

**BADGE#**

**AIRPORT IDENTIFICATION BADGE APPLICATION-TO BE COMPLETED BY APPLICANT**

**Please Print Full Legal Name As Stated On Your Government Issued Identification**

Last Name																								
First Name													Middle Name											

**List All Possible Legally Used Alias Including Maiden Names You Have Used Starting With The Most Recent. If You Have Additional Alias Please Use An Additional Sheet Of Paper.**

Alias Last Name: (Most Recent)																								
Alias First Name																								
Alias Middle Name																								
Current Home Address:																								
City													State			Zip Code:								

Date of Birth				Country/ Place of Birth												Citizenship Country							
MONTH		DAY		YEAR		(City & State or City & Country)																	
Gender		Drivers License#						State		Expiration Date				Job Title/Position									
M F																							
Height		Weight		Hair Color		Eye Color		Home Telephone Number				Alternative Contact Number				Business Telephone Number							
Feet	Inches																						

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 on this application can be punished by fine or imprisonment or both. I also understand the Federal regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offence. If my employer is unavailable, I will return my airport ID immediately to the Badging Office or Airport Police. I acknowledge that I have received instructions for the use of the security access badge and that it is my responsibility to notify the airport immediately if the badge is lost, stolen or destroyed. I will notify the Badging Office within 24 hours if my government issued drivers license becomes suspended or revoked at any time.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Privacy Act Notice**

**Authority:** 49 U.S.C. 114, 44936 authorizes the collection of this information

**Purpose:** The Department of Homeland Security (DHS) will use a 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:** The information may be shared with the 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.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number Verification For Security Threat Assessment Purposes**

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-19)/Aviation Worker Program, 601 South 12<sup>th</sup> 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 fine or imprisonment or both.

**Applicant's Signature:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT WHEN BADGE IS RECEIVED**

I have received my San José International Airport ID Badge and I am aware of the Airport's Administrative Citation for violations of the San José Municipal Code.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TWO FORMS OF ACCEPTABLE ID (ONE GOVERNMENT ISSUED PICTURE ID) ARE REQUIRED TO RECEIVE A BADGE. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE RETURNED. DOUBLE SIDED ONLY**

