

# PANGBORN MEMORIAL AIRPORT AIRPORT IDENTIFICATION BADGE APPLICATION INSTRUCTIONS

## **Badge Appointment Scheduling**

Anyone needing an airport badge should schedule an appointment by calling (509) 884-2494, ext. 6, and asking for the Operations and Security Office. Badges must be obtained prior to gaining unescorted access to the airport. Allow at least 7 – 10 days for processing. Anyone needing a Security Identification Display Area (SIDA) badge will need to schedule a fingerprint appointment. Please allow 3 weeks for SIDA badge processing and Transportation Security Administration (TSA) required training prior to unescorted access to the SIDA.

## **What to Bring to the Operations and Security Office:**

1. Please fill out the following application. Section 1 should be filled out by the applicant and Section 2 by the Authorized Signatory, if applicable. Non-business tenants (hangar owners, etc.) fill out only Section 1.
2. Please make sure to bring your completed form with you to the Operations and Security Office. **Please make sure copies are double sided.** ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED. It is also recommended that you keep a copy for your own records.
3. Please bring 2 forms of approved identification (see attached Review of Eligibility and Identity Verification). In order to expedite the process, all persons born outside of the United States must provide one of the required forms of identification listed in Section A and photo identification.
4. Bring completed FAA/TSA Air Operations Area (AOA) test for our records. If there are questions regarding safe operations on the airport or security regulations, we will be happy to answer them during your appointment. You may also contact us at 884-2494, ext. 6.

# Pangborn Memorial Airport Badge Application

(Check all that apply):  SIDA  AOA  Cargo AOA  Signatory Authority

## SECTION 1 - BADGE APPLICATION-TO BE COMPLETED BY APPLICANT

TWO FORMS OF ACCEPTABLE ID (see Review of Eligibility and Identity Verification) ARE REQUIRED TO RECEIVE A BADGE. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE RETURNED.

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

Last Name \_\_\_\_\_

First Name, Middle Name \_\_\_\_\_

List All Possible Legally Used Aliases 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 \_\_\_\_\_  
Month/ Day/Year (City & State or City & Country)

Citizenship Country \_\_\_\_\_

Gender M F Drivers License# \_\_\_\_\_ State/Expiration Date \_\_\_\_\_

Company/Job Title/Position \_\_\_\_\_

OR: Hangar Number/N Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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 offense.

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 any 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 12th Street, 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 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 Pangborn Memorial Airport ID Badge and I am aware of the Airport's Administrative Citation for security violations.

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

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

**SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT OPERATIONS AND SECURITY OFFICE.  
PLEASE PRINT OR TYPE IN INK. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**STATUS (circle one):**    New AOA Badge (\$10)    New SIDA Badge (\$40)    Signatory Authority (\$20)

**AUTHORIZED SIGNATORY CERTIFYING FOR:** \_\_\_\_\_  
**(Print Name of Applicant)**

As an Authorized Signatory for the below 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 Airport Operations and Security Office within 24 hours (or on the next business day) 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** \_\_\_\_\_ **Company** \_\_\_\_\_

**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 within 24 hours or on the next business day to the Airport Operations and Security 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 AIRPORT OPERATIONS AND SECURITY OFFICE.**

**REQUEST TO FINGERPRINT**

As an Authorized Signatory on file with Pangborn Memorial Airport, I certify that the above listed applicant has a need for the requested SIDA badge and should be fingerprinted. I hereby authorize Pangborn Memorial 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. If necessary, subsequent submissions may be submitted at the Airports and/or the tenant's discretion.

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

**Please Print Name of Authorized Signatory** \_\_\_\_\_ **Date** \_\_\_\_\_

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

As an Authorized Signatory on file with the Airport Operations and Security 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)** \_\_\_\_\_

**Print Name of Authorized Signatory** \_\_\_\_\_ **Date** \_\_\_\_\_