# SPRINGFIELD/BRANSON NATIONAL AIRPORT
## AIRPORT SECURITY IDENTIFICATION BADGE AUTHORIZATION

**PRINT, IN BLACK OR BLUE INK, INFORMATION IN BOX BELOW AND RETURN AIRPORT OPERATIONS CENTER.**

NAME (LAST, FIRST, MIDDLE): _____

SOCIAL SECURITY NUMBER: _____ GENDER: _____ RACE: _____

DATE OF BIRTH: ____/____/____ (YYYY MM DD) COUNTRY OF BIRTH: _____ CITIZENSHIP: _____ (State/Country)

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: ____'____" WEIGHT: _____

If not a citizen of the United States, please provide:

- ☐ Alien Registration No. (If applicable) _____ Exp. Date: _____
- ☐ Non-Immigrant Visa Number (If applicable) _____ Exp. Date: _____
- ☐ I94 Arrival/Departure Form # (If applicable) _____ Exp. Date: _____
- ☐ DS1350 Certification of Birth Abroad _____ Exp. Date: _____

Passport No.: _____ Passport Issuing Country: _____

ALIAS(ES): _____
(Any other name used in the last 10 years)

Residence: _____
Address City State Zip Country

Telephone #'s: Home: _____ Work: _____ Cell: _____

License Plate #'s: _____

ORGANIZATION: _____

I, the undersigned, acknowledge that 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. See Section 1001 of Title 18 of the United States Code. I understand that Federal regulations under 49 CFR 1542.209 imposes a continuing obligation for me to disclose to the Springfield/Branson National Airport within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. I understand that the ID badge must be displayed above the waist on the outer-most garment, at all times while located in the Secured Area. I understand that there is a $30.00 application fee associated with this badge. I also understand that a penalty of $30.00 will be assessed against me if my ID badge is lost or stolen. This badge shall be returned to the AOC upon my termination or transfer to another airport. I understand that unauthorized use of this badge and/or intentional falsification of required information will subject me to possible criminal prosecution. Failure to observe any of the rules or regulations set forth by the Airport Security Program will result in the forfeiture of this identification badge. **I agree to ensure that the ID badge issued shall be returned to the AOC upon termination, resignation or transfer to another airport, within ten (10) days or a $100.00 penalty will be assessed against my Company.**

TSA APPROVED
DATE: OCT 20 2009

Signature: _____

**AUTHORIZATION FOR BADGE ISSUANCE (FROM THE SECURITY AGREEMENT)**

I hereby certify the above-named applicant is authorized to obtain a Springfield/Branson National Airport Security Identification Badge for use in entering the Secured Area. I hereby state by signing this document that I have undergone said criminal history records check required by the Transportation Security Administration (TSA).

NAME (Printed) _____ TITLE _____

SIGNATURE: _____ DATE: _____ CONTACT #: _____

WARNING: THIS DOCUMENT CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER THE PROVISIONS OF 49 CFR PART 1520. NO PART OF THIS DOCUMENT MAY BE RELEASED WITHOUT THE WRITTEN PERMISSION OF THE UNDER SECRETARY OF TRANSPORTATION FOR SECURITY, WASHINGTON, D.C. 20590. UNAUTHORIZED RELEASE MAY RESULT IN CIVIL PENALTY OR OTHER ACTION. FOR U. S. GOVERNMENT AGENCIES, PUBLIC AVAILABLIITY TO BE DETERMINED UNDER 5

NAME: _____ BADGE #:_____

## Privacy Act Notice

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-Visit's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

Routine uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS / TSA 002.

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 identification media.

I verify through my signature below that I have read and understand the above Privacy Act Notice.

_____

Print Employee Full Name | Employee Signature | Date

## BUSINESS OFFICE

$30.00 Badge Fee received on: _____ (AOA; GA; Cargo/SIDA, SIDA)

$50.00 Fingerprint Fee Rec.: _____

$30.00 Lost Badge Fee Rec.: _____

Receipt #: _____; Check #: _____ Received by: _____

☐ - Cash ☐ - Check ☐ – Credit Card

## AIRPORT OPERATIONS CENTER

Badge Type: SIDA _____; Cargo/SIDA _____; Sterile _____; GA _____; AOA _____; Other _____

Badge #: _____ Authorized By: _____ Issued By: _____ Date Issued: _____

New Badge: _____ Replacement Badge: _____ CHRC Complete: _____ STA Complete: _____

Lost ID Replacement: _____ Expiration Date: _____

**ACCESS LEVELS:** 1._____ 2._____

3._____ 4._____

5._____ 6._____

TSA APPROVED
Angela Brooks
DATE: OCT 20 2009

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## Security Threat Assessment (STA)

SGF will not issue, or reissue, any identification media to an individual until the required current information contained in the application form for a STA has been submitted to the TSA and TSA has notified SGF that the applicant is eligible to hold identification media. This does not apply to direct employees of a Federal, State, or local government which, as a condition of employment, have been subject to an employment investigation that includes a fingerprint-based Criminal History Records Check (CHRC).

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I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202. 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:_____

SSN and Full Name:_____

_____

TSA APPROVED
DATE OCT 20 2009



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