

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. 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 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 5**PARENT/LEGAL GUARDIAN INFORMATION/CONSENT**

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

Last Name	First Name	Middle Name
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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
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NOTARY INFORMATION

STATE OF _____ COUNTY OF _____	(Seal)
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: _____	

SECTION 6**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 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 _____

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	Expiration Date	PIN Number
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<input type="checkbox"/> Lost <input type="checkbox"/> Voided	Fee Paid: (Bike Path Initial or Lost Commercial/Bike Path) Amount: <input type="checkbox"/> \$15 <input type="checkbox"/> \$75
Card Number:	<input type="checkbox"/> Cashier Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order

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

Lost Card No. Returned	Refund Amount Due <input type="checkbox"/> \$0 (Expired) <input type="checkbox"/> \$50 <input type="checkbox"/> \$75	Issued By/Date
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Comments