

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.

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 _____ EMERGENCY CONTACT & PHONE _____

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.)

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 _____

IS STILL AN ACTIVE EMPLOYEE WITH OUR COMPANY / ORGANIZATION.

AUTHORIZED SIGNATORY (ORIGINAL SIGNATURE—NO FAX/COPIES) PRINTED NAME PHONE DATE

AIRPORT ADMINISTRATION SECTION
(TO BE COMPLETED BY AIRPORT ADMINISTRATION)

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

BADGE ISSUE DATE _____ BILLING: EMPLOYER // INDIVIDUAL // N/C (CIRCLE ONE)

CHARGE: _____

NEW BADGE NUMBER _____ TYPE: BLUE RED GREEN CHECKERBOARD (CIRCLE ONE)

BADGE ISSUED BY _____ OLD BADGE NUMBER: _____ OLD BADGE DESTROYED _____

NOTE: ATTACH ALL RELATED PAPERWORK TO THIS APPLICATION



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-19)/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: _____

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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: 49 U.S.C. §§114, 44936 authorizes the collection of this information.

Purpose: Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's 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's records to ensure the validity of your name and SSN.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

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 identification media.