

BADGE RENEWAL APPLICATION FORM KALAMAZOO I BATTLE CREEK INTERNATIONAL AIRPORT

FOR ACTIVE BADGE HOLDERS ONLY

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. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT INFORMATION SECTION

NAME			
FULL LAST NAME	FULL FIRST NAME	FULL MIDDLE NAME	
FORMER NAME/ALIAS			
FULL LAST NAME	FULL FIRST NAME	FULL MIDDLE NAME	
CURRENT RESIDENCE			
CONTACT INFORMATION:			
STREET Home () _____ - _____	CITY Mobile: () _____ - _____	STATE	ZIP Preferred: Home/Mobile
EMAIL	Emergency Contact Name	Phone () _____ - _____	
Employer _____			

PERSONAL INFORMATION						
D.O.B	/	/	Gender:	Height:	Eye Color:	Hair Color:
Place of Birth						
State/Province		County	Citizenship	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 ACKNOWLEDGE MY SECURITY RESPONSIBILITIES OUTLINED IN 49CFR 1540.105(a)

Original Applicant Signature (No Faxes or Copies) _____ **Date** _____

AUTHORIZED SIGNATORY SECTION

Badge Type: BLUE (All Areas) _____ RED (SIDA/Secure/Sterile) _____ GREEN (AOA) _____ YELLOW (Sterile) _____

As an authorized signatory for _____, I hereby verify that _____
Organization Name Applicant Name

Still has a legitimate need for an Airport Badge. _____

Authorized Signatory Original Signature _____ Printed Name _____ Date _____

Office use only beyond this point

AIRPORT ADMINISTRATION SECTION

Recurrent Training Complete: _____ ID Collected: _____ TSC Profile Updated: _____ Old Badge Number: _____ New Badge Number: _____ Badge Issue Date: _____ Badge Issued By: _____	Old Badge Destroyed: _____ Billing: Employer/Individual/NC (circle) _____ Charge: \$ _____ Paid: _____ Continuum Updated: _____ Billing Updated: _____ Circle if Applicable	I have reviewed and completed the Supplemental Security Training and understand my responsibilities as a badge holder of the Kalamazoo/Battle Creek International Airport: _____ Badge Holder Signature Date _____ Trainer Signature Date
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DRIVER/ESCORT



Identity Verification Form

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

First Document (from list A or B)

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 12th 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: _____

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DO NOT WRITE BELOW THIS LINE

Information / Documents collected By: _____ Data submitted by: _____

TSA Privacy Act Statement

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 110-53, 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 your fingerprints for enrollment into 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. § 552a(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 will 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.

Employee Security Responsibilities

THIS MUST BE GIVEN TO ALL BADGE APPLICANTS

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

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.

SIDA ID MEDIA APPLICATION SCREENING NOTICE

Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.