

BADGE# \_\_\_\_\_

# MINETA SAN JOSE INT'L AIRPORT IDENTIFICATION BADGE APPLICATION- PAGE 1 - TO BE COMPLETED BY APPLICANT

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

Last Name			
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First Name	Middle Name		
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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:			
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City	State	Zip Code:	
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Date of Birth MONTH DAY YEAR	Country/ Place of Birth (City & State or City & Country)	Citizenship Country
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Gender <input type="checkbox"/> M <input type="checkbox"/> F	Drivers License#	State	Expiration Date	Job Title/Position
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Height Feet Inches	Weight	Hair Color	Eye Color	Home Telephone Number	Alternative Contact Number	Business Telephone Number
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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 (see Section 1001 of Title 18 of the United States Code). 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. By signing, I certify that I understand and will comply with all Airport's rules and regulations.

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**

Norman Y Mineta San José International Airport-Badging Office • 1701 Airport Blvd., Suite B1130, San Jose, CA 95110 • Tel: (408) 392-1100 Fax: (408) 392-1144



**MINETA SAN JOSE INT'L AIRPORT IDENTIFICATION BADGE APPLICATION**

<b>BADGE#</b>	
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**SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE SJC BADGING OFFICE.  
PLEASE PRINT OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED**

**PAGE 2 - TO BE COMPLETED BY AUTHORIZED SIGNATORY**

<b>Tenant Name:</b>		<b>Category:</b>	
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**STATUS (check one):**  New Badge  Renewal Badge  Change in Badge Type  Other \_\_\_\_\_

**BADGE TYPE (check one):**  SIDA-SECURED (Yellow)  SIDA-CARGO (NS) (Orange)  STERILE AREA (Red)  
 NON-SIDA (Green)  PUBLIC (Blue)

**BADGE ENDORSEMENTS (check all that apply):**

RAMP DRIVING (TUG)  RUNWAY MAOP (R)  Emergency Response (P) CUSTOMS: ZONE 1  ZONE 2   
 ESCORT (must meet requirements)  E (Authorized Signature for E Clearance Required) \_\_\_\_\_

**ADDITIONAL ACCESS:**  ADA DOOR PROP

**AUTHORIZED SIGNATORY CERTIFYING FOR THE APPLICANT:**

As an Authorized Signatory for the above listed company, I certify that the named applicant has a need for the requested type of Identification badge. I accept responsibility for retrieving the Badge at the time of project completion or applicants termination. Additionally, I will **suspend** the applicants badge at termination or should he/she disclose any conviction of any disqualifying criminal offenses or if the applicant no longer meets the requirements for employment eligibility. I will return the badge promptly to the San José Badging Office within 24 hours of suspension notification. I also understand and agree to pay all fees associated with the badge.

**Authorized Signatory (Please Sign):** \_\_\_\_\_

**Please Print Name of Auth Signatory:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signatory Contact Phone No:** \_\_\_\_\_

**If Applicant is a Contractor/Vendor please provide the following information:**

Contractor/Vendor Company			
Contractor Business Address:			
City		State:	Zip Code:
Supervisor's Last Name:		First Name:	
Supervisor's Phone Number:		-	Supervisor's Job Title:

**AUTHORIZED REPRESENTATIVE FROM THE CONTRACTOR/VENDOR COMPANY:**

As an **Authorized Representative** from the above listed company, I certify that the named applicant has a need for the requested ID badge. I accept responsibility for retrieving the ID Badge at the time of project completion or employees termination. Additionally, I will **suspend** the applicants badge at termination or should he/she disclose any conviction of any disqualifying criminal offenses or if the applicant no longer meets the requirements for employment eligibility. I will return the badge promptly to the San José Badging Office. I also understand and agree to pay all fees associated with the badge.

**Authorized Representative from**

**Contractor/Vendor Company (Please Sign):** \_\_\_\_\_

**Please Print Name of Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representative Contact Phone No:** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE SJC BADGING OFFICE.**

**Signature required for all new applicants requiring SIDA-SECURED, SIDA-NON SECURED or STERILE Badges**

**REQUEST TO FINGERPRINT**

As an Authorized Signatory on file with the San José International Airport Badging Office, I certify that the above listed applicant has a need for the requested badge and should be fingerprinted. I hereby authorize the Norman Y. Mineta San Jose International Airport to process the fingerprints for the applicant named above. I also understand and agree to pay all fees associated with processing these fingerprints and any subsequent submissions unless previous arrangements have been made specifically with the Badging Office. If necessary, subsequent submissions may be submitted at the Airports and/or the tenant's discretion.

**Authorized Signatory (Please Sign):** \_\_\_\_\_

**Please Print Name of Auth Signatory:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AIRLINE TENANTS ONLY-Certification of Fingerprint-Based Criminal History Records Check**

As an Authorized Signatory on file with the San José International Airport Badging Office, I certify that the above listed applicant has satisfactorily undergone a **Fingerprint-based Criminal History Records Check per Federal regulations under Title 49 CFR 1544.229.**

**Fingerprint Case#** \_\_\_\_\_ **Date Fingerprints Cleared:** \_\_\_\_\_

**Authorized Signatory (Please Sign):** \_\_\_\_\_

**Please Print Name of Auth Signatory:** \_\_\_\_\_ **Date:** \_\_\_\_\_

