

SECURITY IDENTIFICATION BADGE APPLICATION

BADGE # _____ APPLICANTS PERSONAL INFORMATION - (Must be completed by Applicant)

<i>Last Name</i>			<i>First Name</i>			<i>Middle Name</i>		
<i>Alias Last Name:</i>			<i>Alias First Name:</i>			<i>Alias Middle Name:</i>		
<i>Eye Color</i>	<i>Hair Color</i>	<i>Height</i>	<i>Weight</i>	<i>Sex</i>	<i>Race</i>	<i>Date of Birth</i> _____ / _____ / _____		
<i>City of Birth</i>		<i>State of Birth</i>	<i>Country of Citizenship</i>			<i>Social Security Number</i> _____ / _____ / _____		
<i>Resident Address</i>			<i>City</i>			<i>State</i>	<i>Zip</i>	
<i>Driver's License or State ID Number</i>			<i>State Issued:</i>	<i>Expiration Date</i>		<i>Email Address</i>		<i>Five Digit Pin #</i>
<i>Occupation</i>			<i>Contact Phone Number(Home/Cell)</i> <i>Home:</i> _____ <i>Cell:</i> _____			<i>Employer Phone Number</i>		
<i>Employer Name</i>			<i>Employer Address</i>			<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Passport Information</i>			<i>Not Born in U. S., but a U.S. Citizen</i>			<i>If you are not a U.S. Citizen please provide</i>		
<i>Passport Number:</i> _____			<i>Alien Registration #:</i> _____			<i>I-94 Form #:</i> _____		
<i>Passport Country:</i> _____			<i>DS-1350#:</i> _____			<i>Non-Immigrant Visa #:</i> _____		

Federal Regulations Under 49 TSR 1542.209 (1) imposes a continuing obligation to disclose to the Airport Operator within 24 hours if you have been convicted of any disqualifying criminal offense that occurs while you have unescorted access authority.

The information I have provided on this application is true, complete and correct to the best of my knowledge and belief 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. (Section 1001 of Title 18 of the United States Code).

Print Name

Signature

Date

MUST BE COMPLETED BY PTI AIRPORT (GSO) CERTIFIED AUTHORIZED SIGNATORY

REASON FOR APPLICATION (Must Check One Only)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Contractor	<input type="checkbox"/> Law Enforcement
BADGE TYPE (Must Check One Only)	<input type="checkbox"/> Secured SIDA	<input type="checkbox"/> Cargo SIDA	<input type="checkbox"/> AOA	
	<input type="checkbox"/> Sterile Area	<input type="checkbox"/> FBO Pilot	<input type="checkbox"/> Public Area Only	
BADGE ENDORSEMENTS (Check all that Apply)	<input type="checkbox"/> Escort	<input type="checkbox"/> Non-Escort	<input type="checkbox"/> Emergency Access	
DRIVERS TRAINING REQUIRED	<input type="checkbox"/> Movement Areas	<input type="checkbox"/> Non-Movement Areas	<input type="checkbox"/> None	
SECURE KEY FOR GATE(S) (Check Gates that apply)	<input type="checkbox"/> S-2 Signature <input type="checkbox"/> S-5 VF Hanger <input type="checkbox"/> S-6 – S-8 – S-9 Police & Fire Only <input type="checkbox"/> S-10 Samaritans <input type="checkbox"/> S-10A GF <input type="checkbox"/> S-16 ST/JA <input type="checkbox"/> S- 20 CB1 <input type="checkbox"/> S-22 FD <input type="checkbox"/> S-24 Off BR <input type="checkbox"/> S-25 FVB			

MUST BE COMPLETED BY CERTIFIED PTI AIRPORT (GSO) AUTHORIZED SIGNATORY

I hereby certify that all conditions of TSA Regulation 49 CFR, Parts 1540, 1542, 1544 & 1546 have been met. I further certify that the organization that I represent assumes responsibility for all fines or other penalties imposed by the TSA upon Piedmont Triad Airport Authority for any violation(s) by this applicant. I understand that any intentionally fraudulent or false statements in any application for any Security Program, Access Medium or Identification Badge is a violation of TSR 1540.103 and United States Code Title 18, Section 1001. I may be personally subject to Federal Civil Penalties and Criminal Prosecution.

Company: _____ Telephone #: _____

Signatory Name (Print) _____ Title (Print): _____

Signatory Signature: _____ Date: _____



PRIVACY ACT NOTICE STATEMENT

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 9/11 Commission Act of 2007, §1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a Security Threat Assessment. 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 the fingerprints for enrollment into US-VISIT 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 records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(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. 522a(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: 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 a Security Threat Assessment.

Print Name

Signature

Date

PIEDMONT TRIAD AIRPORT AUTHORITY SECURITY IDENTIFICATION BADGE APPLICATION

DISQUALIFYING CRIMINAL OFFENSES (TSA): An individual has a disqualifying criminal offense if the individual has been convicted, or found not guilty of by reason of insanity, 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:

- | | |
|--|--|
| 1. Forgery of certificates; false making of Aircraft and other aircraft registration violation | 19. Rape or aggravated sexual abuse |
| 2. Interference with air navigation | 20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon |
| 3. Improper transportation of hazardous material | 21. Extortion |
| 4. Aircraft Piracy | 22. Armed or felony unarmed robbery |
| 5. Interference with Flight crew members or Flight Attendants | 23. Distribution of, or intent to distribute, a controlled substance |
| 6. Commission of certain crimes aboard Aircraft in Flight | 24. Felony Arson |
| 7. Carrying a weapon or explosive aboard Aircraft | 25. Felony involving a threat |
| 8. Conveying false information and threats | 26. Felony involving--- |
| 9. Aircraft piracy outside the special Aircraft jurisdiction of the United State | (i) Willful destruction of property |
| 10. Lighting violations involving transporting controlled substances | (ii) Importation or manufacture of a controlled substance |
| 11. Unlawful entry into an Aircraft or Airport area that serves Air Carriers or Foreign Air Carriers contrary to established security requirements | (iii) Burglary |
| 12. Destruction of an Aircraft or Aircraft Facility | (iv) Theft |
| 13. Murder | (v) Dishonesty, fraud, or misrepresentation |
| 14. Assault with intent to murder | (vi) Possession or distribution of stolen property |
| 15. Espionage | (vii) Aggravated assault |
| 16. Sedition | (viii) Bribery; or |
| 17. Kidnapping or hostage taking | (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year |
| 18. Treason | 27. Violence of International Airport |
| | 28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph |

ADDITIONAL GSO DISQUALIFYING CRIMINAL CONVICTIONS: (Either "guilty" or "not guilty" by reason of insanity) * One felony drug conviction in the past ten (10) years or more than one felony conviction in total. *One breaking/entering/larceny conviction in the last ten (10) years or more than one felony conviction in total. * Any conviction for an offense committed using a firearm including carrying of a concealed weapon, possession of an unregistered handgun or possession of a weapon of mass destruction. * Any other convictions or conditions not covered under 49 CFR 1542.209 or Public Law 106-528, which may determine the status of an applicant's eligibility to possess unescorted access privileges.

The Piedmont Triad Airport Authority shall reserve all rights to determine an applicant's eligibility to receive and exercise unescorted access privileges to the SIDA/Secured Area

Federal Regulation Under TSR 49 1542.209(1) impose a continuing obligation to disclose to the Airport Operator within 24 hours if you have been convicted of any disqualifying criminal offense that occurs while you have unescorted access authority.

By my signature below, I certify that
(Check One)

Have _____ or Have Not _____

Been convicted or found guilty by reason of insanity any of the above listed disqualifying crimes. The information I have provided on this application is true, complete and correct to the best of my knowledge and belief, 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.

PRINT NAME

SIGNATURE

DATE

EMPLOYEE CERTIFICATION STATEMENT

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 under Section 1001 of Title 18 of the United States Code

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-10) Aviation Worker Program, 601 South 12th Street Arlington, VA 20598.

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.

The GSO ID Badge is for Official Use Only and is to be used only while On Duty or On Official Company Business.

EMPLOYEE SIGNATURE

_____/_____/_____
DATE OF BIRTH

EMPLOYEE FULL NAME (PRINT)

_____/_____/_____
SOCIAL SECURITY NUMBER

TO BE COMPLETED BY AIRPORT AUTHORITY BADGING OFFICE

Airport Authority Trusted Agent Review and Verification

You must physically examine one document from List A or examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents". For each document you review, record the following information: document title, issuing authority, document number, and expiration date (if any).

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date:	Expiration Date:	

Trusted Agent Processing STA: _____ **STA Date Submitted:** ____/____/____

STA Approval Date: ____/____/____ **Signatory Notification Date:** ____/____/____

Trusted Agent Processing Fingerprints: _____ **Date Fingerprints Submitted:** ____/____/____

Date Fingerprints Approved: ____/____/____ **Driver's License:** ☐ Valid ☐ Not Valid

Trusted Agent who administered SIDA/AOA/ Sterile Area Training and Driving Training

Trusted Agent Initials: _____

Date Training successfully completed: ____/____/____

Date Driver's Training completed: ____/____/____