

SALT LAKE CITY DEPARTMENT OF AIRPORTS HANGAR 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
------------------	-------------------	--------------------

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.)
-----------------------------------	---	------------	-----------	----------------------	---------------

Driver's License or State ID Card Number	State	Home or Cell Phone Number ()	Passport Number	Passport Country
--	-------	----------------------------------	-----------------	------------------

Mailing Address	City	State	Zip
-----------------	------	-------	-----

Email Address (Optional) _____

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** _____

SECTION 2 This section MUST be filled out completely by the lease holder.
HANGAR INFORMATION Type or print legibly in black or blue ink or application will be rejected.

Hangar Row	Hangar Number	Airport <input type="checkbox"/> SLC Intl <input type="checkbox"/> SVR (U42)	Corporate Name (If Applicable)
------------	---------------	---	--------------------------------

LEASE HOLDER/AUTHORIZING AGENT CERTIFICATION

I certify that I have reviewed this application for accuracy, and verified the eligibility of the applicant. I hereby agree as the lease holder that if this badge is not returned when no longer needed, I will timely pay applicable non-returned badge fees. I understand as the lease holder that applicable charges and fees is a material condition to the Airport's issuance of the badge, and that without such an agreement from the lease holder, the Airport would not issue a badge to applicant. I also attest that specific needs exist for this applicant to have unescorted access authority, and that the applicant acknowledges his or her security responsibilities under 49 CFR 1540.105(a).

AUTHORIZING LEASE HOLDER/AGENT NAME (Print):	
AUTHORIZING LEASE HOLDER/AGENT SIGNATURE:	DO NOT SIGN UNTIL APPLICATION IS COMPLETED
Phone Number: ()	Date: VALID FOR 30 DAYS AFTER SIGNED AND DATED Signature Checked By

SECTION 3 - 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 4 - 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 Service 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 5

PARENT/LEGAL GUARDIAN INFORMATION/CONSENT

This section must be completed ONLY if applicant is a minor.

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

My signature below gives my consent for the Salt Lake City Department of Airports to fingerprint my child and to issue an Airport ID badge for the purpose of airport access. **(NOTE: PARENT/LEGAL GUARDIAN SIGNATURE WILL ONLY BE ACCEPTED IF NOTARIZED.)**

Parent/Legal Guardian Signature	Date
---------------------------------	------

NOTARY INFORMATION

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) by _____ (person acknowledging, title or representative capacity, if any).

Notary Public
Printed Name: _____ My Commission Expires: _____

(Seal)

SECTION 6**TERMS AND CONDITIONS OF BADGE HOLDER - to be completed after training is complete.**

- I understand that this badge allows me access through vehicle gates 1, 4 and 5 at SLC Intl, or gates A, B, and C at SVR. I must take the most direct route from the gate to my hangar, and that I must wait for the gate to completely close and secure before leaving the area.
- I understand that if the gate malfunctions, I must contact the Control Center by using the phone at the gate and remain at the gate until an Airport representative arrives.
- I understand that pedestrian gates must be secured after each use.
- I understand that I must display my ID badge at all times while in the general aviation area.
- I understand that I may walk on the ramp between fixed base operator (FBO) facilities provided the hangar identification card is displayed. This card does not allow me to drive a vehicle outside leased areas unless I have the required identification (**typically company markings**) on both sides of the vehicle, an Airport-issued ramp permit, and have met the Department of Airport's insurance requirements.
- I understand that I cannot loan my badge to anyone to use for access.
- I understand that I am assuming responsibility for ensuring accountability for all cards issued under my authorization and will advise the Department of Airport's Access Control Office immediately if a card is lost or stolen so it can be deactivated.
- I understand that I may request two (2) access cards at no charge; additional cards requested will be issued at \$25 per card (**does not apply to Corporate Hangars**).
- I understand and acknowledge that violation of the Airport's Security Program may result in administrative action to include card reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my access card.

Initials X _____

I agree to return the Airport ID Badge if my employment status changes or I no longer have a need for an Airport ID badge. I understand that there is a \$250 fee for a non-returned badge and/or additional card. I agree to report any lost or stolen Airport ID Badges to the Airport, and understand that there is a \$75 replacement fee for a lost/stolen badge.

I understand and acknowledge that by accepting an Airport badge I am giving my consent for search by authorized Department of Airports and/or TSA personnel of both my person and property whenever entering, being within, or leaving a restricted area of the airport to ensure I have a valid badge and am not carrying any prohibited items. Further, I understand and acknowledge that my refusal to comply with this consent search may result in my Airport badge being confiscated and my access to restricted areas of the airport being denied. By initialing here, I certify I have read and understood this statement

Initials X _____

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

Applicant's Signature X _____ Date _____

SECTION 7**ACCESS CONTROL USE ONLY**

Threat Assessment Date	<input type="checkbox"/> STA Pass <input type="checkbox"/> STA Fail <input type="checkbox"/> EXEMPT	Card Number	Training Date	Expiration Date	PIN Number
<input type="checkbox"/> Lost <input type="checkbox"/> Voided	Lost Fee Paid: <input type="checkbox"/> \$75 <input type="checkbox"/> N/A	Refund Amount Due		Lost Card No./Returned Date	
Card Number:	<input type="checkbox"/> Cashiers/Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order	<input type="checkbox"/> \$0 (Expired) <input type="checkbox"/> \$50 <input type="checkbox"/> \$75			
Warrants: <input type="checkbox"/> Cleared <input type="checkbox"/> Referred (Verified By: _____) DL Verification: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended (Verified By: _____)					
Comments					Issued By/Date

SECTION 8 - ADDITIONAL CARDS

Date	Number	Card Number	Fee Paid	Receipt Number	Issued By
	1		Amount: NO FEE	N/A	
	2		Amount: <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order		
	3		Amount: <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order		
	4		Amount: <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order		