

NON-IMMIGRANT VISA HOLDERS complete this section:

Visa Control No.: _____

NATURALIZED CITIZENS or US CITIZENS BORN ABROAD complete this section:

US Passport Number: _____

OR

Certificate of Naturalization Number: _____

OR

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

ALL APPLICANT CERTIFICATION

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 understand that the badge and any access mediums issued to me are the property of the Ketchikan International Airport.

Applicant Signature

Date

EMPLOYER/COMPANY complete this section:

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

Endorsements Requested: _____ Driving _____ Movement Area _____ Escort

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 COMPANY WILL BE HELD RESPONSIBLE FOR THE LOST BADGE FEE (\$100.00) IF NOT RETURNED WHEN EMPLOYEE IS TERMINATED/LAID OFF/RESIGNED OR WHEN NOT RETURNED AT AIRPORT MANAGEMENT REQUEST.

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 Company Name: _____

Authorized Representative Signature

Date

AIRPORT USE ONLY

TA to initial steps performed:

- _____ Submitted CHRC/STA
- _____ Performed training
- _____ Confirmed I-9 Documentation, STA & CHRC results (attached)
- _____ No fly/Selectee lists checked
- _____ Issued media

Badge No. _____

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

Endorsements Given: _____ Driving _____ Movement Area _____ Escort

SOCIAL SECURITY NUMBER RELEASE

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.