



Airport Use Only
Badge # _____
Date issued _____

Airport Identification Badge Application

PIE Operations Office - Room #229- Please bring completed application with required ID's from ID checklist

REASON FOR APPLICATION	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CHANGE <input type="checkbox"/> LOST/STOLEN <input type="checkbox"/> DAMAGED
BADGE TYPE REQUESTED	<input type="checkbox"/> SIDA/SECURED <input type="checkbox"/> STERILE <input type="checkbox"/> AOA <input type="checkbox"/> LANDINGS <input type="checkbox"/> PUBLIC

APPLICANT TO COMPLETE ALL ITEMS IN THIS SECTION

PERSONAL INFORMATION:

First Name: _____ Middle: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Telephone: _____ Email: _____

Employer: _____ Position: _____

Aliases (List up to three, include maiden names, nicknames, i.e., Bill instead of William)

1. _____ 3. _____

2. _____ 4. _____

Driver License #: _____ State of Issue: _____

Gender: __M__F Race: __Asian__ Black__ Native American__Caucasian/Latino__Unknown

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Place of Birth (Country or State): _____ Citizenship: _____

Alien Registration Number (if applicable): _____

I-94 Number (if applicable): _____

Non-immigrant Visa Number (if applicable): _____

The following is voluntary and may expedite the adjudication process for applicants, particularly U.S. Citizens who were born abroad.

Passport Country of Issue: _____ Passport Number: _____

Social Security Certification:

I authorize the Social Security Administration to release my Social Security Number (SSN) 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 20598. I am the individual to whom the information applies and want the 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, that I could be punished by a fine or imprisonment or both.

Signature: _____ Date of Birth (MM/DD/YYYY): _____

SSN: _____ Full Name: _____

(Continued on back)

Applicant Name: _____

Privacy Act Notice

Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information.

Purpose: Department of Homeland Security (DHS) will use the biological 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 transmit 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.

Routine Uses: The 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 by 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.

Certification: I understand and agree to comply with the terms and conditions provided for in this application and agree to comply with any changes or amendments that may be imposed by PIE or the Transportation Security Administration. The information I have provided 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 can be punished by fine or imprisonment or both (See section 1001 of Title 18 of the United States Code); (See also Title 49 of the Code of Federal Regulations, Sections 15440.103 and 1542.209).

Applicant Signature: _____

Date: _____

**EMPLOYER/ORGANIZATION/OWNER SIGNATORY AUTHORITY (SA)
TO COMPLETE ALL ITEMS IN THIS SECTION**

REASON FOR APPLICATION	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CHANGE <input type="checkbox"/> LOST/STOLEN <input type="checkbox"/> DAMAGED
BADGE TYPE REQUESTED	<input type="checkbox"/> SIDA/SECURED <input type="checkbox"/> AOA
DRIVING PRIVILEGES	<input type="checkbox"/> NON-MOVEMENT <input type="checkbox"/> MOVEMENT <input type="checkbox"/> NO DRIVING <input type="checkbox"/> DENIED
ESCORT PRIVILEGES	<input type="checkbox"/> REQUESTED <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> DENIED
U.S. CUSTOMS CLEARANCE	<input type="checkbox"/> REQUESTED <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> DENIED
Customs Authorization Form 3078 Required	

The Signatory Authority certifies that the applicant has an operational need for the identification badge and/or special privileges indicated. I certify that: (1) I have verified the applicant's identity by reviewing at least 2 forms of identification (one of which bears the applicants photograph); (2) The SA will immediately report to PIE any information that becomes available indicating that the applicant was arrested, indicted or convicted of one of the crimes identified in 49 CFR1542.209 or 1544.229; (3) **The ID badge is the property of PIE. The SA will immediately notify and return the employee's ID badge to PIE if the employee's employment is terminated, contract work completed or the applicant's ID badge is no longer required. Failure to notify PIE within 24 hours, collect and return the applicant's badge to PIE can subject the SA or organization to a civil penalty of up to \$10,000, assessed by the Transportation Security Administration in accordance with 49 U.S.C. 46301(a)6;** (4)The SA will immediately notify PIE if the applicant's badge is reported as lost or stolen.

I have read and understand the responsibilities and potential penalties described in this application.

Signatory Authority Signature: _____ Date: _____

Signatory Authority Printed Name: _____ Organization: _____