



## 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 325-676-6369 immediately to report your lost/stolen badge.  
Review and update all information below.*

### **New 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: \_\_\_\_\_

State of Birth if Country of Birth is USA: \_\_\_\_\_

Social Security Number \*: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

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.



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: \_\_\_\_\_

Applicant's Home/Day Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

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, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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 14 CFR 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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



### Privacy Act Notice

**Authority:** Title 6 of the United States Code (U.S.C.), section 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); the *FAA Reauthorization Act of 2018*, §1934(c), (i) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, as amended.

**Purpose:** The U.S. Department of Homeland Security (DHS) will use the biographic and biometric information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI). The FBI will compare your fingerprints to other fingerprints in its Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may keep your fingerprints and associated information in NGI after the completion of this application and continue to compare them against other fingerprints submitted to or kept by NGI. DHS will also send your fingerprints for enrollment into the DHS Automated Biometrics Identification System (IDENT).

DHS will also maintain a national, centralized revocation database. This database will contain the names of individuals who have had airport-issued identification (ID) media revoked for not complying with aviation security requirements. Individuals who believe their name is mistakenly entered in the database can ask for the record to be corrected and have their name removed from the database by following the aircraft or airport operator's redress procedures.

**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 under 5 U.S.C. 522a(b)(3). Routine use includes those uses identified in the TSA system of records notice DHS/TSA 002, Transportation Security Threat Assessment System. It also includes disclosures to third parties during a security threat assessment, employment investigation, or adjudication of a waiver or appeal request as necessary to get information relevant to assessing, investigating, or adjudicating your application.

For as long as your fingerprints and associated information are kept in NGI, your information may be disclosed with your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

DHS may provide your name and social security number (SSN) to the Social Security Administration (SSA) to validate that information against SSA records.

**Disclosure:** Under section 1934(c) of the *FAA Reauthorization Act of 2018*, TSA must collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. If you do not provide this information, TSA will deny your request for a SIDA credential. Although providing your SSN is voluntary for other aviation credentials, if you do not provide it, DHS may be unable to complete your security threat assessment.

### Subject to Search/Screening Notice

Each Badge Holder is subject to search of their person, vehicle, and accessible property while inside the AOA, Sterile, and Secured Area. Any employee holding a credential granting access to a Security Identification Display Area (SIDA) may be screened at any time while gaining access to, working in, or leaving a SIDA.

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Applicant's Signature

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Date

**Badge Authorizers Only:**

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 1540.105(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 Only:**

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

Updated 02/01/2022

*Angie Williams*