

SIDA FORM

(Security Identification Display Area)

- NEW
- RENEW
- AUTHORIZED SIGNATORY

Last Name: _____ First Name: _____ Middle Name: _____

Other Legal Names (Maiden name, previous married 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 & Country): _____ Country of Current Citizenship: _____

E-mail Address: _____

Height	Weight	Hair Color	Eye Color	Sex (M or F)

Employer (even if self employed): _____ Job Title: _____

Employer Phone: _____ Employer Address: _____

Emergency Contact: _____

Emergency Contact Relationship: _____ Emergency Phone: _____

For Individuals that are not U.S. Citizens, the following information must be provided:

Alien Registration Number: _____ or I-94 Arrival/Departure Form Number: _____

Non-Immigrant Visa holders must provide:

Visa Control Number: _____

U.S. Citizens born abroad or Naturalized U.S. citizens must provide:

U.S. Passport Number: _____ **or**

Certificate of Naturalization Number (ARN or INS number): _____ **or**

Certification of Birth Abroad, Form DS-1350 or 10 digit document number: _____

COMPANY AUTHORIZED SIGNATORY:

As an Authorized Signatory, I certify the named applicant is an employee at Bellingham International Airport on behalf of our company and has a need for the requested type of identification badge. I agree to notify the Port of Bellingham immediately of the applicants' termination, transfer or retirement, if the applicant no longer meets the requirements for employment eligibility, or should he/she disclose any conviction of any disqualifying criminal offenses. I accept responsibility for retrieving the applicants badge and returning it to the Airport Administration Office once the badge is no longer valid.

Authorized Signature: _____ Title: _____

Company: _____ Date: _____

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 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment. 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 the fingerprints for enrollment into 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 records to ensure the validity of the information.

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 or 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: 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 a security threat assessment; subsequently, this may affect your ability to obtain airport-issued identification media.

SCREENING NOTICE: 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: _____

-- Notice --

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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

All identification badges issued by the Port of Bellingham are the property of the Port of Bellingham and must be returned upon expiration, separation of employment (for any reason), when job function no longer requires a Port of Bellingham issued identification badge, or upon the demand of the Port of Bellingham. Any misuse of or willful failure to return a Port of Bellingham issued identification badge is subject to criminal misdemeanor prosecution. All lost, stolen or misplaced badges MUST be immediately reported to the Identification/Access Control Office (360) 671-5674.

A \$100.00 fee (subject to change upward or downward upon the action of the Commission of the Port of Bellingham) will be charged to the applicant, if the applicant does not return their identification badge to the Bellingham Airport Administration Office after the badge is no longer valid. This fee cannot be waived if the badge is returned more than 90 days after expiration.

I have read, understand and will comply with the above notice.

Applicant's signature

Date

FOR OFFICE STAFF

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: