



RENEWAL MEDIA 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 NAME

CONTACT INFORMATION

MAILING ADDRESS: _____
NUMBER STREET APT/JUNIT

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

PERSONAL INFORMATION

PLACE OF BIRTH: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER #: _____
STATE & COUNTRY

DRIVER'S LICENSE STATE: _____ NUMBER: _____ EXPIRATION: _____

CRIMINAL HISTORY RECORDS CHECK INFORMATION

RACE: _____ SEX: _____ HEIGHT: _____

WEIGHT (LBS): _____ EYE COLOR: _____ HAIR COLOR: _____

IDENTIFICATION INFORMATION

PASSPORT ISSUING COUNTRY: _____ PASSPORT #: _____

CERTIFICATE OF NATURALIZATION #: _____ CERTIFICATE OF BIRTH ABROAD #: _____

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

"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, 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 have read and understand the SS Authorization Statement.

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATORY

BADGE TYPE:

AIRPORT DRIVING PRIVILEGES SIDA APPLICANTS ONLY

 SIDA SAAB 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/SAAB identification ID as outlined in the Airport Security Program for the airport. The individual applicant acknowledges the 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 1542 involving the

COMPANY NAME

the wear and use of SIDA/SAAB identification ID's and that _____ is liable for any and all

COMPANY NAME

finances levied by the TSA for these violations.

NOTE: This section is NOT signed by the company signatory UNTIL the signatory 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 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.

AUTHORIZED SIGNATORY PRINTED NAME: _____ DATE: _____

AUTHORIZED SIGNATORY SIGNATURE: _____

AUTHORIZED SIGNATORY TRAINING DATE: _____

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.

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: _____