

SALT LAKE CITY DEPARTMENT OF AIRPORTS

GROUND TRANSPORTATION RENEWAL BADGE APPLICATION



Salt Lake City
Department of Airports

Badge #

Person ID #

SECTION 1 Present this application along with two (2) forms of identification (Refer to the I-9 List of Acceptable Documents.) Type or print legibly using black or blue ink. Complete all applicable sections.
APPLICANT BIOGRAPHIC INFORMATION

Last Name	First Name	Middle Name
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Other Names Used (Include ALL Previous Names, Including Maiden, Nickname, or Aliases)

Last Name	First Name	Middle Name
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

Race/Ethnicity
 Asian Black Hispanic, Latino Native American White Unknown Other (Please List) _____

Date of Birth (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color	Eye Color	Height (Feet/Inches)	Weight (Lbs.)
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Driver's License or State ID Card Number	State	Home or Cell Phone Number ()	Passport Number	Passport Country
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Mailing Address	City	State	Zip
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Place of Birth			Citizenship Country
City	State	Country	

IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S.		IF YOU ARE NOT A U.S. CITIZEN	
<input type="checkbox"/> US Passport	No.	<input type="checkbox"/> Non-Immigrant Visa	No.
<input type="checkbox"/> Birth Abroad Certificate (Form DS1350, FS545 or FS240)	No.	<input type="checkbox"/> I-94 Form	No.
<input type="checkbox"/> Certification of Naturalization (N-550 or N-570)	<input type="checkbox"/> Certificate of Citizenship (N-560 or N-561)	<input type="checkbox"/> Other	No./ Type

Alien Registration Number: (Applies to both categories above)	A								
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SECTION 2 - 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); 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 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 your fingerprints for enrollment into the 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. As of June 20, 2021, the airport operator must notify all individuals who have successfully completed a CHRC to obtain an airport-issued ID that individuals who violate aviation security requirements resulting in ID media revocation will be added to the database for a period of five years. 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 the TSA at aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C 522 a(b) of the Privacy Act, all or 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. 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: 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.

Initials X _____

SECTION 3 - SOCIAL SECURITY NUMBER RELEASE

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Workers 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 or imprisonment or both.

I do not authorize the release of my Social Security Number. (NOTE: This may delay the Security Threat Assessment process, but will not disqualify you from receiving a badge. Printed name and signature are still required.)

Printed Name:	First	Middle	Last
Social Security Number:			

Applicant's Signature X _____

SECTION 4

TERMS AND CONDITIONS OF BADGE HOLDER - to be completed after training is complete.

I will not allow anyone to use my Airport ID badge nor will I use another individual's badge. I agree to return the Airport ID Badge if my employment status changes and I no longer have a need for an Airport ID badge. I understand that there is a \$250 fee for a non-returned badge. I agree to report any lost or stolen Airport ID Badges to the Airport, and also understand there is a \$75 replacement fee for a lost/stolen badge. There is also a \$25 fee to replace a badge that has been defaced with stickers, pins, etc. (Fees are subject to change.)

I understand and acknowledge that violation of the Airport's Security Program will result in administrative action to include Airport ID badge reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

Initials X _____

I understand and acknowledge all department issued ground transportation vehicle operators badges are the sole property of the department and must be surrendered upon demand of a police officer, any authorized agent of the department, or any other person authorized by the mayor to enforce the provisions of City Ordinance 5.71. (Ord. 66-14, 2014).

Initials X _____

Security Responsibility Agreement

- I will swipe my Airport ID badge and enter a PIN each time I enter the CASS-controlled gate(s) leading to the commercial lanes.
- I will not allow unauthorized access through a controlled access point (piggybacking).
- I will not give out confidential security information.
- I will wear the Airport ID badge on my outermost garment when operating at the Airport.

Initials X _____

IDENTIFICATION BADGE RECEIVED BY - to be completed at time of badge issuance.

Applicant's Signature X _____ Date _____

I understand that when no longer required, my badge must be immediately returned to the Airport's Access Control Office or a \$250 non-returned badge fee will be assessed. Initials X _____

SECTION 5 - ACCESS CONTROL USE ONLY

Payment Type: <input type="checkbox"/> Cashier Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order	Amount: <input type="checkbox"/> \$65 <input type="checkbox"/> Other: _____	Received By		
Threat Assessment Date <input type="checkbox"/> STA Pass <input type="checkbox"/> STA Fail	CHRC Results Date	CHRC Case Number		
Card Number	Training Date	Expiration Date	PIN Number	<input type="checkbox"/> Lost <input type="checkbox"/> Voided Card Number:
Lost Fee Paid: <input type="checkbox"/> \$75 <input type="checkbox"/> N/A <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order	Refund Amount Due <input type="checkbox"/> \$0 (Expired) <input type="checkbox"/> \$50	Lost Card No./Returned Date		

Warrants: Cleared Referred (Verified By: _____) DL Verification: Valid Suspended (Verified By: _____)

I certify that I have verified the identity and work authorization of the applicant.

Verified By X _____ Date _____

Comments	Issued By / Date
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