

SALT LAKE CITY DEPARTMENT OF AIRPORTS GROUND TRANSPORTATION BADGE APPLICATION



Salt Lake City
Department of Airports

Badge #

Person ID #

SECTION 1
APPLICANT BIOGRAPHIC 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.

Last Name		First Name			Middle Name	
Other Names Used (Include ALL Previous Names, Including Maiden, Nickname, or Aliases)						
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) _____						
Date of Birth (MM/DD/YYYY) / /		YOU MUST BE AT LEAST 21 YEARS OF AGE TO RECEIVE A GROUND TRANSPORTATION DRIVER BADGE				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Hair Color	Eye Color		Height (Feet/Inches)	Weight (Lbs.)
Driver's License or State ID Card Number		State	Home or Cell Phone Number ()		Passport Number	
Mailing Address			City		State	Zip
Place of Birth					Citizenship Country	
City		State	Country			
IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S.				IF YOU ARE NOT A U.S. CITIZEN		
<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		

SECTION 2
COMPANY CREDIT CARD AUTHORIZATION

To be completed ONLY IF BADGE FEES ARE BEING PAID BY THE COMPANY. Leave blank if not applicable.

Company Name: (If Applicable)		Name on Credit Card		Credit Card Number	
Credit Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Card Expiration Date		Dollar Amount Authorized <input type="checkbox"/> \$65 <input type="checkbox"/> Other: _____	
Card Holder Signature		Contact Phone ()		Date	

SECTION 3

DISQUALIFYING OFFENSES

This section must be completed by applicant listed on page 1 of this application.

Any person, who does not comply with the requirements of **Section 5.71.180** of the Salt Lake City Code pertaining to Training Requirements and Drivers Qualifications, or their successors, is not eligible for a Ground Transportation Vehicle Operator Certificate. Additionally, no "certificate" will be issued to any person if they have been convicted, or found guilty by reason of insanity or of a conspiracy or attempt to commit any such crime, in any jurisdiction of any of the following within the past five (5) years. Additionally, the Applicant must not be an individual required to register pursuant to the **Utah Code Title 77, Chapter 41, Sex and Kidnap Offender Registry**, Utah Code Annotated, sex offender registration, or its successor section.

DISQUALIFYING CRIMINAL OFFENSES. Please respond to each statement below by checking either "Yes" or "No" to denote whether or not you have been convicted within the past five (5) years of the corresponding offense. Failure to respond will automatically result in denial. If you answer "yes" to any of the following, you may be ineligible to obtain a driver's badge and will be required to provide additional information for further processing of your application.

Yes <input type="checkbox"/> No <input type="checkbox"/>	Murder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Possession or distribution of stolen property
Yes <input type="checkbox"/> No <input type="checkbox"/>	Assault with intent to murder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Illegal possession of a controlled substance punishable by a maximum imprisonment term of more than one (1) year
Yes <input type="checkbox"/> No <input type="checkbox"/>	Kidnapping or hostage taking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Distribution of, or intent to distribute, a controlled substance
Yes <input type="checkbox"/> No <input type="checkbox"/>	Rape, aggravated sexual abuse, or other sex crimes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reckless driving, driving while under the influence of alcohol or a controlled substance, or being in or about a vehicle while under the influence of alcohol or a controlled substance with the intent of driving.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Unlawful sexual activity with or sexual abuse of a minor over the internet	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony arson
Yes <input type="checkbox"/> No <input type="checkbox"/>	Unlawful sexual intercourse or conduct, object rape or sodomy, forcible sexual abuse, or lewdness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving a threat
Yes <input type="checkbox"/> No <input type="checkbox"/>	Unlawful sexual exploitation of a minor or incest	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving willful destruction of property
Yes <input type="checkbox"/> No <input type="checkbox"/>	Stalking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving dishonesty, fraud, or misrepresentation
Yes <input type="checkbox"/> No <input type="checkbox"/>	Urinating in public or other disorderly conduct at a time when the applicant was engaged in operating a ground transportation business	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving importation or manufacture of a controlled substance
Yes <input type="checkbox"/> No <input type="checkbox"/>	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving a driving offense
Yes <input type="checkbox"/> No <input type="checkbox"/>	Extortion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft piracy outside the United States under (49 U.S.C. 46502(b))
Yes <input type="checkbox"/> No <input type="checkbox"/>	Robbery, burglary, theft or bribery	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lighting violations involving transporting controlled substances under (49 U.S.C. 46315)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft registration violations under (49 U.S.C. 46306)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Unlawful entry into an aircraft or airport area contrary to security regulations under (49 U.S.C. 46314)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Interference with air navigation under (49 U.S.C. 46308)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Destruction of an aircraft or aircraft facility under (18 U.S.C. Section 32)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Improper transportation of hazardous material under (49 U.S.C. 46312)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Violence at airports under (18 USC Section 37)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft piracy under (49 U.S.C. 46502)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Espionage, sedition or treason (Ord. 48-0752, 2007: Ord. 69-04 § 2, 2004)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Interference with flight crew members under (49 U.S.C. 46504)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Crimes aboard aircraft under (49 U.S.C. 46506)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Carrying a weapon or explosive aboard an aircraft under (49 U.S.C. 46505)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Conveying false information and threats under (49 U.S.C. 46507)		

The information I have provided in 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 can be punished by fine or imprisonment or both (**Section 1001 of Title 18 of the United States Code**). By signing this document, I consent to the performance of a warrants check and any other background verifications or actions taken by Salt Lake City Corporation in accordance with TSA and Airport requirements governing identification badges. **Initials X**_____

I agree to notify Salt Lake City Corporation within 24 hours if I am convicted or found guilty by reason of insanity of any of the above disqualifying crimes and will return my badge. **Initials X**_____

I, having made application with Salt Lake City Corporation for issuance of a Ground Transportation Vehicle Operator's Certificate as required by Salt Lake City Code and authorized by the Utah Code, hereby waive the benefit of any local, state, or federal statute, rule, ordinance, regulation, or other law prescribing the confidentiality of any records or documents, whether formal or informal, pending or closed, maintained by any public or private agency or organization as those records or documents pertaining to residency, activities, business, education/training, employment, civil litigation, criminal litigation, law enforcement investigation, pleas in abeyance, or license denial or revocation of any jurisdiction. **Initials X**_____

I hereby authorize and request every public or private agency, organization, or person maintaining such records to furnish to the Salt Lake City Corporation, or their agents or representatives, any information contained therein and permit them to inspect and make copies of such records and documents. **Initials X**_____

I hereby release Salt Lake City Corporation, including but not limited to their employees, agents or representatives, and any agency, organization, or person furnishing them information from all liability arising out of any investigation concerning the aforementioned license application. I further agree that a copy of this waiver shall function as an original. **Initials X**_____

I hereby state that the information contained herein is true and correct. I understand that any findings from this comprehensive investigation of my background which may be contrary to that which I have reported herein shall be cause for disqualification from further consideration for a Ground Transportation Vehicle Operator's Certificate. **Initials X**_____

I agree that the results of the criminal history records check can be disclosed to my employer and I understand that I may obtain a copy upon written request to the Airport Security Coordinator. **Initials X**_____

Applicant's Signature X _____ **Date** _____

**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); **FAA Reauthorization Act of 2018**, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), 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 a security threat assessment.

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, **Intelligence and Analysis (IA)**, 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.

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
Social Security Number:			

Applicant's Signature X _____

SECTION 6**TERMS AND CONDITIONS OF BADGE HOLDER - to 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 _____

Security Responsibility Agreement

- I will swipe my Airport ID badge and enter a PIN each time I enter the CASS-controlled gate(s) leading to the commercial lanes.
- I will not allow unauthorized access through a controlled access point (**piggybacking**).
- I will not give out confidential security information.
- I will wear the Airport ID badge on my outermost garment when operating at the Airport.

Initials X _____

IDENTIFICATION BADGE RECEIVED BY - to be completed at time of badge issuance.

Applicant's Signature X _____ Date _____

I understand that when no longer required, my badge must be immediately returned to the Airport's Access Control Office or a \$100 non-returned badge fee will be assessed. Initials X _____

SECTION 7**ACCESS CONTROL USE ONLY**

Payment Type: <input type="checkbox"/> Cashier Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order			Amount: <input type="checkbox"/> \$65 <input type="checkbox"/> Other: _____		Received By		
Threat Assessment Date		<input type="checkbox"/> STA Pass <input type="checkbox"/> STA Fail		CHRC Results Date		CHRC Case Number	
Card Number		Training Date		Expiration Date		PIN Number	
Lost Fee Paid: <input type="checkbox"/> \$50 <input type="checkbox"/> N/A <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order		Refund Amount Due <input type="checkbox"/> \$0 (Expired) <input type="checkbox"/> \$25 <input type="checkbox"/> \$50		Lost Card No./Returned Date		<input type="checkbox"/> Lost <input type="checkbox"/> Voided Card Number:	
Warrants: <input type="checkbox"/> Cleared <input type="checkbox"/> Referred (Verified By: _____) DL Verification: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended (Verified By: _____)							
I certify that I have verified the identity and work authorization of the applicant.							
Verified By X _____						Date _____	
Comments						Issued By / Date	