BADGE RENEWAL APPLICATION FORM

Kalamazoo|Battle Creek International Airport

FOR ACTIVE BADGEHOLDERS ONLY

APPLICATION PAPERWORK MUST BE SUBMITTED BY THE APPLICANT IN PERSON, ALONG WITH ORIGINAL FORMS OF IDENTIFICATION AS DESCRIBED HEREIN. COMPLETED FORMS MAY BE SUBMITTED TO THE BADGING OFFICE. PLEASE INSURE THAT ALL REQUESTED INFORMATION IS COMPLETE—NO INCOMPLETE APPLICATIONS WILL BE PROCESSED.

Badge Renewal Fees:
AOA - $25.00
SIDA- $60.00
Driver-additional $20.00

APPLICANT INFORMATION SECTION

(TO BE COMPLETED BY APPLICANT)

NAME _____
Full Last Name Full First Name Full Middle Name

ANY OTHER NAME PREVIOUSLY USED

_____
Full Last Name Full First Name Full Middle Name

RESIDENCE ADDRESS_____
Street City State Zip

HOME PHONE (__ __ __) __ __ __ - __ __ __ __ WORK PHONE (__ __ __) __ __ __ -__ __ __ __ EMPLOYER_____

EMAIL ADDRESS _____ CELL PHONE (___ ___ ___)___ ___ ___- ___ ___ ___ ___

EMERGENCY CONTACT & PHONE (___ ___ ___) ___ ___ ___ -___ ___ ___ ___ Name: _____

DOB:_____/_____/_____ SEX:_____ HAIR COLOR:_____ EYE COLOR:_____ HEIGHT:_____ WEIGHT:_____

PLACE OF BIRTH_____ CITIZENSHIP_____
State/Province Country Country

"I AGREE TO COMPLY WITH ALL SECURITY RULES AND REGULATIONS. I ALSO UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN REVOCATION OF MY ID BADGE AND UNESCORTED ACCESS PRIVILIGES."

"I CERTIFY THAT 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 49 CFR 1540.103(A) PROHIBITS ANY PERSON FROM MAKING A FRAUDULENT OR INTENTIONALLY FALSE STATEMENT IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM OR IDENTIFICATION MEDIUM. I ALSO UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH." (SECTION 1001 OF TITLE 18, U.S.C.) I ALSO CERTIFY THAT I HAVE READ AND UNDERSTAND THE PRIVACY ACT NOTICE THAT IS ATTACHED TO THIS BADGE APPLICATION PACKET, AND HEREBY AGREE TO ALL OF ITS TERMS AND CONDITIONS THAT ARE DESCRIBED IN SAID PRIVACY ACT.

_____ _____
Original Applicant Signature (No Faxes or Copies) Date

AUTHORIZED SIGNATORY SECTION

To be completed by authorized signatory

AS AN AUTHORIZED SIGNATORY FOR _____, I HEREBY VERIFY THAT _____

STILL HAS A LEGITIMATE NEED FOR AN AIRPORT BADGE

_____ _____ (__ __ __) __ __ __ -__ __ __ __ _____
Authorized Signatory (original signature – no fax/copies Printed Name Phone number Date

Office use only beyond this point

AIRPORT ADMINISTRATION SECTION

(TO BE COMPLETED BY AIRPORT ADMINISTRATION)

TYPE: BLUE RED GREEN PURPLE // DRIVER NON-DRIVER // ESCORT (CIRCLE ALL THAT APPLY)

STA INFORMATION COLLECTED BY _____ STA INFORMATION SUBMITTED BY _____ STA APPROVAL COMPLETE _____

BADGE ISSUE DATE_____ BADGE ISSUED BY _____ NEW BADGE NUMBER _____ OLD BADGE NUMBER _____ OLD BADGE DESTROYED ____

BILLING: EMPLOYER // INDIVIDUAL // N/C // BILL TO HANGER (CIRCLE ONE) CHARGE: _____

NOTE: ATTACH ALL RELATED PAPERWORK TO THIS APPLICATION

2nd revision –Sep. 2015 ___CHRC Resubmitted ___Continuum Updated ___TSA Updated ___Billing Updated

KALAMAZOO | BATTLE CREEK
INTERNATIONAL AIRPORT

Identity Verification Form

THIS FORM AND COPIES OF THE ORIGINAL DOCUMENTS MUST ACCOMPANY APPLICATIONS FOR ALL TYPES OF BADGES.

_____

First Document (from list A or B)

_____

Second Document (from list C)

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, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th St, 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 have been provided a copy of the Privacy Act Notice.

Signature:_____Date of Birth:_____.

SSN and Full Name:_____.

Country of birth:_____ Citizenship:_____

DO NOT WRITE BELOW THIS LINE

Information / Documents collected By:_____ Data submitted by:_____

Privacy Act Notice

THIS MUST BE GIVEN TO ALL BADGE APPLICANTS.

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 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). 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. 522a(b) of the Privacy Act, all or a portion of the records or information contained in the system 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 disclose 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