



Airport Operations Area (AOA) Badge Application

Applicant Name - Please provide full LEGAL name					
Last Name		First Name		Middle Name	
Other Names Used - Include former name, maiden name, birth name, spelling variations, alias					
Last Name		First Name		Middle Name	
Last Name		First Name		Middle Name	
Applicant Information					
Social Security Number - -		DOB (MM/DD/YYYY)	Gender	Country of Birth	State of Birth
Mailing Address		City	State	Zip Code	Country of Citizenship
Primary Phone () -		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	For individuals who need to drive in the movement area, a ramp driving endorsement is required, and an annual training must be completed. Do you need to drive in the movement area? <input type="checkbox"/> YES <input type="checkbox"/> NO
Secondary Phone () -		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	
Email			Driver's License	State	Exp. Date (MM/DD/YYYY)
Company / Authorized Signatory Name					
Disclosure of the information listed above is voluntary; however, failure to furnish all requested information may delay or prevent completion of a security threat assessment which may prevent access to the AOA. Collection of this information is authorized under 49 U.S.C. 114.					
Agreement					
I agree to abide by all Federal, State and Local laws, including all Charles M. Schulz - Sonoma County Airport rules and regulations, Airport security procedures, and directives listed by the Department of Homeland Security. I understand that failure to comply with Airport security procedures or directives may result in the immediate revocation of access privileges. I also understand that I must immediately contact the Airport Badging Office if my badge is lost, stolen, destroyed, or otherwise unaccounted for.					
Signature _____				Date (MM/DD/YYYY) _____	
Acknowledgement of Receipt - To be signed at the time of badge issuance					
I hereby acknowledge that I have received the Airport Badge and Access Media Rules, Regulations and Penalties packet and will comply with and be bound thereby.					
Signature _____				Date (MM/DD/YYYY) _____	
AIRPORT USE ONLY					
Airport ID # - _____		STA Date - _____			
Card # - _____		Issued By - _____			
Badge Exp - _____		Date Issued - _____			

Applicant Certifications

Security Responsibilities - CFR 1540.105

No person may:

- 1) Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.
- 2) Enter, or be present within, a secured area, AOA, SIDA or sterile area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.
- 3) Use, allow to be used, or cause to be used, any airport-issued or airport-approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in secured areas, AOA's, or SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.

I have read, understand, and will abide by the above Security Responsibilities.

Initials x _____

Restrictions on Disclosing Sensitive Security Information (SSI) - CFR 1520

In general, in accordance with 49 U.S.C. 114(s), SSI is information obtained or developed in the conduct of security activities, including research and development, the disclosure of which TSA has determined would:

- 1) Constitute an unwarranted invasion of privacy (including, but not limited to, information contained in any personnel, medical, or similar file);
- 2) Reveal trade secrets or privileged or confidential information obtained from any person; or
- 3) Be detrimental to the security of transportation.

I understand that I will not disclose SSI and understand that if I do, I am subject to Local, State and Federal fines.

Initials x _____

Privacy Certification - Social Security Number Verification

I authorize the Social Security Administration to release my Social Security Number (SSN) and full name to the Transportation Security Administration, Enrollments Services and Vetting Program, Attention: Vetting Program (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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, imprisonment or both.

Signature: _____

Date of Birth: _____
(MM/DD/YYYY)

SSN and Full Name: _____
Social Security Number

Print Full Legal Name

Privacy Act Statement - The Privacy Act of 1974, 5 U.S.C. 552a(e)(3)

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.

Purpose: 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. § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 552a(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.

I have read, understand, and will abide by the above TSA Privacy Act Statement.

Initials x _____

Certification

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, imprisonment, or both (see Section 1001 of Title 18 of the United States Code).

Signature

Date (MM/DD/YYYY)

Airport Use Only

Name of Applicant - _____

Badge Number - _____

Gate Access - _____

Application Process - _____

Date - _____

IDs checked -

Driver's License + Social Security Card _____

Driver's License + Birth Certificate _____

U.S. Passport _____

Permanent Resident Card _____

Employment Authorization Card _____

Federal ID - _____
Agency

LEO ID - _____
Agency

Other - _____

Authorizes Issuance - _____

Date - _____

Badge Issue - _____

Date - _____