

SALT LAKE CITY DEPARTMENT OF AIRPORTS NON-RESTRICTED AREA BADGE APPLICATION



Salt Lake City
Department of Airports

Badge #

Person ID #

SECTION 1 APPLICANT INFORMATION	Present this application along with two (2) forms of identification (Refer to the I-9 List of Acceptable Documents.) Type or print legibly using black or blue ink. Complete all applicable sections.
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Last Name	First Name	Middle Name
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Other Names Used (Include Maiden, Nickname, or Aliases)		
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Last Name	First Name	Middle Name
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

Race/Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic, Latino <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Please List) _____					
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Date of Birth (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color	Eye Color	Height (Feet/Inches)	Weight (Lbs.)
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Driver's License or State ID Card Number	State	Home or Cell Phone Number ()	Passport Number	Passport Country
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Mailing Address	City	State	Zip
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Place of Birth			Citizenship	
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City	State	Country	Country
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IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S.			IF YOU ARE NOT A U.S. CITIZEN		
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<input type="checkbox"/> US Passport	No.	<input type="checkbox"/> Non-Immigrant Visa	No.
<input type="checkbox"/> Birth Abroad Certificate (Form DS1350 or FS545)	No.	<input type="checkbox"/> I-94 Form	No.
<input type="checkbox"/> Certification of Naturalization (N-550)	<input type="checkbox"/> Certificate of Citizenship (N-560)	<input type="checkbox"/> Other	No./ Type

Alien Registration Number: (Applies to both categories above)	A								
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SECTION 2 COMPANY INFORMATION	This section MUST be filled out completely by an authorized signer from the sponsoring company. Type or print legibly in black or blue ink or application will be rejected.
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Employer	Department
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Sponsoring Company

BADGE TYPE: <input type="checkbox"/> Bike Path <input type="checkbox"/> Commercial Lane <input type="checkbox"/> Lot 3 Access <input type="checkbox"/> North Support Access <input type="checkbox"/> GT Starter/Loader
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AUTHORIZING AGENT CERTIFICATION
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I certify that I have reviewed this application for accuracy, and verified the employment eligibility of the applicant. I hereby agree that my company, as the applicant's sponsor, will timely pay for all fees and charges related to the issuance of a badge to applicant, including without limitation applicable fees for fingerprinting and processing applicant (if applicable) and issuing a badge. I specifically agree that if this badge is not returned upon termination of applicant's employment, my company, as sponsor, will timely pay applicable non-returned badge fees. I understand that my company's agreement, as sponsor, to be responsible for such charges and fees is a material condition to the Airport's issuance of the badge, and that without such an agreement from the sponsor, the Airport would not issue a badge to applicant.

AUTHORIZING AGENT NAME (Print):	
AUTHORIZING AGENT SIGNATURE:	
Phone Number: ()	Date: VALID FOR 30 DAYS AFTER SIGNED AND DATED Signature Checked By

**SECTION 4
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 9/11 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 your fingerprints for enrollment into the 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 522 a(b) of the Privacy Act, all or 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 identification media.

Initials X _____

**SECTION 5
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 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.

I do not authorize the release of my Social Security Number. (NOTE: This may delay 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 6
PARENT/LEGAL GUARDIAN INFORMATION/CONSENT**

This section must be completed if applicant is a minor.

Last Name	First Name	Middle Name
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My signature below gives my consent for the Salt Lake City Department of Airports to fingerprint my child and to issue an Airport ID badge for the purpose of airport access. (NOTE: PARENT/LEGAL GUARDIAN SIGNATURE WILL ONLY BE ACCEPTED IF NOTARIZED.)

Parent/Legal Guardian Signature	Date
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NOTARY INFORMATION

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) by _____ (person acknowledging, title or representative capacity, if any).

Notary Public
Printed Name: _____ My Commission Expires: _____

(Seal)

SECTION 7**TERMS AND CONDITIONS OF BADGE HOLDER**

This section must be completed after training is complete.

I will not allow anyone to use my Airport ID badge nor will I use another individual's badge. 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 there is a \$50 replacement fee for a lost/stolen badge. There is also a \$25 fee to replace a badge that has been defaced with stickers, pins, etc. **(Fees are subject to change.)**

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

Initials X _____

IDENTIFICATION BADGE RECEIVED BY

This section must be completed at time of badge issuance.

Applicant's Signature X _____ Date _____

SECTION 8**ACCESS CONTROL USE ONLY**

Threat Assessment Date	<input type="checkbox"/> STA Pass <input type="checkbox"/> STA Fail <input type="checkbox"/> EXEMPT	Card Number	Expiration Date	PIN Number
<input type="checkbox"/> Lost <input type="checkbox"/> Voided	Fee Paid: (Bike Path Initial or Lost Commercial/Bike Path) Amount: <input type="checkbox"/> \$15 <input type="checkbox"/> \$50			
Card Number:	<input type="checkbox"/> Cashier Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order			
Warrants: <input type="checkbox"/> Cleared <input type="checkbox"/> Referred (Verified By: _____) DL Verification: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended (Verified By: _____)				
Lost Card No. Returned	Refund Amount Due <input type="checkbox"/> \$0 (Expired) <input type="checkbox"/> \$25 <input type="checkbox"/> \$50		Issued By/Date	
Comments				