

Reno-Tahoe International Airport

Air Operations Area Identification Application

ID Number			
	\mathbf{ID}	Number	

APPLICANT INFORMATION:			
Last Name:	First Name:	Middle Name:	
	Ε		
SS#:	_ Date of Birth: Gend	ler: F M	
	City/Sta		
	Address:		
Email Address:		_	
State/Country of Birth:	/ Country of	f Citizenship:	
If US citizen born abroad or naturalized, one	of the following must be presented for review:		
US Passport #: (Cert of Naturalization #:	_ Cert of Birth Abroad:	
If not a U.S. citizen, one of the following mus	st be presented for review:		
Alien Registration #:	or I-94 Arrival/Departure Form	#:	
APPLICANT CERTIFICATIONS:			
Privacy Act Notice			
(Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information.) Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-Issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also trans-	mit the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN. <i>Routine Uses:</i> This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.	
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 Pro-	grams (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 ver- ify 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.	
Accuracy Certification			
The information I have provided on this application is true, complete, and correct to the best of my	knowledge and belief and is provided in good faith. I understand that a knowing and willful	false statement on this application can be punished by fine or imprisonment or both. (See section 1001 of Title 18, United States Code.)	
Applicant Signature		Date	
AUTHORIZED SIGNATORY:			
I certify that the above named individual is a Air Operations Area. I have no reason to beli	n employee of the company listed below and weve that this individual should not be issued at . A sample of my signature is on file at the Ren	n airport identification badge. I certify that I	
Applicant's Title			
Authorized Name (Print)		Company	
Authorized Signature	Phone Number		
. Additional Signature	- 1010 - Willow	<u> </u>	