CITY OF ABILENE

ABILENE REGIONAL AIRPORT

Abilene Regional Airport
Security Badge Application/Renewal

Please print clearly in ink

Renewing Badgeholders Only
Current Badge #: _____

I currently have possession of my badge ___ *Yes* ___ *No*
If you answered "No", call 676-6369 immediately to report your lost/stolen badge.

Review and update all information below.

Badge Applicant:

Legal Name: _____
Last First Middle

Other Name(s) Used : _____
Last First Middle

Male ___ Female ___ Birthdate: _____
MM/DD/YYYY

Country of Birth:_____ Citizenship Country:_____

Social Security Number *:_____ Race: _____

Alien Registration # (if applicable):_____

I-94 Arrival/Departure Form Number (11 Digits) _____

Non-Immigrant Visa # (if applicable): _____

Passport Country: _____ Passport Number *: _____

*** Individuals applying for a SIDA must include their SSN, or TSA will not process the application or conduct the STA. For individuals applying for AOA Area media, providing the SSN is voluntary, but failure to provide it may prevent completion of the STA.**

TSA Approved
December 20, 2018

For Individuals who are U.S. citizens born abroad or naturalized U.S. citizens:

U.S. Passport #: _____

Certification of Naturalization #: _____

Certification of Birth Abroad, Form DS-1350 #: _____

Employer: _____

Home/Day Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License: State: _____ Number: _____ Expiration:_____
mm/dd/yyyy

In the past ten years, I have been convicted of a crime other than a minor traffic offense:
_____ Yes _____ No

If you checked Yes, explain: _____

_____

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 (see 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, 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 understand and affirm that once I am issued an airport security badge, I am responsible for its accountability, reporting my conviction of a criminal offense as listed in 14CFR Part 1542 and for my conduct and the conduct of those I escort onto the airport's restricted access areas. I understand and affirm that I am responsible for the replacement cost if my badge is lost or stolen and will immediately report my badge as lost or stolen upon discovering so and that my badge is the property of City of Abilene's Department of Aviation and may be suspended or revoked by that department.

_____ _____
Applicant's Signature Date

Print Full Name, SSN and Date of Birth: _____

TSA Approved
December 20, 2018

The Privacy Act of 1974
5 U.S.C. 552a(e)(3)

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 110-53, 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 biographic 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 US-VISIT Automated Biometrics Identification System (IDENT). 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: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

Subject to Search

Each Badge holder is subject to search of their person, vehicle and accessible property while inside the AOA, Sterile Area and Secured Area.

Authorizer:

I, _____, as Authorizer for _____
Name Company/Tenant/Organization Name
hereby authorize the above named applicant to receive a security badge or be granted appropriate airport access. I certify a specific need exists for providing the applicant with unescorted access authority. The individual applicant acknowledges their security responsibilities under 49 CFR Part 1542.105(a).

I request that this applicant receive a badge or access approval for the following access sections:
___ Section A (SIDA) ___ Section B (Non-SIDA) ___ Section C (Non-SIDA)
___ Section D (Non-SIDA) ___ Section E (Non-SIDA)

I request that this applicant be granted the following AOA driver classification:

___ Class I (Movement Area) ___ Class II (Non-Movement Area) ___ None

_____ _____
Authorizer Signature Date

Airport:

Access Sections granted access: ___ Section A (SIDA) ___ Section B (Non-SIDA)
___ Section C ((Non-SIDA) ___ Section D (Non-SIDA) ___ Section E (Non-SIDA)

Based on the Access Sections to which applicant is granted access, the following background investigation has been satisfactorily completed and attached:

___ Fingerprint-based FBI CHRC (___cost of CHRC has been paid in full)

Badge Number Issued: _____ Badge Color: _____

Badge Expiration Date: _____

AOA Driving Authorization:

___ Class I (Movement Area) ___ Class II (Non-Movement Area) ___ None

_____ Airport Representative

_____ Date

Badge Action:

Date	Action (Renewal, Replacement, Suspension, Revocation)	Explanation	New Badge Number	New Expiration	Airport Representative

TSA APPROVED
DATE: 8-17-15