

**SECTION 3
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
Social Security Number:			

Applicant's Signature **X** _____

**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** _____

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

This section must 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 8
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"/> Cashiers 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	<input type="checkbox"/> Lost <input type="checkbox"/> Voided Card Number:

Warrants: Cleared Referred (Verified By: _____) **DL Verification:** Valid 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 _____