

Salt Lake City  
Department of Airports**ACCESS CONTROL**

AMF Box 145550, Salt Lake City, UT 84114

Phone: 801-575-2423 Fax: 801-575-2377

www.slcairport.com/badging

**SALT LAKE CITY INTERNATIONAL AIRPORT  
BADGE RENEWAL APPLICATION**

Badge #

Person ID #

**SECTION 1  
APPLICANT INFORMATION**

Present this application along with two (2) forms of identification (refer to the List of Acceptable Documents) in the Badging Office. Type or print legibly using black or blue ink. Complete Sections 1, 3, and 4. Incomplete forms will be returned. Do not leave blank lines; use N/A if not applicable.

Last Name		First Name		Middle Name	
<b>Other Names Used (Include Maiden, Nickname, Aliases)</b>				<b>Race/Ethnicity</b>	
Last Name		First Name		Middle Name	
Driver's License or ID Card Number		State		Date of Birth / /	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Hair Color		Eye Color	
				Height (feet/inches)	
				Weight (lbs.)	
Home Address		City		State	
				Zip	
				Country	
Home or Cell Phone Number ( )		Employer Phone Number ( )		Passport Number	
				Passport Country	
<b>Place of Birth</b>				<b>Citizenship</b>	
City		State		Country	
				Country	
<b>IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Check All That Apply – Enter NA if Not Applicable)</b>				<b>IF YOU ARE NOT A U.S. CITIZEN (Check All That Apply – Enter NA if Not Applicable)</b>	
<input type="checkbox"/> US Passport		No.		<b>If you have a Non-Immigrant Visa, you must also provide the 1-94 Information</b>	
<input type="checkbox"/> Certification of Naturalization (N-550)		Enter A# in spaces provided below		<input type="checkbox"/> Non-Immigrant Visa	
<input type="checkbox"/> Birth Abroad Certificate (Form DS1350 or FS545)		No.		No.	
<input type="checkbox"/> Certificate of Citizenship (N-560)		Enter A# in spaces provided below		<input type="checkbox"/> I-94 Form	
				No. / Type	
Alien Registration Number (Applies to both categories above)		A			

**SECTION 2  
COMPANY INFORMATION**

This section **MUST** be filled out by an authorized signer from the sponsoring company. Type or print legibly in ink or application will be rejected.

Employer		Department	
Sponsoring Company			
<b>REASON FOR UPDATE :</b> <input type="checkbox"/> Renewal <input type="checkbox"/> Name Change <input type="checkbox"/> Upgrade <input type="checkbox"/> Downgrade <i>(For Upgrade/Downgrade mark below which apply)</i>			
<input type="checkbox"/> AOA Driving <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Customs <input type="checkbox"/> Z1 or <input type="checkbox"/> Z2 <input type="checkbox"/> Escort Authority <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> SIDA to SPAO <input type="checkbox"/> SPAO to SIDA			
<b>AUTHORIZING AGENT CERTIFICATION</b>			
AUTHORIZING AGENT NAME (Print):			
AUTHORIZING AGENT SIGNATURE:			
Phone Number: ( )		Date: <b>Valid for 30 days after signed and dated</b>	
		Signature Checked By	

**SECTION 3 - PRIVACY ACT NOTICE**

Authority: 49 U.S. C. §§114, **44936** authorizes 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 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:** 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.

Initials **X** \_\_\_\_\_

**SECTION 4 - SOCIAL SECURITY NUMBER RELEASE**

☐ 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)/Aviation Worker Program, 601 South 12<sup>th</sup> 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.

☐ I do not authorize the release of my Social Security Number. (NOTE: This may slow down the Security Threat Assessment process, but will not disqualify you from receiving a badge. Printed name and signature are still required.)

Printed Name:	First	Middle	Last
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Social Security Number:											
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Applicant's Signature **X** \_\_\_\_\_

**SECTION 5 – ACCESS CONTROL USE ONLY (Do not write below this line)**

Badge Number	Card Number	PIN	Expiration Date
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<input type="checkbox"/> Lost <input type="checkbox"/> Voided	Fee Paid: <input type="checkbox"/> \$50	Recurrent Training Date
Card Number:	<input type="checkbox"/> Cashiers Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order	

Badge Type: ☐ AP II ☐ Contractor ☐ Crew ☐ GA ☐ GT Starter/Loader ☐ Hangar ☐ SIDA ☐ SPAO ☐ Unrestricted ☐ Vendor

Designations: ☐ AOA ☐ Authorized Signer ☐ Customs ☐ Emergency Response ☐ Escort Authority ☐ Fuel Agent ☐ Gate Guard

Warrants: ☐ Cleared ☐ Referred (29's Verified By: \_\_\_\_\_) DL Verification: ☐ Valid ☐ Suspended (DL Verified By: \_\_\_\_\_)

**Additional Card Clearance Codes** (Must check logical device on lost or replaced card to complete)

Comments:

Date Issued	Badge Updated By	Lost Card No. Returned/ Date	Refund Amount Due <input type="checkbox"/> \$25 <input type="checkbox"/> \$50
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**TRAINING TRACKER**

COURSE FAILED	OCCURRENCE #/DATE OF OCCURRENCE		
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>

**SECTION 6 - TERMS AND CONDITIONS OF BADGE HOLDER (To be Completed After Training)**

I agree to return the Airport ID Badge if my employment status changes and I no longer have a need for an Airport ID badge. I understand that there is a \$100 fee for a non-returned badge. I agree to report any lost or stolen Airport ID Badges to the Airport, and also understand that there are replacement fees for a lost/stolen badge.

I understand and acknowledge that violation of the Airport's Security Program will result in administrative action to include badge reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

I understand and acknowledge that by accepting an Airport badge I am giving my consent for search by Department of Airports employees, contract employees authorized by the Department of Airports, and/or TSA personnel of both my person and property whenever entering, being within, or leaving a secure or sterile area of the airport to ensure I have a valid badge and am not carrying any prohibited items. 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. By initialing here, I certify I have read and understood this statement.

Initials X \_\_\_\_\_

**Security Violations Include (Are Not Limited To):**

- Working in the SIDA without an ID badge
- Loaning an Airport ID badge to another individual
- Allowing an individual to follow me, or following another individual, through a door/gate without a valid card swipe (piggyback violation)
- Blocking or leaving a door open and unattended that leads to a restricted area
- Bypassing the passenger screening process when traveling as a passenger
- Leaving a vehicle gate open and unattended
- Conducting an improper escort
- Driving a vehicle in the restricted area without the required company markings on both sides and a ramp permit

Initials X \_\_\_\_\_

**IDENTIFICATION BADGE RECEIVED BY (To be completed upon receipt of badge)**

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL HANDOUTS RECEIVED BY (To be completed upon receipt of badge)**

Applicant's Initials X \_\_\_\_\_ Date \_\_\_\_\_ (Circle Handouts Received) AOA CONTRACTOR ESCORT GA/HANGAR GATE GUARD SIGNER