

# BADGE APPLICATION FORM

## KALAMAZOO / BATTLE CREEK INTERNATIONAL AIRPORT

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 ENSURE THAT ALL REQUESTED INFORMATION IS COMPLETED – NO INCOMPLETE APPLICATIONS WILL BE PROCESSED.

### APPLICANT INFORMATION SECTION

(TO BE COMPLETED BY APPLICANT)

FOR CURRENT BADGE FEES, PLEASE REFER TO [www.flyazo.com](http://www.flyazo.com)

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/CELL PHONE (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ 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 PRIVILEGES."

"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.) I ALSO CERTIFY THAT I HAVE READ AND UNDERSTAND THE PRIVACY ACT NOTICE THAT IS ATTACHED TO THIS BADGE APPLICATION PACKET, AND HEREBY AGREE TO ALL OF ITS TERMS AND CONDITIONS THAT ARE DESCRIBED IN SAID PRIVACY ACT. I ALSO ACKNOWLEDGE MY SECURITY RESPONSIBILITIES UNDER 49 CFR 1540.105(a), OF WHICH IS ATTACHED TO THIS BADGE APPLICATION PACKET, AND HEREBY AGREE TO ALL OF ITS TERMS AND CONDITIONS THAT ARE DESCRIBED IN SAID REGULATION."

ORIGINAL APPLICANT SIGNATURE (NO FAXES OR COPIES) \_\_\_\_\_ DATE \_\_\_\_\_

### AUTHORIZED SIGNATORY SECTION

TO BE COMPLETED BY AUTHORIZED SIGNATORY

BADGE TYPE REQUESTED: \_\_\_\_\_ BLUE (ALL AREAS) \_\_\_\_\_ RED (SIDA/SECURED/STERILE) \_\_\_\_\_ GREEN (AOA)  
 \_\_\_\_\_ YELLOW (STERILE, NO SIDA)

REASON FOR BADGE: \_\_\_\_\_ DRIVING PRIVILEGES REQUESTED: (YES/NO)  
(HANGAR ACCESS/ EMPLOYMENT/ FLIGHT CLUB/ FLIGHT STUDENT or INSTRUCTOR)

AUTHORIZED SIGNATORY (ORIGINAL SIGNATURE – NO FAX/COPIES) \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ DATE \_\_\_\_\_  


PHONE NUMBER

### OFFICE USE ONLY BEYOND THIS POINT

### AIRPORT ADMINISTRATION SECTION

(TO BE COMPLETED BY AIRPORT ADMINISTRATION)

STA INFORMATION COLLECTED BY \_\_\_\_\_ STA INFORMATION SUBMITTED BY \_\_\_\_\_ STA APPROVAL COMPLETE \_\_\_\_\_

CHECK WHEN COMPLETED (SUPPORTING DOCUMENTS MUST BE INCLUDED WITH PAPERWORK): \_\_\_\_\_ CHRC \_\_\_\_\_ BACKGROUND CHECK \_\_\_\_\_

AIRPORT ADMINISTRATION APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT NOTIFIED ELIGIBLE \_\_\_\_\_

TRAINING DATE \_\_\_\_\_ BADGE ISSUE DATE \_\_\_\_\_ BILLING: EMPLOYER INDIVIDUAL N/C (CIRCLE ONE)

INSTRUCTOR \_\_\_\_\_ BADGE NUMBER \_\_\_\_\_ CHARGE: \_\_\_\_\_ BILL TO HANGAR \_\_\_\_\_

ESCORT: YES/NO (CIRCLE ONE) BADGE ISSUED BY \_\_\_\_\_ NOTE: ATTACH ALL RELATED PAPERWORK TO THIS APPLICATION

\_\_\_\_\_ CONTINUUM UPDATED \_\_\_\_\_ TSA UPDATED \_\_\_\_\_ BILLING UPDATED



## Identity Verification Form

**THIS FORM AND COPIES OF THE ORIGINAL DOCUMENTS MUST ACCOMPANY APPLICATIONS FOR ALL TYPES OF BADGES.**

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First Document (from list A or B)

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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-10)/Aviation Worker Program, 601 South 12<sup>th</sup> 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: \_\_\_\_\_

.....  
DO NOT WRITE BELOW THIS LINE

Information / Documents collected By: \_\_\_\_\_ Data submitted by: \_\_\_\_\_

**KALAMAZOO/BATTLE CREEK INTERNATIONAL AIRPORT ACCESS  
INVESTIGATION FORM AND FINGERPRINT APPLICATION**

**AIRPORT ACCESS INVESTIGATION FORM**

**FINGERPRINTS WILL BE DONE ON ALL APPLICANTS FOR BLUE, RED OR YELLOW BADGES.  
FOR OTHER BADGES AN EMPLOYMENT HISTORY/BACKGROUND CHECK IS SUFFICIENT**

**SIDA                      AOA                      STERILE                      (Circle One)**

**NAME:                      LAST                      FIRST                      MIDDLE**

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**USE FULL NAMES—NO INITIALS**  
ALIASES OR NICKNAMES USED:

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**USE FULL NAMES—NO INITIALS**

I acknowledge and understand that United States Federal Regulations require an access investigation for individuals requesting unescorted access to Security Identification Display Area (SIDA) areas of this Airport. I understand that this investigation will include employment history verification and a criminal history records check including fingerprinting. In Air Operations Area (AOA) areas of this Airport I understand that this investigation will include employment history verification and/or criminal history records check.

The results of this investigation will be used to determine whether I qualify for airport-issued identification and unescorted access privileges. I acknowledge and understand that Federal Regulations require the denial of unescorted privileges to individuals who have been convicted, or found not guilty by reason of insanity, of certain crimes; or who cannot meet the requirements of the access investigation. A list of the disqualifying crimes is included in the Fingerprint Application Form. I also understand that the Kalamazoo/Battle Creek International Airport reserves the right to deny issuance, or revoke, an identification badge, and unescorted access privileges, when the Kalamazoo/Battle Creek International Airport (in its sole discretion) determines that an applicant or a person possessing unescorted access privileges, poses an unnecessary risk to the security of the Airport.

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APPLICANT'S PRINTED NAME

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APPLICANT'S SIGNATURE

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DATE



**CERTIFICATION:**

I state that I have not been convicted, or found not guilty by reason of insanity, of any Disqualifying Criminal Offenses.

I hereby authorize the Kalamazoo/Battle Creek International Airport to take my fingerprints and use them to conduct a Criminal History Records Check.

The information that I have provided on this Application is true, complete and accurate to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code.

I understand that under federal regulation 49 CFR 1542.209 (1) (2) I am obligated to disclose to the Kalamazoo/Battle Creek International Airport and surrender my airport-issued I.D. badge within 24 hours if I am convicted of any disqualifying criminal offense which occurs while I have unescorted access authority.

PLEASE BE ADVISED that a copy of the criminal record received from the FBI will be provided to you if you request a copy of the record in writing and deliver the request to the Airport Security Coordinator of the Kalamazoo/Battle Creek International Airport.

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APPLICANT'S PRINTED NAME

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APPLICANT'S SIGNATURE

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DATE:



**Kalamazoo/Battle Creek International Airport  
Fingerprint Authorization**

The following individual is authorized to proceed with the Kalamazoo/Battle Creek International Airport fingerprint application process:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Area

\_\_\_\_\_  
Employer

\_\_\_\_\_  
SON Number

\_\_\_\_\_  
Airport Authorization

\_\_\_\_\_  
Date

Date fingerprinted \_\_\_\_\_ Fingerprinted by \_\_\_\_\_

## Privacy Act Notice

### **THIS MUST BE GIVEN TO ALL BADGE APPLICANTS.**

**Authority:** 6 U.S.C. §1140, 46 U.S.C §70105; 49 U.S.C §§ 106,114,5103a, 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 110-52, August 3, 2007); and Executive Order 9397, as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. 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 your fingerprints for enrollment into US-VISIT 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 records to ensure the validity of the information.

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in the system 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 disclose 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:** 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 a security threat assessment

## **Employee Security Responsibilities**

### **THIS MUST BE GIVEN TO ALL BADGE APPLICANTS**

#### **49 CFR 1540.105 – SECURITY RESPONSIBILITIES OF EMPLOYEES AND OTHER PERSONS.**

(a) No person may:

- 1) Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.
- 2) Enter, or be present within, a secured area, AOA, SIDA, or Sterile Area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.
- 3) Use, allow to be used, or cause to be used, any airport-issued or airport-approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in secured areas, AOA's, or SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.