



## GENERAL AVIATION (GA) AND VENDOR BADGE APPLICATION

**BADGE HOLDER INFORMATION:** PRESENT THIS APPLICATION WITH TWO (2) FORMS OF IDENTIFICATION (REFER TO I-9 LIST OF ACCEPTABLE DOCUMENTS) TYPE OR PRINT LEGIBLY AND COMPLETELY USING BLUE OR BLACK INK ONLY. INCOMPLETE/ILLEGIBLE APPLICATION WILL NOT BE ACCEPTED.

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

### ALIAS OR OTHER NAMES USED (include all previous names including maiden, nickname or aliases)

ALIAS: \_\_\_\_\_ ALIAS: \_\_\_\_\_  
LAST FIRST MIDDLE LAST FIRST MIDDLE

ALIAS: \_\_\_\_\_ ALIAS: \_\_\_\_\_  
LAST FIRST MIDDLE LAST FIRST MIDDLE

### CONTACT INFORMATION

MAILING ADDRESS: \_\_\_\_\_  
NUMBER STREET APT/UNIT

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PERSONAL INFORMATION

SOCIAL SECURITY # : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
STATE, COUNTRY

DRIVER'S LICENSE STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

### IDENTIFICATION INFORMATION

PASSPORT ISSUING COUNTRY: \_\_\_\_\_ PASSPORT # : \_\_\_\_\_

CERTIFICATE OF NATURALIZATION # : \_\_\_\_\_ CERTIFICATE OF BIRTH ABROAD # : \_\_\_\_\_

ALIEN REGISTRATION # : \_\_\_\_\_ NON-IMMIGRANT VISA # : \_\_\_\_\_ I-94 ARRIVAL/DEPARTURE FORM # : \_\_\_\_\_

### GA APPLICANTS VEHICLE INFORMATION

LICENSE PLATE STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

"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 have read and understand the SS Authorization Statement.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZED SIGNATORY**

**AIRPORT DRIVING PRIVILEGES GA APPLICANTS ONLY**

NO DRIVING       NON-MOVEMENT DRIVING       MOVEMENT DRIVING

I certify that a specific need exists for providing the individual applicant with unescorted access authority. The individual applicant has been advised of the rules governing the issuance, display, and surrender of the SIDA identification ID as outlined in the Airport Security Program for the airport. The individual applicant acknowledges they will have security responsibilities under 49 CFR 1540.105(a) when issued access media.

If required, I certify that the applicant has been instructed in the operation of Ground Equipment in accordance with the Boise Airport rules and regulations.

I understand that the company named in this application accepts responsibility to **IMMEDIATELY NOTIFY** Airport Operations (208-972-8420) when the applicant terminates employment with the company. In accordance with Public Law 110-161, . . . “any employer who employs an employee to whom an airport security badge or other identifier used to obtain access to a secure area of an airport is issued before, on, or after the date of enactment of this paragraph and who does not collect or make reasonable efforts to collect such badges from the employee on the date that the employment....is terminated and does not notify the operator of the airport....within 24 hours....shall be liable to the government for a civil penalty not to exceed \$10,000.” In addition, the airport will assess a \$100 fee for each badge that isn’t returned.

I understand that \_\_\_\_\_ is responsible for any and all violations of 49 CFR  
COMPANY NAME  
1542 involving the wear and use of SIDA identification ID’s and that \_\_\_\_\_  
COMPANY NAME  
is liable for any and all fines levied by the TSA for these violations.

AUTHORIZED SIGNATORY PRINTED NAME: \_\_\_\_\_

AUTHORIZED SIGNATORY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATORY TRAINING DATE: \_\_\_\_\_

NOTE: This section IS NOT signed by the company Signatory UNTIL he/she reviews the application and ensures that:

- 1) it is legible,
- 2) complies with all requirements as indicated by the attached instruction sheet, and
- 3) indicates whether or not the individual will be getting an airport driver’s license and if so what type.

Airport Credentialing reserves the right to refuse to process the application if application requirements are not met.

## PRIVACY ACT NOTICE

**AUTHORITY:** 6 U.S.C § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 503a, 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 (November 22, 1943), as amended.

**PURPOSE:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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 the fingerprints for enrollment into the US-VISIT Automated Biometrics Identification System (IDENT).

DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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 provide 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.

I have read and understand the Privacy Act Statement.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PRIVACY NOTICE FOR COLLECTION OF SECURE FLIGHT PASSENGER DATA

The Transportation Security Administration of the U.S. Department of Homeland Security requires us to collect information from you for purposes of watch list screening, under the authority of 49 U.S.C section 114, and the Intelligence Reform and Terrorism Prevention Act of 2004. Providing this information is voluntary; however, if it is not provided, you may be subject to additional screening or denied transport or authorization to enter a sterile area. TSA may share information you provide with law enforcement or intelligence agencies or others under its published system of records notice. For more on TSA Privacy Policies, or to view the system of records notice and the privacy impact assessment, please see TSA's Web site at [www.tsa.gov](http://www.tsa.gov).

I have read and understand the Privacy Notice for Collection of Secure Flight Passenger Data

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SOCIAL SECURITY AUTHORIZATION STATEMENT

The Transportation Security Administration of the U.S. Department of Homeland Security requires us to collect information from you for purposes of watch list screening, under the authority of 49 U.S.C section 114, and the Intelligence Reform and Terrorism Prevention Act of 2004. Providing this information is voluntary; however, if it is not provided, you may be subject to additional screening or denied transport or authorization to enter a sterile area. TSA may share information you provide with law enforcement or intelligence agencies or others under its published system of records notice. For more on TSA Privacy Policies, or to view the system of records notice and the privacy impact assessment, please see TSA's Web site at [www.tsa.gov](http://www.tsa.gov).

I have read and understand the Privacy Notice for Collection of Secure Flight Passenger Data

SIGNATURE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, YOUR PARENT/GUARDIAN MUST CONSENT TO THE FINGERPRINT BASED CRIMINAL HISTORY RECORDS CHECK AND THE DEPARTMENT OF HOMELAND SECURITY, TRANSPORTATION SECURITY ADMINISTRATION, SECURITY THREAT ASSESSMENT.**

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BOISE AIR TERMINAL SECURITY PERMIT	INITIAL
1. This badge is issued for my INDIVIDUAL USE ONLY and I will not, under any conditions, allow another person to use it.	
2. I understand that at the time this application is submitted, I must present two (2) current forms of personal identification, in accordance with TSA's list of acceptable documents.	
3. All badges remain the property of the Boise Air Terminal and must be returned to Airport Operations upon demand of Airport Operations or upon my resignation, termination or at any other time access is no longer required. The Airport may assess \$100 fee for each badge that isn't returned.	
<p>4. If my badge is lost or stolen, I will immediately notify Airport Operations and apply for a replacement. Replacement fee for a lost SIDA Badge is as follows:</p> <p style="padding-left: 40px;">1st lost card: \$50.00 – Required to retake the computer-based training.</p> <p style="padding-left: 40px;">2nd lost card: \$75.00 – Required to retake the computer-based training accompanied by the employee's supervisor.</p> <p style="padding-left: 40px;">3rd lost card: \$100.00 – Required to retake the computer-based training, accompanied by the employee's supervisor.</p> <p style="padding-left: 40px;">NOTE: Monies are payable prior to issuance of a new card.</p>	
5. Any changes made to the airport access media badge will result in a badge change fee of \$25. This will include badges that have escort privileges added, driver's license added, names changes, etc.	
6. Any violation of the Airport Rules and Regulations or the Airport Security Program may result in suspension, revocation, and/or denial of an airport access media badge.	

“The information I have provided is true, complete 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).”

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANTS APPLYING FOR AN AIRPORT DRIVER'S LICENSE	INITIAL
1. Applicant agrees to comply with the airport driver's rules and regulations in the Boise Airport Drivers Handbook. (Hard copy of this manual is available upon written request.)	
2. Applicant understands that failure to comply with Boise Airport driver's rules and regulations may result in fines being imposed by the Federal Aviation Administration in addition to any enforcement action taken by the airport.	
3. Applicant agrees to display the vehicle permit hang-tag from the rear view mirror of the vehicle anytime the vehicle is on airport property.	
4. My signature above certifies that I agree to the language stated above and will be provided information and training in accordance with FAA Regulation Part 139, Vehicle Ground Safety Control at the Boise Airport.	