

## **Security Access Badge Application**

Badge #_	
Case #:	

AUTHORITES: Check any additional authorities the applicant will require to perform their job while at RTAA    Secort Authority	<u> </u>								
GREEN: Secured SIDA, Sterile, AOA, AC ENV	AUTHORIZED SIGNATORY (To be comp	leted by comp	oany's au	thorized signer)					
AUTHORITIES: Check any additional authorities the applicant will require to perform their job while at RTAA  Secort Authority	ACCESS LEVEL: Check one access level that corresponds with applicant's job responsibility:								
SECONT Authority	GREEN: Secured SIDA, Sterile, AOA, A/C Env BLUE: Secured SIDA, Sterile, AOA GRAY: Cargo ORANGE: Sterile								
AUTHORIZED SIGNATORY DECLARATION	AUTHORITIES: Check any additional authorities the applicant will require to perform their job while at RTAA								
Territy has the amplicant cancel on this firm requires a stitues. Takes International Airport security access badge in order to perform the duties of the job listed below. I have no reason to believe the standards addition the bound an any infection badge. I certify that I have a figurately nearbory to make this request and access from designation. A sample of go yagasture is not file to the property and access from designation. A sample of go yagasture is not file.  AUTHORIZED SIGNER NAME  AUTHORIZED SIGNATURE  AUTHORIZED SIGNATURE  AUTHORIZED SIGNATURE  AUTHORIZED SIGNATURE  DATE  COMPANY NAME TO APPEAR ON BADGE:  APPLICANT INFORMATION  FULL LEGAL NAME  LAST NAME  ALIASES (Other legal names used: i.e. maiden name)  Alias 1—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  Alias 1—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DDVY)  SOCIAL SECURITY # GENDER MI FEIGHT WEIGHT EYE COLOR HAIR COLOR  CITIZENSHIP  COUNTRY OF BIRTH  STATE OF BIRTH  MALLING ADDRESS  STREET ADDRESS  CITY STATE ZIP CODE  BATTIME PHONE  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. Gates and for all that upply)  US Passportt:  Birth Abroad Certificate (Check one)   Form FS240   Form FS545    Certificate of Citizenship (N-560): USCIS#   Form FS545    Certificate of Transportation There Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)1 Aviation Were Program, 601 South 12th Street, Arington, VA 22202. I am the individual to whom the information applies and want this informat 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.  SNN:	☐ Escort Authority ☐ Driving Authority ☐ CBP Seal ☐ Authorized Signatory								
AUTHORIZED SIGNATURE  COMPANY  AUTHORIZED SIGNATURE  COMPANY  AUTHORIZED SIGNATURE  DATE  COMPANY NAME TO APPEAR ON BADGE:  APPLICANT INFORMATION  FULL LEGAL NAME  LAST NAME  FIRST NAME  ALIASES (Other legal names used: i.e. maiden name)  Alias 1—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  Alias 3—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE  COUNTRY OF BIRTH  MAILING ADDRESS  STREET ADDRESS  STREET ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Eight and For all that paphy)  Certificate of Citizenship (N-560): USCIS#  Certificate of Citizenship (N-550): USCIS#  Certificate of Naturalization (N-550): USCIS#  Certificate of Naturalization Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)! Aviation Wer Program, 60! South 12th Street, Arlington, WA 22202. I am the individual to whom the information applies and want this informat 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.  SN:	AUTHORIZED SIGNATORY DECLARATION								
AUTHORIZED SIGNATURE  DATE  COMPANY NAME TO APPEAR ON BADGE:  APPLICANT INFORMATION  FULL LEGAL NAME  LAST NAME  FIRST NAME  Alias 2—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  Alias 3—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DD/YY) SOCIAL SECURITY # GENDER M F HEIGHT WEIGHT EYE COLOR HAIR COLOR  CITIZENSHIP  COUNTRY OF BIRTH  MAILING ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY  STATE  JIP CODE  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  If YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passporth*:  Birth Abroad Certificate (Check one)   Form FS240   Form FS545    Certificate of Citizenship (N-560): USCIS#  Certificate of Naturalization (N-550): USCIS#  Certificate of Naturalization (N-550): USCIS#  Certificate of Naturalization (N-550): USCIS#  Certificate of Tansportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)1 Aviation We er Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this informat released to verify that my SSN is correct. It 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:   Full Name:	this individual should not be issued an airport identification badge.								
COMPANY NAME TO APPEAR ON BADGE:  APPLICANT INFORMATION  FULL LEGAL NAME  LAST NAME  ALIASES (Other legal names used: i.e. maiden name)  Alias 1—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DD/YY)  SOCIAL SECURITY #  COUNTRY OF BIRTH  MAILING ADDRESS  STREET ADDRESS  CITY  STATE  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN TILE U.S. (Elaster info for all that apply)  US Passport/F:  Birth Abroad Certificate (Check one)   Form FS240   Form FS545  Certificate of Citizenship (N-560): USCIS#  Certificate of Naturalization (N-550): USCIS#  Other:  SOCIAL SECURITY CERTIFICATION  I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration of the released to very floating information applies and want this informat released to very floating that apply Aviation Wer Programs, 61 Street, Administration to release my Social Security Number and full name to the Transportation Security Administration of the released to very floating that May 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.  SN:	AUTHORIZED SIGNER NAME			COMPANY		PHONE #			
COMPANY NAME TO APPEAR ON BADGE:  APPLICANT INFORMATION  FULL LEGAL NAME  LAST NAME  ALIASES (Other legal names used: i.e. maiden name)  Alias 1—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DD/YY)  SOCIAL SECURITY #  COUNTRY OF BIRTH  MAILING ADDRESS  STREET ADDRESS  CITY  STATE  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN TILE U.S. (Elaster info for all that apply)  US Passport/F:  Birth Abroad Certificate (Check one)   Form FS240   Form FS545  Certificate of Citizenship (N-560): USCIS#  Certificate of Naturalization (N-550): USCIS#  Other:  SOCIAL SECURITY CERTIFICATION  I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration of the released to very floating information applies and want this informat released to very floating that apply Aviation Wer Programs, 61 Street, Administration to release my Social Security Number and full name to the Transportation Security Administration of the released to very floating that May 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.  SN:									
COMPANY NAME TO APPEAR ON BADGE:  APPLICANT INFORMATION  FULL LEGAL NAME  LAST NAME  ALIASES (Other legal names used: i.e. maiden name)  Alias 1—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DD/YY)  SOCIAL SECURITY #  COUNTRY OF BIRTH  MAILING ADDRESS  STREET ADDRESS  CITY  STATE  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN TILE U.S. (Elaster info for all that apply)  US Passport/F:  Birth Abroad Certificate (Check one)   Form FS240   Form FS545  Certificate of Citizenship (N-560): USCIS#  Certificate of Naturalization (N-550): USCIS#  Other:  SOCIAL SECURITY CERTIFICATION  I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration of the released to very floating information applies and want this informat released to very floating that apply Aviation Wer Programs, 61 Street, Administration to release my Social Security Number and full name to the Transportation Security Administration of the released to very floating that May 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.  SN:	AUTHORIZED SIGNATURE			DATE					
ALIASES (Other legal names used: i.e. maiden name)  Alias 1—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DD/YY)  SOCIAL SECURITY # GENDER MF HEIGHT WEIGHT EYE COLOR HAIR COLOR  CITIZENSHIP  COUNTRY OF BIRTH STATE OF BIRTH  MAILING ADDRESS  STREET ADDRESS  TEREIT ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  If YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. IF YOU ARE BOIT A U.S. CITIZEN  Genter info for all that apply)  US Passport#:  Birth Abroad Certificate (Check one)   Form FS240   Form FS545   Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#   194 Form:  Certificate of Naturalization (N-550): USCIS#   194 Form:  Certificate of Naturalization (N-550): USCIS#   194 Form:  Collaboration of the Citizenship of Naturalization of the sessent and Credentialing (TTAC). Attention: Aviation Programs (TSA-19)1 Aviation W or Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this information from Social Security records, I could be punished by a fine or imprisonment or both.  SN: Full Name:									
FIRST NAME   FIRST NAME   MIDDLE NAME	COMPANY NAME TO APPEAR ON BAD	GE:							
FIRST NAME   FIRST NAME   MIDDLE NAME	APPLICANT INFORMATION								
ALIASES (Other legal names used: i.e. maiden name)  Alias 1—Last Name, First Name, Middle Name  Alias 2—Last Name, First Name, Middle Name  Alias 3—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DDYY)   SOCIAL SECURITY #   GENDER   M F   BIGHT   WEIGHT   EYE COLOR   HAIR COLOR    CITIZENSHIP   COUNTRY OF BIRTH   STATE OF BIRTH    MAILING ADDRESS  STREET ADDRESS   CITY   STATE   ZIP CODE    DAYTIME PHONE   EMAIL ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#: Resident/Employment Authorization Card: USCIS#  Birth Abroad Certificate (Check one)   Form FS240   Form FS545   Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#   1-94 Form:  Certificate of Naturalization (N-550): USCIS#   Other:  SOCIAL SECURITY CERTIFICATION  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) I Aviation We re Program, 601 South 12th Street, Arflagon, VA 22202. I am the individual to whom the findment on applies and want this informat 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: Full Name:									
Alias 1—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DD/YY) SOCIAL SECURITY # GENDER M F HEIGHT WEIGHT EYE COLOR HAIR COLOR  CITIZENSHIP COUNTRY OF BIRTH STATE OF BIRTH  MAILING ADDRESS  STREET ADDRESS  STREET ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  If YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#: Resident/Employment Authorization Card: USCIS#  Birth Abroad Certificate (Check one)   Form FS240   Form FS545   Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#   1-94 Form:  Certificate of Naturalization (N-550): USCIS#   Other:  SOCIAL SECURITY CERTIFICATION  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)1 Aviation W er Program, Goll South Iz 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: Full Name:	LAST NAME		FIRST NA	AME		MIDDLE NAM	<b>И</b> Е		
Alias 1—Last Name, First Name, Middle Name  BIOGRAPHIC INFORMATION  DATE OF BIRTH (MM/DD/YY) SOCIAL SECURITY # GENDER M F HEIGHT WEIGHT EYE COLOR HAIR COLOR  CITIZENSHIP COUNTRY OF BIRTH STATE OF BIRTH  MAILING ADDRESS  STREET ADDRESS  STREET ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  If YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#: Resident/Employment Authorization Card: USCIS#  Birth Abroad Certificate (Check one)   Form FS240   Form FS545   Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#   1-94 Form:  Certificate of Naturalization (N-550): USCIS#   Other:  SOCIAL SECURITY CERTIFICATION  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)1 Aviation W er Program, Goll South Iz 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: Full Name:	ALIASES (Other legal names used: i.e. ma	iden name)							
DATE OF BIRTH (MM/DD/YY)   SOCIAL SECURITY #   GENDER M F   HEIGHT   WEIGHT   EYE COLOR   HAIR COLOR    CITIZENSHIP   COUNTRY OF BIRTH   STATE OF BIRTH    MAILING ADDRESS   CITY   STATE   ZIP CODE    DAYTIME PHONE   EMAIL ADDRESS    ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)    If YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)   Resident/Employment Authorization Card: USCIS#    Birth Abroad Certificate (Check one)   Form FS240   Form FS545   Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#   1-94 Form:  Certificate of Naturalization (N-550): USCIS#   Other:  SOCIAL SECURITY CERTIFICATION    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)1 Aviation We er Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this informat 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:Full Name:	,								
CITIZENSHIP  COUNTRY OF BIRTH  STATE OF BIRTH  STATE OF BIRTH  MAILING ADDRESS  STREET ADDRESS  CITY  STATE  ZIP CODE  DAYTIME PHONE  EMAIL ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#:  Resident/Employment Authorization Card: USCIS#  Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#  Certificate of Naturalization (N-550): USCIS#  Other:  SOCIAL SECURITY CERTIFICATION  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)1 Aviation Wer Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this informat 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:Full Name:	BIOGRAPHIC INFORMATION								
MAILING ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY STATE ZIP CODE  DAYTIME PHONE  EMAIL ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#:  Resident/Employment Authorization Card: USCIS#  Birth Abroad Certificate (Check one)   Form FS240   Form FS545   Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#   1-94 Form:  Certificate of Naturalization (N-550): USCIS#   Other:  SOCIAL SECURITY CERTIFICATION  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)1 Aviation We r Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this informat 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 (MM/DD/YY) SOCIAL SECURITY			HEIGHT W	EYE	COLOR	HAIR COLOR		
MAILING ADDRESS  STREET ADDRESS  CITY  STATE  ZIP CODE  DAYTIME PHONE  EMAIL ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S.  (Enter info for all that apply)  US Passport#:  Birth Abroad Certificate (Check one)   Form FS240   Form FS345   Non-Immigrant Visa #:  Certificate of Citizenship (N-560): USCIS#  Certificate of Naturalization (N-550): USCIS#  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)1 Aviation Wer Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this informat 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:		l N	1 F						
DAYTIME PHONE  EMAIL ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#:  Resident/Employment Authorization Card: USCIS#  Birth Abroad Certificate (Check one)	CITIZENSHIP	OUNTRY OF B	IRTH		STATE OF BIRTH				
DAYTIME PHONE  EMAIL ADDRESS  ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#:  Resident/Employment Authorization Card: USCIS#  Birth Abroad Certificate (Check one)	MAILING ADDRESS								
ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#:  Birth Abroad Certificate (Check one)	STREET ADDRESS				CITY	STATE	ZIP CODE		
ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)  IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Enter info for all that apply)  US Passport#:  Birth Abroad Certificate (Check one)			77.64	w . ppppgg					
IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S.  (Enter info for all that apply)  US Passport#:  Birth Abroad Certificate (Check one)	DAYTIME PHONE		EMA	IL ADDRESS					
(Enter info for all that apply)  US Passport#:  Birth Abroad Certificate (Check one)	ADDITIONAL CITIZENSHIP INFORMATION (These documents must be presented to Badging Office)								
US Passport#:  Birth Abroad Certificate (Check one)		IN THE U.S.							
Birth Abroad Certificate (Check one)				Resident/Employm					
Certificate of Citizenship (N-560): USCIS#  Certificate of Naturalization (N-550): USCIS#  Other:  SOCIAL SECURITY CERTIFICATION  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)1 Aviation Were 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 a fine or imprisonment or both.  SSN: Full Name:	Birth Abroad Certificate (Check one) ☐ Form FS2	40 □ Fo	rm FS545						
I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Admi istration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)1 Aviation We er Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this informat 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: Full Name:	Certificate of Citizenship (N-560) : USCIS#			I-94 Form:					
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)1 Aviation Wern 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 a fine or imprisonment or both.  SSN: Full Name:	Certificate of Naturalization (N-550): USCIS#			Other:					
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)1 Aviation Wern 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 a fine or imprisonment or both.  SSN: Full Name:									
istration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)1 Aviation We er Program, 601 South 12th Street, Arlington, VA 22202. I am the individual to whom the information applies and want this informat 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: Full Name:			~		1011		~		
	istration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)1 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								
	SSN: Ful	l Name:							
Applicant Signature:X									

## **CRIMINAL HISTORY**

I hereby authorize the Reno-Tahoe Airport Badging Office to investigate any criminal background information and/or records concerning myself and acknowledge and understand that the Badging Office reserves the right to deny issuance of, or revoke a badge for any past criminal offense which, in the sole opinion of the Airport Security Coordinator would render the applicant an unnecessary risk to the security and safety of the airport. I understand that I may request a copy of my criminal history records provided by the FBI by submitting a written request within 30 days of being advised that my criminal history record disqualifies me from being issued an airport badge.

Federal regulations under 14 CFR 1542.209 (1) impose a continuing obligation to disclose to the Airport Security Coordinator within 24 hours of conviction of any disqualifying criminal offense that occurs to the employee named here within while he/she has unescorted access authority. An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty of by reason of insanity, of any of the disqualifying crimes listed below in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority, or while the individual has unescorted access authority. The disqualifying criminal offenses are as follows:

- Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- Interference with air navigation; 49 U.S.C. 46308.
- Improper transportation of a hazardous material; 49 U.S.C. 46312.
- Aircraft piracy; 49 U.S.C. 46502.
- Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- Commission of certain crimes aboard aircraft in flight; 49 U.S.C 46506.
- Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.
- Conveying false information and threats; 49 U.S.C 46507.
- Aircraft piracy outside the special aircraft jurisdiction of the United States; 19 U.S.C. 46502(b).
- Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- 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.
- Destruction of an aircraft or aircraft facility; 18 U.S.C.32.
- Murde
- Assault with intent to murder.

- Espionage.
- Sedition.
- Kidnapping or hostage taking.
- Treason.
- Rape or aggravated sexual abuse.
- Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
- Extortion.
- Armed or felony unarmed robbery.
- Distribution of, or intent to distribute, a controlled substance.
- Felony arson.
- Felony involving a threat.
- Felony involving—Willful destruction of property; Importation or manufacture
  of a controlled substance; Burglary; Theft; Dishonesty, fraud, or misrepresentation; Possession or distribution of stolen property; Aggravated assault; Bribery;
  or Illegal possession of a controlled substance punishable by a maximum term
  of imprisonment of more than 1 year.
- Violence at international airports; 18 U.S.C. 37.

1. I certify that I have not been convicted of any of the listed disqualifying offenses (per 1542.209 (28) (ii)). 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. (18 USC§1001) Initials X			
2. Within the past 10 years, I have been convicted of the charges listed below (FELONIES, MISDEMEANORS, DUI etc). Write "N/A" if none.			
3. I agree to notify the airport within 24 hours if I am convicted or found guilty of any of the listed disqualifying offenses and will return my badge to the airport. <b>Initials X</b>			
Applicant Signature: $f X$	Date		

## PRIVACY ACT NOTICE

**Authority:** 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3),40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 552a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

**Disclosure:** Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment. **Initials X** 

## TERMS AND CONDITIONS OF BADGE HOLDER

**PROPERTY ACKNOWLEDEMENT:** I understand and acknowledge that the airport badge issued to me is the property of the airport and I will return it to my employer or the airport when my employments ends or risk a civil fine from TSA.

SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area. Further, I understand and acknowledge that my refusal to comply with this consent search may result in my airport badge being confiscated and my access to secure and/or sterile areas of the airport being denied.

**REVOCATION NOTICE:** I understand that if my badge is revoked because I violated aviation security requirements, my name will be added to a Centralized Revocation database and that would preclude me from holding a badge at any airport for five years.

Applicant Signature: $X_{\_\_}$	Date

2 of 2 6/21