# KETCHIKAN INTERNATIONAL AIRPORT BADGE APPLICATION

PLEASE TYPE OR PRINT APPLICATION IN BLUE OR BLACK INK.
*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED*

VALID I-9 DOCUMENTATION REQUIRED AT TIME OF INITIAL APPLICATION

New Badge _____ or Renewal Badge _____

BADGING and FINGERPRINTING FEES (no charge for renewals):

| | |
|---|---|
| SIDA, ID and Sterile Area badges* | $60.00 |
| AOA badges: | $30.00 |
| Lost/non-returned badge fee: | $150.00 |

*The charge for the SIDA/ID/Sterile Area badge includes the cost of the requisite Criminal History Records Check (CHRC) through the FBI. Should applicant have a qualified CHRC obtainable from their employer, the cost for the SIDA/ID/Sterile area badge shall be $30.00. Acceptable payment arrangements must be coordinated before badging or fingerprinting.

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Full Legal Last Name:

Full Legal First & Middle Name:

Other Names/Aliases (to include maiden name, nicknames, aliases):

Alias #1 - Last Name:

Alias #1 - First & Middle Name:

Alias #2 - Last Name:

Alias #2 - First & Middle Name:

Current Mailing Address:_____

City:_____ State:_____ Zip:_____

Contact Phone (____) _____-_____ Birthdate (mm/dd/yyyy): (____/___/_____)

Country of Citizenship: _____Place of Birth (City, State, Country):_____

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**NON US CITIZENS** are ***required*** to provide one of the following:

Alien Registration Number (9 Digits, No Dashes): _____ *OR*

I-94 Arrival/Departure Form Number (11 Digits, No Dashes): _____

**NON-IMMIGRANT VISA HOLDERS** are ***required*** to provide their Visa Control #: _____

**NATURALIZED CITIZENS or US CITIZENS BORN ABROAD** are ***required*** to provide one of the following:

US Passport Number: _____ *OR* Certificate of Naturalization Number: _____

Revised 12-5-2012. Prior versions not accepted.

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*OR* Certification of Birth Abroad (form DS-1350): DS _____ (10 digit number)

**BADGE APPLICANT CERTIFICATION**

The information I have provided on this application 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 understand that the badge and any access mediums issued to me are the property of the Ketchikan International Airport.

_____ _____
Applicant Signature Date

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EMPLOYER/COMPANY complete this section:

Badge Requested: _____ SIDA _____ Sterile Area _____ AOA _____ ID

Endorsements Requested: _____ Escort _____ Driving (new and renewal badge applicants attach requisite paperwork)

____ Movement Area

Other Access Media Requested for New Applicants only: _____ Proximity Card (attach requisite paperwork)

_____ Key (attach requisite paperwork)

I certify that the applicant is currently employed by the undersigned. The applicant is required to have the requested access and privileges in order to perform their job.

I acknowledge that the entity requesting this badge will be held responsible for the lost badge fee ($200.00), if not returned at the end of their operational need or when requested by the Airport.

I am required to inform the airport operator should the above person no longer meet the requirements to work or reside in the United States via their I-9 documentation (Ex. A visa authorizing employment has expired).

Print Employer/Company Name: _____

_____ _____
Authorized Signatory Date

AIRPORT USE ONLY

**Trusted Agent will initial steps performed:**

_____ **Confirmed I-9 Documentation** _____ **Submitted STA & CHRC** (as applicable)

_____ **Training Completed** _____ **Confirmed STA & CHRC results** (as applicable)

_____ **Issued media**

Badge Issued: _____ SIDA _____ Sterile Area _____ AOA _____ ID

Endorsements Issued: _____ Driving _____ Movement Area _____ Escort

Access Media Issued: _____ Proximity Card _____ Key

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## SOCIAL SECURITY NUMBER RELEASE

***(NEW BADGE APPLICANTS ONLY)***

I authorize the Social Security Administration to release my Social Security Number (SSN) 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 Street, Arlington, VA 22202.

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.

_____ _____
Social Security Number Date of Birth

_____
Print Full Name

_____ _____
Applicant Signature Date

**PRIVACY ACT NOTICE**

Authority: 49 USC §§114, 44936 authorizes the collection of this information.

Purpose: The 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.