

Gerald R. Ford International Airport

(06/16)

I.D. Badge APPLICATION

I.D. Badge RENEWAL

***Applicant must provide two (2) forms of identification**, one of which was issued by a government authority and one of which includes a photo, as described in the Gerald R. Ford International Airport Security Program and TSA Security Directives, including the "List of Acceptable Documents" from the USCIS I-9 Form.

APPLICANT'S INFORMATION

Name _____
Full Last Name *Full First Name* *Full Middle Name*

Any Other Names Previously Used _____
Full Last Name *Full First Name* *Full Middle Name*

Residence Address _____
Street *City* *State* *Zip*

Phone Number _____ Email _____

Tenant / Company / Agency _____

Sub-Contractor (if applicable) _____

DOB _____ Gender **M F** Race _____ Hair _____ Eyes _____
MM / DD / YYYY *(Circle One)*

Height _____ Weight _____ Place of Birth _____
State/Province *Country*

Company Address _____
Street *City* *State* *Zip*

Driver's License / State ID # _____ State of Issue _____

Parking Sticker # _____ Parking Sticker # _____ Parking Sticker # _____

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For Office Use Only

Badge # _____ Date Issued _____ Date Returned _____

Country of Birth _____ Country of Citizenship _____
(2 character abbreviation) *(2 character abbreviation)*

List A. Passport # _____ Country _____
(2 character abbreviation)

Alien Registration # _____ Country _____
(2 character abbreviation)

Non-Immigrant Visa # _____ Country _____
(2 character abbreviation)

List B. # _____ & List C. # _____ NOTE: Make photocopy of documents(s)

No Fly/Selectee checked: _____

STA Information Collected/Transmitted by: _____

CHRC Received: _____

Authorization to Issue by: _____

STA Received: _____

Issuance of Badge by: _____

APPLICANT'S VERIFICATION

I affirm that I have been provided a copy of the Airport Rules and Regulations, Section 3.2 as it relates to the Gerald R. Ford International Airport's "Three Strikes Program".

I affirm that I have been provided a copy of the U.S. Department of Homeland Security "Privacy Act Notice".

49 CFR 1540.103(a) prohibits any person from making a fraudulent or intentionally false statement in any application for any security program, access medium or identification medium.

"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." (Section 1001 of Title 18, U.S.C.)

I understand that when traveling as a passenger, I must access the Sterile Area through a TSA screening checkpoint (including KCM checkpoints) with any accessible property I intend to carry onboard the aircraft and remain in the Sterile Area after entering.

Signature _____ **Date** _____
***Signature on this form must be original (No faxes or copies)**

NOTE: Providing your Social Security Number (SSN) to complete the Security Threat Assessment (STA) process is voluntary. If you choose to release your SSN to TSA, you must read and sign the following section.

"I authorize the Social Security Administration to release my Social Security Number (SSN) and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), 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** _____
***Signature on this form must be original (No faxes or copies)**

SSN & Full Name _____



ACCESS INFORMATION ("Authorized Signatory" completes)

Access Group: _____ **Regular or Over-Ride** (Circle One)

Badge Type: (Circle One)

Secured Area (Red) **Sterile Area (Yellow)** **Cargo Area (Red/White Stripe)** **AOA (Green)**

Driving Privilege: **None** **Non-Movement (D)** **Movement Area (M)** (Circle One)

Escort Authority: **Yes** **No** (Circle One) **Employee Parking:** **Yes** **No** (Circle One)

Billing: **Company** _____ **Individual** _____ **N/C** _____ **(GFIAA Only)**

I affirm that all information on this application is correct. I have made my employees aware of the security rules and procedures at GRR. I understand that my company is responsible for any TSA fines levied against Gerald R. Ford International Airport, which are caused by the failure of one of my employees to adhere to the GRR Security Program. I understand that failure to comply with this requirement may result in the termination of my authorizing authority, access privileges and possible TSA civil penalties.

AUTHORIZED SIGNATORY _____ **DATE** _____
***Signature on this form must be original (no faxes or copies)**

PRINT NAME _____ **CONTACT PHONE** _____

E-MAIL _____