

Grant County International Airport Badge Application

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 TYPE OR PRINT 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 alias including maiden names you have used starting with the most recent. If you have additional alias please an additional sheet of paper.

List Alias Name: (Most Recent) _____

Current Physical Address: _____

Mailing Address if Different from above _____

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/Hangar 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.

Routine Uses: The information may be shared with third parties during the course of a security threat assessment or employment investigation.

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 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. I understand the general risks of identity theft and release and hold the Port of Moses Lake harmless for any claims associated with my voluntary release of my social security number. Initials:

Applicant's Signature: _____ Date of Birth: _____

Print Name: _____ SSN: _____

REQUEST TO FINGERPRINT (If SIDA Access is Required)

As the above named, I give permission to use my fingerprints to conduct a criminal history report and any other necessary background checks for the purpose of receiving an Identification Badge to restricted areas on the airfield.

Applicant's Signature: _____

Please Print Name of Applicant: _____ Date: _____

TO BE COMPLETED BY APPLICANT WHEN BADGE IS RECEIVED

I have received my Grant County International Airport ID Badge and I am aware of the Airport's Administrative Policies for security violations.

Applicant's Signature: _____ Date: _____

BADGE#

Lost or Stolen Badge Charge

I understand that my signature below obligates me for any charges incurred by the Port for loss of this badge, to be \$100 for first badge and \$150 for the second. In any action to collect these charges the prevailing party shall be awarded reasonable costs and attorney fees.

Applicant's Signature: _____ Date: _____

Please Print Name: _____

SECTION 2 - TO BE COMPLETED BY AUTHORIZED SIGNATORY

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

(Check all that apply): **SIDA** **MOVEMENT AREA** **RAMP** **EMERGENCY** **FAA**
 T-Hangar **CONSTRUCTION** **ARFF TRAINING FACILITY**

STATUS (circle one): New Ramp Badge (\$30) New SIDA/Movement Badge (\$50) Signatory Authority (\$20) Renewal (\$10)

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 applicant's 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 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** _____

Employer, Contractor/Vendor please provide the following information for the above named applicant:

Applicant's employer name _____

Company 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 applicant's 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 Security Office. I also understand and agree to pay all fees associated with the badge.

Lost or Stolen Badge Charge

I understand that my signature below obligates me for any charges incurred by the Port for loss of this badge, not to be less than \$100 up to \$150 and any action to collect these charges the prevailing party shall be awarded reasonable costs and attorney fees.

Authorized Signatory (Please Sign): _____ **Date:** _____

Please Print Name: _____

Authorized Representative from Contractor/Vendor Company (Please Sign) _____

Please Print Name of Representative _____ **Date** _____

Representative Contact Phone Number _____

SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT OPERATIONS AND SECURITY OFFICE.

REQUEST TO FINGERPRINT

As the Authorized Signatory on file with Grant County International Airport, I certify that the above listed applicant has a need for the requested SIDA badge and should be fingerprinted. 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, FAA and TSA TENANTS ONLY. Certification of Fingerprint-Based Criminal History Records Check

As an Authorized Signatory on file with the 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** _____