresses fo	From: MM / YYYY To us home addresses within the on for each historical address. t. or 10 year history	e last 10 years by filling out You can add as many addr	esses as needed to fulfill
Please enter any previou the "Add Address" butto the 10 year requirement litional Addresses fo ddress Line 1: 	From: MM / YYYY To us home addresses within the on for each historical address. t. or 10 year history	e last 10 years by filling out You can add as many addr Address Line 1: City:	
Please enter any previou the "Add Address" butto the 10 year requirement litional Addresses fo ddress Line 1: 	From: MM / YYYY To us home addresses within the on for each historical address. t. or 10 year history	Address Line 1:	esses as needed to fulfill
Please enter any previou the "Add Address" butto the 10 year requirement litional Addresses fo ddress Line 1: City: Country: State: Zin Code:	From: MM / YYYY To us home addresses within the on for each historical address. t. or 10 year history	Address Line 1:	esses as needed to fulfill
Please enter any previou the "Add Address" butto the 10 year requirement litional Addresses fo ddress Line 1: City: Country: State: Zip Code:	From: MM / YYYY To us home addresses within the on for each historical address. t. or 10 year history	Address Line 1: City: Country: State:	esses as needed to fulfill
Please enter any previou the "Add Address" butto the 10 year requirement litional Addresses fo ddress Line 1: City: Country: State: Zip Code:	From: MM VYYY To us home addresses within the on for each historical address. t. or 10 year history	Address Line 1: City: Country: State: Zip Code:	esses as needed to fulfill

SWAC Secure Worker Access Consortium	Application Wizard	For customer service, call: 1-877-522-7922 MADE IN THE USA
STEP 7: Business Addr	ess Information (optional)	
1 2 3 4 5	6 7 8 9 10 11 12 13 1	4 15 16
Please enter or confirm the for are not self employed):	ollowing information regarding your current bus	iness address (optional if you
🔲 Use	current Home Address as my Business Addres	55.
Address Line 1:		
City:		
Country: Unit	ted States	•
State/Region: Sel	ect State	
Zip Code:		
CONTINUE TO STEP 8 OF 16		





-- Step 8 continues on the next page --

SSWA Secure Worker Acces	Consortium Application Wizard For customer service, call 1-877-522-7922 MADE IN THE USA
STEP 8: Autho	ization for Criminal Background Check
QUESTION: Have j	ou previously served, and been discharged from the U.S. Armed Forces?
	yes O no O If Yes, Type of Discharge: O Honorable O General (Under Honorable Conditions) O Other Than Honorable Bad Conduct Dishonorable If Dishonorable provide the details of the discharge:
QUESTION: Are yo	lawfully present in the United States?
aliases, former 1	yes \bigcirc no \bigcirc ou ever been known by any other name(s)? Other names include nicknames, arried names, maiden names, or any part of the name of a relative, including nother or father's last name or a grandparent's last name, or foster or adopted
	yes ◉ no ◎ Please add at least one Alias:
	Mr. O Ms. Mrs. Dr. Sr. None First Name: Middle Name: Last Name: Suffix: Suffix:

-- Step 8 continues on the next page --



For customer service, call: 1-877-522-7922

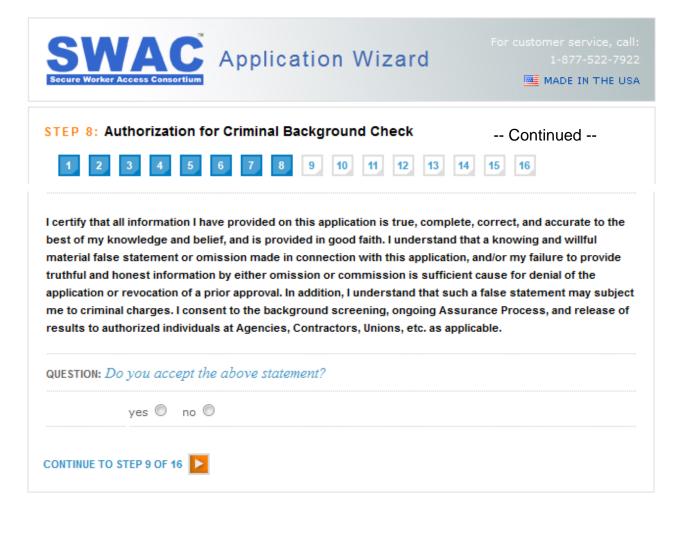
MADE IN THE USA

STEP 8: Authorization for Criminal Background Check			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16			
QUESTION: Select all the states (or "Out of Country: No States") you have WORKED in during the past ten (10) years.			
Alabama	Illinois	Montana	Rhode Island
Alaska	🔲 Indiana	Nebraska	South Carolina
Arizona	🔲 Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	🔲 Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	🔲 Virginia
District Of Columbia	Massachusetts	🔲 North Dakota	Washington
Florida	Michigan	🔲 Ohio	🔲 West Virginia
🔲 Georgia	Minnesota	Oklahoma	Wisconsin
🔲 Hawaii	Mississippi	Oregon	Wyoming
🔲 Idaho	Missouri	Pennsylvania	Out of Country: No States

QUESTION: Select all the states (or "Out of Country: No States") you have RESIDED in during the past ten (10) years.

🔲 Alabama	Illinois	Montana	🔲 Rhode Island
Alaska	🔲 Indiana	Nebraska	South Carolina
Arizona	Iowa	🔲 Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	🔲 North Carolina	🔲 Virginia
District Of Columbia	Massachusetts	🔲 North Dakota	Washington
🔲 Florida	Michigan	🔲 Ohio	West Virginia
🔲 Georgia	Minnesota	Oklahoma	Wisconsin
🗖 Hawaii	Mississippi	Oregon	Wyoming
🔲 Idaho	Missouri	Pennsylvania	Out of Country: No States

-- Step 8 continues on the next page --





Application Wizard

STEP 9: Background Screening Consent Form



I, the undersigned do hereby authorize Secure Worker Access Consortium, LLC (SWAC), to produce a criminal history background report on me for the sole and only purpose of verifying my identity, identifying any criminal, terrorist, or other security-related information which suggests that I may pose a threat to the general public or high-risk areas of facilities, and to assess my truthfulness by validating the data that I supplied on the SWAC Individual Membership Application. I also authorize SWAC to provide my information to the Department of Homeland Security/Transportation Security Administration for security purposes. In addition, I give my continuing consent—while authorized a valid unexpired secure access control credential—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria for a secure access control credential.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal history background report of which I am the subject upon my written request to the independent background screening contractor, if such is made in accordance with the appeals process after the date hereof. Your rights to this program are similar to 15 U.S.C. § 1681 et. seq. as outlined below.

I hereby release SWAC, its independent contractor and/or agents, and any and all persons, business entities and government agencies, whether public or private, which provide information pursuant to this authorization, from any and all liability, claims, demands or lawsuits that I, my heirs or others on my behalf may have, arising from the sharing of such information in accordance with the authority I have give herein, but do not release any of the above from any intentional, negligent and/or improper misuse or misappropriation of such information, or from any other tort or criminal activity.

I understand that this Background Screening Consent Form shall remain in effect for the duration that I am in possession of a secure access control credential. I also understand that my application for a valid unexpired secure access control credential may be terminated, and/or my secure access control credential may be revoked based on any false or fraudulent information, or criminal report which suggests that I may pose a threat to the general public or high-risk areas of facilities.

It is understood that, notwithstanding anything else stated herein, any and all discipline shall be carried out in accordance with the terms and conditions of Local Union's collective bargaining agreements, including but not limited to, the grievance procedures delineated in that agreement. This form does not alter, modify or revise any current collective bargaining agreement(s) entered into between the Local Union(s) and their respective signatory employer(s) and/or employer association(s). By signing this form, I recognize and acknowledge the procedures necessary to obtain a SWAC ID card, but do not in any way surrender or waive any of the rights and privileges I may have under Local Union's collective bargaining agreements.

By signing this form, I am not granting any rights to any public or private individual employer and/or employer association, nor does this form change or modify any of the terms and conditions of my employment.

I willingly give my full consent that information required to verify my identity may be shared with authorized individuals.

I further understand that when biometrics, e.g., fingerprints, iris scans, etc., become a requirement to maintain a secure access control credential, that I shall willingly submit myself for said biometrics.

I understand that a material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval.

I certify that the following is my true and complete legal name, and that all information contained herein and on my SWAC Individual Membership Application is true and correct to the best of my knowledge.

 Full Name of Applicant:

 Date:

 Social Security Number:

 Date of Birth:

 QUESTION: Do you accept the above statement?



STEP 10: Summary of Rights – Criminal History Background Report



Secure Worker Access Consortium, LLC (SWAC) promotes the accuracy, fairness, and privacy of information in the files of the SWAC program and background screening contractors. Here is a summary of your rights under the SWAC program. For more information go to www.secureworker.com or write to: Secure Worker Access Consortium, LLC, Attention: Customer Service Department, 12000 Lincoln Drive West, Suite 308, Marlton, NJ 08053.

You have the right to know what is in your file. You may request and obtain all the information about you in the SWAC database and/or background screening contractor criminal history background report. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your criminal history background report;
- You are the victim of identity theft;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;

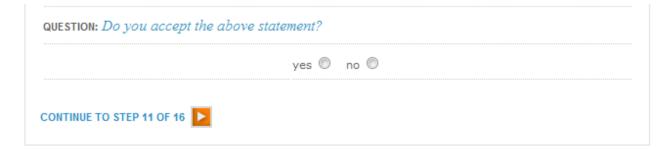
You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the background-screening contractor, the background-screening contractor will direct you to the source of the information so that you may correct it.

Access to your file is limited. All information on file is held in strict confidence by SWAC and the background screening contractor, and by contract may not be sold to or shared with any third party non SWAC consortium member. All data is encrypted using industry best practices in accordance with National Institute of Standards & Technology (NIST) standards. At no time is data stored on desktop, laptop, or handheld PDA type devices. The only information available to authorized security individuals is information provided by the applicant during the application process, and the HIGH, MEDIUM, or STANDARD clearance level, or a FAILURE, that results from the criminal history background report.

You may seek damages from violators. If there is identity theft, or misuse of your information, and you present demonstrable evidence indicating a breach of personal security information that can be directly traced to a contractor of the SWAC program, you may be able to sue in state or federal court.

NO BRIGHT-LINE TESTING

The background-screening contractor does not adjudicate a dispassionate pass or fail result. A careful analysis of your file is made, taking into consideration all information available to construct a fair judgment on the applicant's level of clearance. In cases where the applicant has mitigating circumstances unavailable to the background-screening contractor, an appeals process is available.





STEP 11: Appeals Process – Criminal History Background Report



In the event an applicant FAILS the criminal history background screening check, the background-screening contractor will send, via the United States Postal Service (U.S.P.S.), a letter to the applicant stating that the screening check returned a FAILURE.

If an applicant passes the screening with less than a HIGH clearance, no letter is mailed. The applicant may appeal the Medium or Standard clearance level through the normal appeal process.

The applicant, or the applicant and employer, or the applicant and union local representative are welcome to assist in the appeals process. The Local Union, or employer shall then be afforded the right, if the applicant so chooses, to represent the applicant throughout the course of the appeal process.

The letter from the background-screening contractor gives contact information for the applicant to begin the appeals process within ten (10) business days upon receipt of a regular U.S.P.S. letter, and a letter as confirmed by certified mail/return receipt.

The applicant has the right to dispute directly with the background-screening contractor the accuracy or completeness of any information provided by it. Additionally, if required, you will be provided with the source of the information in dispute.

If the background-screening contractor has not heard from the applicant within one week, a second letter is mailed reminding him of his right to appeal.

When an appeal is heard, and a determination made to upgrade the clearance, the background-screening contractor will notify SWAC, who in turn will amend the clearance in their data server.

QUESTION: Do you accept the above statement?		
yes 🔘	no 🔘	
CONTINUE TO STEP 12 OF 16		



STEP 12: Identity Document Selection



QUESTION: Do you currently possess a valid Transportation Workers Identification Credential (TWIC) card issued by the United States Transportation Security Administration (TSA)?

yes 🔘 no 🍳

Please present your Social Security Card or Foreign National Identification to the SWAC Agent.

Social Security Card - (original, unlaminated)

Foreign National ID Card - (unexpired)

The following ORIGINAL Government issued identification documentations MUST be presented at a Secure Worker Access Consortium (SWAC) Personnel Processing Center before an individual's SWAC Application Form and Background Screening Consent Form will be accepted for processing.

Please check the boxes next to the identification documents you will present to the SWAC Agent prior to your application being approved:

Any **one (1)** of the following original identification documents must be presented to the SWAC Agent prior to your application being approved.

- U.S. Passport or U.S. Passport Card (Unexpired)
- U.S. Birth Certificate (original or certified copy)

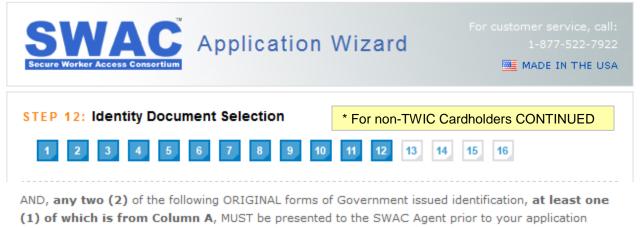
Foreign Passport - Unexpired document that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)

Alien Registration Receipt Card - (INS Form I-551, aka "Green Card")

Certificate of U.S. Naturalization - (Form N-550 or N-570)

- Certificate of U.S. Citizenship (Form N-560 or N-561)
- Unexpired Temporary Resident Card (INS Form I-688)
- Unexpired Employment Authorization Card (INS Form I-688A)
- Permanent Resident Card or Alien Registration Receipt Card Form I-551
- Employment Authorization Document (Card) that contains a photograph -Form I-766

Non-Immigrant Alien authorized for work with specific employer - In the case of a non-immigrant 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 non-immigrant 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



being approved.

(IF TWO (2) ARE FROM COLUMN A THAN COLUMN B IS NOT REQUIRED)

Present One (1) from Column A Column A (PHOTO ID)

Passport - (Unexpired U.S. or Foreign)

- Driver's License or ID card issued by a state or outlying possession of the United States -(Document must contain a photograph or information such as name, date of birth, gender, height, eye color, and address)
- 🔲 U.S. State Learner's Permit
- ID card issued by U.S. federal, state or local government agencies or entities - (Document must contain a photograph or information such as name, date of birth, gender, height, eye color, and address)
- Public Assistance Card
- U.S. Military ID Card or draft record
- Military Dependent's ID Card
- U.S. Coast Guard Merchant Mariner Card
- Driver's License issued by a Canadian government authority
- U.S. State or City Employee ID
- Customs Zone Access Card
- U.S. State Security Guard ID Card

Present One (1) from Column B Column B (NON-PHOTO ID)

- Non-Immigrant Visa/I-94
 - (NOTE: If your Visa expires before the term of your membership, (3 Years), your membership will be limited to the Visa Expiration Date) - In the case of a non-immigrant 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 non-immigrant 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
- ESTA Authorization Document

(NOTE: By choosing this document your SWAC Membership will be limited to the ESTA "Date of Entry" plus 90 days and you will not receive a SWAC card.) - ESTA enables foreign nationals to enter the U.S. on a temporary basis (less than 90 days) for business purposes.

- Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
- Vehicle Registration (in your name) (in your name)
- U.S. Citizen Identification Card (Form I-197)
- Native American Tribal Document
- Marriage Certificate
- Baptismal Certificate



AND, any two (2) of the following ORIGINAL forms of Government issued identification, at least one (1) of which is from Column A, MUST be presented to the SWAC Agent prior to your application being approved.

(IF TWO (2) ARE FROM COLUMN A THAN COLUMN B IS NOT REQUIRED)

Present One (1) from Column A Column A (PHOTO ID)	Present One (1) from Column B Column B (NON-PHOTO ID)
	Column B CONTINUED
	Union Labor ID Card
	Certification of Birth Abroad issued by the U.S Department of State (Form FS-545)
	Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
	Identification Card for Use by Resident Citizer in the United States (Form I-179)
	WTC Site Only: PATH Roadway Worker Protection Card - (if applicable)



QUESTION: Do you currently possess a valid Transportation Workers Identification Credential (TWIC) card issued by the United States Transportation Security Administration (TSA)?

yes 🔍 no 🔘

If 'yes', then please select one additional photo ID that you will present at the SWAC processing center.

- Passport
- Oriver's License or ID card issued by a state or outlying possession of the United States
- O U.S. State Learner's Permit
- ID card issued by U.S. federal, state or local government agencies or entities
- Public Assistance Card
- O U.S. Military ID Card or draft record
- Military Dependent's ID Card
- O U.S. Coast Guard Merchant Mariner Card
- O Driver's License issued by a Canadian government authority
- O U.S. State or City Employee ID
- Customs Zone Access Card
- O U.S. State Security Guard ID Card

Please present your Social Security Card or Foreign National Identification to the SWAC Agent.



Social Security Card - (original, unlaminated)

Foreign National ID Card - (unexpired)

CONTINUE TO STEP 13 OF 16

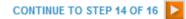


STEP 13: SWAC Members	hip ID Card Delivery Options	14 15 16
SPECIAL EXEMPTION FOR LIMITED	ACCESS TO CONFIDENTIAL INFORMATION	ONLY.
	ion for limited access to Confidential Info itles me to bypass the ID card issuance p ship rights.	
Under this exemption I will not be will only be able to receive Confid	e able to access sensitive facilities that re dential Information.	equire program participation, and
** Select this exemption ONLY if y documents.	rou were instructed to enroll for the sole	purpose of receiving bid
	I hereby certify that I am eligible for th Information exemption.	nis special Confidential
Please select the location of whe	re you want your SWAC Membership ID s	sent:
🔘 George Washington Bridge	🔘 John F. Kennedy	🔘 La Guardia Airport
GWB - SWAC	International Airport	LGA - SWAC
Port Authority Admin. Building,	JFK - SWAC	Hanger #7S 2nd Floor
Main Lobby	Building #14	Flushing, NY 11372 USA
220 Bruce Reynolds Boulevard Bridge Plaza South	Jamaica, NY 11436 USA	Hushing, NY 11572 05A
Fort Lee, NJ 07024 USA	Hours of Operation:	Hours of Operation:
	Fridays 6:00AM to 12:00PM	Wednesdays 6:00AM to
Hours of Operation:	-	12:00PM
Tuesdays 6:00AM to 12:00PM		
🔘 Newark Airport	🔘 Port Authority Bus Terminal	🔘 World Trade Center
EWR - SWAC	PABT - SWAC	Complex
70 Brewster Road	625 8th Ave. (42nd St. Entrance)	WTC - SWAC
Building #70 Lobby	North Wing, 2nd Floor (Located inside WDF, Inc. Office)	116 Nassau Street
Newark, NJ 07114 USA	New York, NY 10018 USA	New York, NY 10006 USA
Hours of Operation:		Hours of Operation:
Mondays & Thursdays 7:30AM	Hours of Operation:	Monday through Friday

Tuesday & Friday 6:30 AM -

12:30 PM

Monday through Friday 6:00AM to 5:00PM



Mondays & Thursdays 7:30AM

to 3:30PM



For customer service, call: 1-877-522-7922

MADE IN THE USA

STEP 14: SWAC Membership Acceptance Form



I, the undersigned do hereby accept membership in Secure Worker Access Consortium (SWAC) in accordance with the terms and condition herein. In addition, I give my continuing consent—while authorized a valid unexpired secure access control credential—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria for a secure access control credential.

I understand that I am responsible for maintaining possession of my SWAC Membership ID Card and in the event this card is lost or stolen, it is my responsibility to notify SWAC. Further, if I wish to be reissued a replacement SWAC Membership ID Card, I agree to pay a processing and service fee of \$60 per replacement card issued.

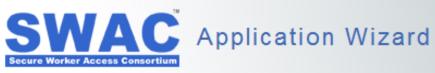
I understand that this Membership Acceptance Form shall remain in effect for the duration that I am in possession of a secure access control credential. I also understand that my application for a valid unexpired secure access control credential may be terminated, and /or my secure access control credential may be revoked based on any false or fraudulent information, or criminal report which suggests that I may pose a threat to the general public or high-risk areas of facilities.

I willingly and intentionally reaffirm my acceptance of the following documents as part of the application and membership process:

- Individual Membership Application
- Background Screening Consent Form
- · A Summary of Your Rights, Criminal History Background Report
- Criminal History Background Report Appeals Process
- Required Identification Documents
- Membership Acceptance Form

I certify that the following is my true and complete legal name, and that all information contained within the above referenced documents is true and correct to the best of my knowledge:

F	ull Name of Applicant:	
	Date:	
Sc	cial Security Number: :	
	Date of Birth: :	
Please sign here:		
CONTINUE TO STEP 15 O	F 16 🕨	



TEP 15: Summary of Application and Screening Fees	
1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16
ATTENTION: This application is not complete until the "F]	NAL SUBMISSION" link is
ne following membership, application and background screening fe	es will apply. Please proceed t
ge to enter your payment information.	
lembership and Application Fees	Amount (U.S. \$)
SWAC Membership Application:	\$250.00
SWAC Application Handling Fee	\$15.00
Iembership and Application Fees Subtotal	\$ 265.00
WAC Account Deposit	Amount (U.S. \$)
Deposit - PIV & Criminal Background Check (US)	\$230.00
** NOTE: The above Background Screening and Certification	ne actual fees will be
by using the address history provided in this application. The determined by background screening company & invoiced a	
	\$ 230.00