

	NEW
	RENEW
П	AUTHORIZED
	SIGNATORY

_ Date: _____

(Security Identification Display Area)

Last Name:	First Name:		Middle Name:			
Other <u>Legal Names</u> (Mai	den name, previous marri	ed name, alias):				
Street Address:		City, State, Zip:				
Mailing Address:	City, State, Zip:					
Date of Birth:	Driver License Number:					
Home Phone:	Cell Phone:					
Place of Birth (State & Co	ountry):Country of Current Citizenship:					
E-mail Address:						
			Eye Color			
Employer (even if self en	nployed):		Job Title	:		
Employer Phone:		Employer Address:				
Emergency Contact:						
				ne:		
For Individuals that are	not U.S. Citizens, the	following information	must be provided:			
Alien Registration Number	:	<u>or</u> I-94 Arriva	l/Departure Form Nun	mber:		
Non-Immigrant Visa hol	lders must provide:					
Visa Control Number: _						
U.S. Citizens born abroa	nd or Naturalized U.S.	citizens must provide:				
U.S. Passport Number:				or		
Certificate of Naturalizatio	on Number (ARN or INS	S number):		or		
Certification of Birth Abro	ad, Form DS-1350 or 10	digit document number:				
COMPANY AUTHOR	RIZED SIGNATOR	<u>Y:</u>				
identification badge. I agree to notif	by the Port of Bellingham immed he/she disclose any conviction	diately of the applicants' terminat n of any disqualifying criminal of	ion, transfer or retirement, if the	npany and has a need for the requested type of the applicant no longer meets the requirements for retrieving the applicants badge and returning		
Authorized Signature:			Title:			

Company:

Privacy Act Notice

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

<u>Purpose</u>: 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. 522a(b) of the Privacy Act, all or a portion of the records or information contained in the system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C.522a(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.

<u>SCREENING NOTICE:</u> 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.

Identification Display and Challenging Responsibilities:

The Transportation Security Administration's (TSA) Approved Security program for Bellingham International Airport requires each person issued a restricted-area identification badge is made aware of his or her responsibility regarding the privilege of access to restricted areas of the Airport.

All persons within the restricted air operations areas of the Airport are required to display a Port of Bellingham issued or approved identification badge on their person – unless they are specifically exempt for safety reasons. Each Airport tenant employee issued a restricted-area identification badge is responsible for challenging any individual not properly displaying an Airport issued or approved badge. Any person not properly displaying or unable to produce a valid Airport identification badge must immediately be referred to the Port of Bellingham Security for proper handling.

Notifications to Law Enforcement can be accomplished by calling 911

SSN Verification

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis (OIA), Attention: Aviation Programs (TSA–10)/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 a fine or imprisonment or both.

Signature:	Date of Birth:			
SSN and Full Name:				
-	owing and willful false statement of	best of my knowledge and belief and is provided can be punished by fine or imprisonment or both		
upon expiration, separation of emploissued identification badge, or upon Port of Bellingham issued identification	byment (for any reason), when job the demand of the Port of Belling eation badge is subject to crimina	rty of the Port of Bellingham and must be returned function no longer requires a Port of Bellingham ham. Any misuse of or willful failure to return a all misdemeanor prosecution. All lost, stolen or Access Control Office (360) 671-5674.		
employer, if the applicant or employ	er does not return the identification	n Commission) will be charged to the applicant or in badge to the Bellingham Airport Administration if the badge is returned more than 90 days after		
I have read, understand and will com	aply with the above notice.			
Applicant's signature		Date		
	FOR OFFICE S	TAFF = = = = = =		
Date Issued:	Access:	ID#		
Two Forms of ID	Date:	Signature:		
Background Check	Date:	Signature:		
Approved STA Results	Date:	Signature:		
SIDA Class	Date:	Signature:		
SIDA Escort Class	Date:	Signature:		
Non-Movement Area Driver	Date:	Signature:		
Movement Area Training	Date:	Signature:		
Authorized Signatory Training	Date: /	Signature: /		
Card Expiration	Date:	Signature:		
Card Returned	Date:	Signature:		