



U.S. Department
of Transportation

**Federal Aviation
Administration**

Flight Standards District Office
2002 Olympic Desk

116 North 2400 West
Salt Lake City, Utah 84116-2984
(801) 524-4247 EXT 134
(800) 532-0268 EXT 134
FAA2002@sprynet.com
<http://www.faa.gov/fsdo/slc>

November 12, 2001

To Whom It May Concern:

You have expressed an interest in obtaining approval to operate into, out of, or within the Restricted Airspace established for the 2002 Olympic Winter Games.

In order for your request to be considered, the controlling entity, Utah Olympic Public Safety Command (UOPSC) requires that you complete and submit the enclosed application packet. Information obtained from your application will be used to determine eligibility to enter the restricted airspace. All crewmembers must complete the attached paperwork. You may make as many copies as needed. Your completed packet (UOPSC & BCI forms, money order or cashier's check for \$15.00, 2 color passport photos.) may be submitted after November 12, 2001, but must be received no later than COB **January 21, 2002**, at:

Utah Bureau of Criminal Identification
Attention: UOPSC Aviation Accreditation
3888 West 5400 South
Box 148280
Salt Lake City, Utah 84114-8280

You may submit your application in person at the Utah Bureau of Criminal Identification. If you do they can take your picture as well as do the necessary fingerprinting. BCI will accept major credit cards for payment of fees at their office. If you are mailing your application they will only accept a cashier's check or money order.

Due to the critical time constraints, it is imperative that you submit your application prior to the date indicated. **Applications received after the date indicated may not be processed.**

While all paperwork is submitted to BCI they will NDT send any information back to you. UOPSC will contact you on your application's status. Allow 30 days for processing. Should you have any questions about this process you may call the UOPSC Aviation Working Group at (801) 257-2761.

For questions about the Temporary Flight Restrictions (TFRs) and other aviation matters associated with the 2002 Olympic Winter Games contact the Flight Standards 2002 Olympic Desk at (800) 532-0268 x 134 or (801) 524-4247 x 134. You may also contact the Olympic Desk via email at FAA2002@sprynet.com. You may also find more up-to-date information on one of the following internet sites, <http://olympics.faa.gov> or <http://www.uopsc.org>.

Sincerely,

James E. Pyles
Regional Flight Standards Olympic Coordinator

Enclosures

Utah OLYMPIC PUBLIC SAFETY COMMAND

150 East Social Hall Plaza, Suite 500
Salt Lake City, Utah 84111
(801) 257-2700

November 16, 2001

Enclosed you will find the necessary forms to make application for accreditation to operate into, out of, or within the Restricted Airspace established for the 2002 Olympic Winter Games. You may make as many copies as needed. Only fully completed applications will be accepted. Please make sure you enclose the following for each application:

- Completed & signed "Airman Access to 2002 Olympic Winter Games Temporary Flight Restriction Airspace" form.
- Completed & signed "Authorization for Release of Personal Information" form.
- Completed & signed "Application for Criminal History Record Review" form.
 - Fingerprints taken by a local law enforcement agency.
 - 2 color passport photos.
- "Waiver" signed, dated, and NOTARIZED.
- \$15.00 cashier's check or money order payable to "Utah Bureau of Criminal Identification."

If you are able to take the forms, in person, to the Utah Bureau of Criminal Identification they will take fingerprints, photos, and do any notarization that is required for you. They will accept major credit cards for payment of fees at their office only. You must enclose a cashier's check or money order when applying by mail.

If you wish to discuss specifics about this application process, you may contact, the UOPSC Aviation Working Group at (801) 257-2761.

Sincerely,

T. J. Kennedy
UOPSC - AWG

Utah Department
of Public Safety
Salt Lake City
Police Department
Bureau of Alcohol,
Tobacco and Firearms
Comprehensive
Emergency Management
Emergency
Medical Services
Federal Bureau of
Investigation
Fire Services
Ogden
Police Department
Park City
Police Department
Provo
Police Department
Public Works Services
Salt Lake County
Sheriff's Office
Salt Lake
Organizing Committee
Summit County
Sheriff's Office
United States
Secret Service
University of Utah
Utah National Guard
Wasatch County
Sheriff's Office
Weber County
Sheriff's Office
West Valley
Police Department



Airman Access to 2002 Olympic Winter Games Temporary Flight Restriction Airspace

Airman Information

| | | | | | |
|--|----------------------------|--|---|--|--|
| Name (Last, First, Middle) | | SSN (US Only) | Date of Birth Month / Day / Year | | Place of Birth (City, State, Country if not USA) |
| Address | | Citizenship Specify if other. <input type="checkbox"/> USA <input type="checkbox"/> Other | | Passport Number | Passport Exp. Date Month / Day / Year |
| City, State, ZIP (Country if other then US) | | Height | Weight | Hair Color | Eye Color |
| Phone Number | | FAX Number | Other Contact Number (Specify) | | Email Address |
| Driver's License Number | State | Expiration Date Month / Day / Year | | Do you hold a Medical Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Class of Medical |
| Date Issued | | Total Flight Time | | Total Rotorcraft/Helicopter | Total PIC |
| Airman Certificate Number (Include Country if other then USA) | Grade of Pilot Certificate | Date Issued Month / Day / Year | | | |
| Have you ever been arrested and/or convicted for ANY criminal offense or activity? If yes give complete details on reverse side of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Have you been involved in any aircraft Accidents or Incidents in the past 5 years? If yes explain each on reverse side of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever had any license, certificate or operator's permit suspended or revoked? If yes explain each on reverse side of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Have you had any FAA violations in the past 5 Years? If yes explain each on reverse side of this form. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Mission Type Planned

Check all that apply:

Executive Transport Charter News Media Cargo
 IFR VFR Other, explain on reverse side of this form:

FAA Regulations You Will Be Operating Under

Check all that apply:

FAR 91 FAR 135 FAR 121 FAR 125 FAR 129
 Other, explain on reverse side of this form:

Aircraft Information

| List all aircraft you plan on using. (Continue on back of form if needed) Make / Model / Series | Registration Number | Serial Number | Insurance Company | Policy Number |
|---|---------------------|---------------|-------------------|---------------|
| | | | | |
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| | | | | |
| | | | | |

Company Information

| List all companies for whom you will be working during the Olympic Games. Name of Company | Address | City / State / Zip (Country if not USA) | Contact Name | Phone Number |
|--|---------|---|--------------|--------------|
| | | | | |
| | | | | |
| | | | | |

Applicant's Certification – I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge. I agree that they are to be considered, as part of the basis, for issuance of a Certificate of Accreditation to fly within Olympic Temporary Flight Restriction Airspace. I further understand that any misrepresentation or deliberate omission of relevant facts will justify termination of consideration for this request. I have read, understand and agree to release my information as stated in UOPSC's "Authorization for Release of Personal Information" form.

| | |
|------------------------|----------------------------|
| Signature of Applicant | Date Month / Day / Year |
|------------------------|----------------------------|

UOPSC USE ONLY BELOW THIS LINE

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Background Check Received | <input type="checkbox"/> Control Number issued by UOPSC | <input type="checkbox"/> Background Check NOT Received | <input type="checkbox"/> Letter of disapproval sent by UOPSC |
| <input type="checkbox"/> Airman Information verified by FAA | <input type="checkbox"/> Photo ID / COA issued by UOPSC | <input type="checkbox"/> FAA unable to verify Airman Information | <input type="checkbox"/> Disapproved by UOPSC |
| <input type="checkbox"/> Approved by UOPSC | <input type="checkbox"/> Copy ID / COA sent to FAA-FSOCC | <input type="checkbox"/> Application resubmitted with reasons for original disapproval corrected or additional information received. | |
| Control Number | | | |



Authorization for Release of Personal Information (To be used by Authorized State and Federal Agencies Only)

Release Statement

I hereby authorize and give my consent for the full and complete disclosure and release to any state or federal agency involved with the 2002 Olympic Winter Games of all records, whether public, private or confidential, concerning me or my background, including my driver's history, criminal and professional history, educational background, professional qualifications, military service and personnel records, records of financial or credit institutions, and employment records.

If determined by any agency associated with the 2002 Olympic Winter Games to be reasonably necessary based on the position I hold or for which privilege I am applying or being considered, I hereby authorize and give my consent for the full and complete disclosure and release of all documents regarding me and my background that may be in the possession of any local, state, federal or national agency, board, commission or other entity, public or private, regarding my professional competency, qualifications, credentials, licensing and work history (including any complaints or charges against me).

I understand and agree that any information obtained, directly or indirectly, in whole or in part, based upon this authorization, may be utilized in connection with any investigation by any government agency associated with the Olympic Games. By signing below, I voluntarily authorize any government agency associated with the 2002 Olympic Winter Games to make such investigations, and I hereby release from all liability or responsibility state and federal agencies which receive such information and all persons, schools, companies, corporations, agencies or other entities supplying or collecting such information for disclosure and release to agencies involved with security of the 2002 Olympic Winter Games.

I understand and agree that this authorization entitles state and federal agencies to request the release of information regarding me or my background and that this authorization may be used to request information more than once. I also understand that execution of this authorization is a condition of the issuance of a Certificate of Accreditation and appropriate ID badges to enter 2002 Olympic Winter Games Temporary Flight Restriction Airspace (TFR). Information obtained will be considered confidential.

Each copy of this executed authorization will be as valid as an original, even though the copy does not contain an original writing of my signature.

I have read and fully understand the contents of this authorization for release of information and execute it freely and voluntarily.

| | |
|----------------------------|-------------------------------|
| Name (Last, First, Middle) | FAA Airman Certificate Number |
| Signature of Applicant | Date (Month / Day / Year) |

| | |
|---------------------------------------|---|
| UOPSC USE ONLY BELOW THIS LINE | |
| Control Number | <input type="checkbox"/> Copy sent to FAA-FSOCC |



State of Utah

DEPARTMENT OF PUBLIC SAFETY BUREAU OF CRIMINAL IDENTIFICATION

Michael O. Leavitt
Governor

Craig L. Dearden
Commissioner

Col. Richard A. Greenwood
Deputy Commissioner

Lt. Col. Herb Katz
Division Director

Capt. Stuart Smith
Bureau Chief

3888 West 5400 South
P.O. Box 148280
Salt Lake City, Utah 84114-8280
(801) 965-4445
(801) 965-4749 Fax

✓ Portions of this form may be filled out on your screen. Move the "hand" icon over the field to be filled in. When the hand turns into an "I" beam, you may type in your information. Hit "Tab" to move to the next field.

Dear Applicant:

Enclosed is the Application for Criminal History Review that was requested. Please complete each one of the following steps so that our office may process your criminal history review. Failure to properly complete one of the steps will cause a delay in the process.

1. Complete top part of the application, list all previous names used including married or maiden names.
2. Take the application to a local law enforcement agency and have the four fingers of the right hand printed in the lower right corner of the application. Be sure the law enforcement agent doing the printing signs the application. The fingerprinting must be done at a law enforcement agency, or we will be unable to process the application.
3. Include a cashier's check or money order for \$15.00 made out to the Utah Bureau of Criminal Identification. (\$10.00 for BCI background check, \$5.00 for ID badge)
4. Sign and date the appropriate waiver. The waiver **MUST** be notarized or we will be unable to process the application.
5. Mail the applications, the fee, and appropriate waivers back to our office for processing. Our mailing address is:

UTAH BUREAU OF CRIMINAL IDENTIFICATION
3888 W 5400 S
BOX 148280
SALT LAKE CITY, UTAH 84114-8280

If you have any questions, please contact our office at 801-965-4445.

State of Utah
 Department of Public Safety
**APPLICATION FOR CRIMINAL HISTORY
 RECORD REVIEW**



● **Please read all instructions prior to completing this form. TYPE OR PRINT IN INK.**

Your application will *not* be processed unless all applicable portions of this form are completely filled out. You will be charged a \$15 processing fee. (\$10.00 for BCI background check, \$5.00 for ID badge.) If you are mailing your application please enclose the \$15 fee in the form of cashier's check or money order payable to "Utah Bureau of Criminal Identification." **FEES ARE NON-REFUNDABLE**

✓ Portions of this form may be filled out on your screen. Move the "hand" icon over the field to be filled in. When the hand turns into an "I" beam, you may type in your information. Hit "Tab" to move to the next field.

NAME _____ DATE OF BIRTH _____
 (Last) (First) (Middle)

PREVIOUSLY USED NAME(S) (Maiden, etc.) _____

MAILING ADDRESS _____
 (Street) (City) (State) (Zip)

DRIVERS LIC#/STATE _____ / _____ SOCIAL SECURITY NUMBER _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ SEX _____ RACE _____

I hereby make application to review my Utah Computerized Criminal History Record:

SIGNATURE OF APPLICANT _____ DATE: _____

FINGERPRINT INSTRUCTIONS: (LAW ENFORCEMENT OFFICIAL ONLY)

Confirm identity of applicant with official photo identification, (Driver's license, State ID card, Passport, etc.) Confirm ID with the information above, then list the type of ID used and the ID number in the space provided below. Fingerprint the four fingers of the applicant's right hand simultaneously in the box located in the lower right portion of this form.

APPLICANT IDENTIFICATION INFORMATION

TYPE OF IDENTIFICATION USED _____

IDENTIFICATION NUMBER _____

OFFICIAL TAKING PRINTS

FINGERPRINTS TAKEN BY _____
 (PRINT NAME)

AGENCY _____ BADGE # _____
 (IF APPLICABLE)

SIGNATURE _____

DATE PRINTED _____

FINGERPRINTS

BUREAU USE ONLY AFIS CONFIRMATION _____

SID# _____ R & F _____

***** WAIVER *****

DATE: _____

I hereby ask that the criminal history information requested be released and sent to:

Aviation Working Group (AWG)
Utah Olympic Public Safety Command (UOPSC)
PO Box 11838
Salt Lake City, Utah 84111

and release the Utah State Bureau of Criminal Identification from any liability resulting from such request.

SIGNED: _____

Subscribed and Sworn to Before Me This

_____ day of _____, 20_____

Notary Public for the State of _____