



AIRPORT IDENTIFICATION BADGE APPLICATION – TO BE COMPLETED BY APPLICANT

Applying For (check one): New Badge Renewal Badge

Areas Of Access: Sterile Concourse(s) West Ramp (secure) East Ramp (General Aviation)

Please Print Full Legal Name As Stated On Your Government Issued Identification

Last Name:	
First Name:	Middle Name:

List All Possible Legally Used Alias Including Maiden Names You Have Used Starting With The Most Recent. If You Have Additional Alias Please Use an Additional Sheet of Paper.

Alias Last Name (Most Recent):
Alias First Name:
Alias Middle Name:

Fill Out All Listed Information.

Permanent Resident Address:		
City:	State:	Zip Code:

Date of Birth (MM/DD/YYYY)	Place of Birth (City & State or City & Country)	Citizenship Country

Gender: Male Female **Drivers License #:** _____ **State:** _____ **Exp. Date:** _____

Height ^(Ft/Inches²)	Weight	Hair Color	Eye Color	Home Telephone Number	Alternative Contact Number
	lbs.				

Company Name and Location (if applicable): _____

Position/Title: _____

Privacy Act Notice

Authority: 49 U.S.C. 114, 44936 authorizes the collection of this information.

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.

Applicant's Signature: _____ **Date:** _____



Social Security Number Verification For Security Threat Assessment Purposes

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 fine or imprisonment or both.

Applicant's Signature: _____

Date of Birth: _____

Print Name: _____

SSN: _____ - - _____

Applicant's Criminal History

Have you been convicted or found not guilty by reason of insanity of any of the following criminal offenses in the past ten (10) years?

	Yes	No		Yes	No
Forgery of certificates, false marking of aircraft, and other aircraft registration violations	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful, use, sale, distribution, or manufacture of an explosive or weapon	<input type="checkbox"/>	<input type="checkbox"/>
Interference with air navigation	<input type="checkbox"/>	<input type="checkbox"/>	Rape or aggravated sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Improper transportation of a hazardous material	<input type="checkbox"/>	<input type="checkbox"/>	Extortion	<input type="checkbox"/>	<input type="checkbox"/>
Air piracy	<input type="checkbox"/>	<input type="checkbox"/>	Armed or felony unarmed robbery	<input type="checkbox"/>	<input type="checkbox"/>
Interference with flight crew members or flight attendants	<input type="checkbox"/>	<input type="checkbox"/>	Distribution of, or intent to distribute, a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>
Commission of certain crimes aboard aircraft in flight	<input type="checkbox"/>	<input type="checkbox"/>	Felony arson	<input type="checkbox"/>	<input type="checkbox"/>
Carrying a weapon or explosive aboard an aircraft	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving a threat	<input type="checkbox"/>	<input type="checkbox"/>
Conveying false information and threats	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving willful destruction of property	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft piracy outside the special aircraft jurisdiction of the United States	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving importation or manufacture of a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>
Lighting violations involving transporting controlled substances	<input type="checkbox"/>	<input type="checkbox"/>	Conspiracy or attempt to commit any of the aforementioned criminal acts	<input type="checkbox"/>	<input type="checkbox"/>
Sedition	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving theft	<input type="checkbox"/>	<input type="checkbox"/>
Destruction of an aircraft or aircraft facility	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving dishonesty, fraud, or misrepresentation	<input type="checkbox"/>	<input type="checkbox"/>
Murder	<input type="checkbox"/>	<input type="checkbox"/>	A felony possession or distribution of stolen property	<input type="checkbox"/>	<input type="checkbox"/>
Assault with intent to murder	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving aggravated assault	<input type="checkbox"/>	<input type="checkbox"/>
Espionage	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving bribery	<input type="checkbox"/>	<input type="checkbox"/>
Kidnapping or hostage taking	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year	<input type="checkbox"/>	<input type="checkbox"/>
Treason	<input type="checkbox"/>	<input type="checkbox"/>	Violence at international airports	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful entry into an aircraft or airport area that serves air carrier or foreign air carriers contrary to established security requirements	<input type="checkbox"/>	<input type="checkbox"/>	A felony involving burglary	<input type="checkbox"/>	<input type="checkbox"/>

I understand that Federal regulations under 49 CFR 1542.209(l) impose a continuing obligation for me to disclose to the Tweed New Haven Airport within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.

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 on this application can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

Applicant's Signature: _____

Date: _____

BADGE#



**SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE HVN OPERATIONS OFFICE
INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED
TO BE COMPLETED BY AUTHORIZED SIGNATORY**

TENANT NAME:

Reason for Airport Security Badge: Tenant/Employee Based Aircraft Contractor
 Student Renewal

Areas of Access:

Sterile Area West Ramp (Secured Area) East Ramp (General Aviation)

Vehicular Driving Authorization (check if applicable):

Non-Movement Area Movement Area

AUTHORIZED SIGNATORY CERTIFYING FOR THE APPLICANT:

As an Authorized Signatory, I am signing and requesting issuance of this Airport ID Badge. I understand that for monitoring the use of said badge and **once I am aware this badge no longer is needed I must immediately contact the Airport Operations Office to deactivate/stop list the badge and retrieve the security badges from the terminated personnel and immediately return it to the Airport Security Coordinator.**

Authorized Signatory Name (print): _____

Authorized Signature: _____

Date: _____



BADGE# _____

AIRPORT USE ONLY

Fingerprints: ___/___/___ by: _____ CHRC Clearance: ___/___/___ by: _____ STA Clearance: ___/___/___ by: _____

SIDA Training: ___/___/___ by: _____ Non-SIDA Training: ___/___/___ by: _____

Non-Movement Area Training: ___/___/___ by: _____ Movement Area Training: ___/___/___ by: _____

Type of Issue: SIDA-Movement(GREEN)(CHRC) SIDA-NonMovement(BLUE)(CHRC) East Ramp(YELLOW)
 Construction(ORANGE)

ID Badge Number: _____ Expiration Date: ___/___/___

Types of ID (see attachment A for acceptable documents)

Copies in File

IDENTITY (1-photo) _____ by: _____

ELIGIBILITY (2-other) _____ by: _____

Exempt

Badge Fee: [] Collected [] Invoiced [] Waived

CHRC fee: [] Collected

I have read and received a copy of the Airport Safety/Security Responsibility Agreement (**Attachment B**) and I accept the roles and responsibilities of being issued an airport security badge. I understand that failure to comply with any of the aforementioned policies may result in the revocation of my ID badge, which means that I will not be allowed access to any restricted areas of the airport. Initial: _____

➤ **Badge Received By:** _____ **Issued By:** _____ **Date:** _____