

PAGE 1 – ALL SHADED BOXES TO BE COMPLETED BY APPLICANT

Please Print Full Legal Name As Stated On Your Government Issued Identification		
LAST NAME	FIRST NAME	MIDDLE NAME

List all legally used aliases, including maiden names, starting with the most recent. If you have additional aliases, please use an additional sheet.

ALIASES LAST NAME			ALIASES FIRST NAME			ALIASES MIDDLE NAME		
Current Mailing Address					City	State	Zip Code	
Primary Telephone Number			Alternate Contact Number			Driver License #	State	Expiration Date
Date of Birth	Gender	Height	Weight	Hair Color	Eye Color	Social Security Number		Job Title
State of Birth (If born in the USA)			Country of Birth			Citizenship Country		Ethnicity (Fingerprint Only)

APPLICANT MUST READ THIS SECTION CAREFULLY BEFORE SIGNING AS YOU IRREVOCABLY REPRESENT AND AGREE TO THE FOLLOWING:

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).

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 WORKER 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 FINE OR IMPRISONMENT OR BOTH.

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 110-53, 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 INFORMATION TO CONDUCT A SECURITY THREAT ASSESSMENT. IF APPLICABLE, 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. 522a(b) OF THE PRIVACY ACT, ALL OR A 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 USERS AS MAY BE PUBLISHED AT ANY TIME IN THE FEDERAL REGISTER, INCLUDING THE ROUTINE USES FOR THE NGI SYSTEM AND FBI'S BLANKET ROUTINE USERS.

DISCLOSURE:

PURSUANT TO §1934(C) OF THE FAA REAUTHORIZATION ACT OF 2018, TSA IS REQUIRED TO COLLECT YOUR SSN ON APPLICATIONS FOR SECURE IDENTIFICATION DISPLAY AREA (SIDA) CREDENTIALS. **FOR SIDA APPLICATIONS, FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN DENIAL OF A CREDENTIAL.** FOR OTHER AVIATION CREDENTIALS, ALTHOUGH FURNISHING YOUR SSN IS VOLUNTARY, IF YOU DO NOT PROVIDE THE INFORMATION REQUESTED, DHS MAY BE UNABLE TO COMPLETE YOUR SECURITY THREAT ASSESSMENT.

SCREENING NOTICE:

ANY EMPLOYEE HOLDING A CREDENTIAL GRANTING ACCESS TO A SECURITY IDENTIFICATION AREA MAY BE SCREENED AT ANY TIME WHILE GAINING ACCESS TOO, WORKING IN, OR LEAVING A SECURITY IDENTIFICATION DISPLAY AREA.

AVIATION WORKERS ARE REQUIRED TO UNDERGO SCREENING FOR UNAUTHORIZED WEAPONS, EXPLOSIVES, AND INCENDIARIES. FAILURE TO COMPLY WITH THE AIRPORT'S AVIATION WORKER SCREENING POLICY MAY LEAD TO PENALTIES, INCLUDING CONFISCATION OF THEIR AIRPORT OPERATOR-ISSUED ID MEDIA AND/OR REVOCATION OF UNESCORTED ACCESS AUTHORITY.

APPLICANT SIGNATURE	DATE

AIRPORT IDENTIFICATION BADGE APPLICATION

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AUTHORIZED SIGNATORY'S SIGNATURE MUST BE ON FILE WITH THE SJC BADGING OFFICE. INCOMPLETE APPLICATIONS WILL BE RETURNED
PRE-SIGNED BLANK APPLICATIONS WILL RESULT IN SECURITY STRIKE AND POSSIBLE MONETARY FINE

TENANT NAME		CATEGORY (OPTIONAL)
BADGE STATUS (check one) <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADDING ICON(S) <input type="checkbox"/> CHANGE BADGE TYPE <input type="checkbox"/> LOST / STOLEN <input type="checkbox"/> DUAL BADGE OTHER _____		BADGE TYPE (check one) <input type="checkbox"/> SIDA-SECURED (GOLD) <input type="checkbox"/> SIDA-NS (CARGO – PINK) <input type="checkbox"/> STERILE AREA (GREY) <input type="checkbox"/> NON-SIDA (GREEN) <input type="checkbox"/> PUBLIC (BLUE)
BADGE ENDORSEMENTS (check all that apply): <input type="checkbox"/> RAMP DRIVING (NON-MOVEMENT AREA) <input type="checkbox"/> MAOP (MOVEMENT AREA) <input type="checkbox"/> LIMITED MAOP (BRAKE-RIDER/TOWING) <input type="checkbox"/> ESCORT <input type="checkbox"/> ADA DOOR PROP CUSTOMS: <input type="checkbox"/> ZONE 1 <input type="checkbox"/> ZONE 2 BADGE ENDORSEMENT REQUIRING ADDITIONAL APPROVAL E (Law enforcement only- Authorized approval required) <input type="checkbox"/> Approval: _____		

AUTHORIZED SIGNATORY CERTIFYING FOR THE APPLICANT:

AS AN AUTHORIZED SIGNATORY FOR THE ABOVE LISTED TENANT, I CERTIFY THAT THE NAMED APPLICANT HAS AN OPERATIONAL NEED FOR THE REQUESTED TYPE OF IDENTIFICATION BADGE. I ALSO CERTIFY THAT THE NAMED APPLICANT HAS BEEN NOTIFIED OF THEIR SECURITY RESPONSIBILITIES AS REQUIRED UNDER 49 CFR Section 1540.105. MY TENANT AGREES TO REIMBURSE THE SAN JOSE AIRPORT FOR ANY COSTS OR EXPENSES INCURRED BY THE AIRPORT AND OR ANY FINES LEVIED AGAINST THE AIRPORT WHICH RESULT FROM THE FAILURE OF THE ABOVE-NAMED APPLICANT TO ADHERE TO THE SAN JOSE AIRPORT (SJC), FEDERAL AVIATION ADMINISTRATION (FAA) OR TRANSPORTATION SECURITY ADMINISTRATION (TSA) SECURITY REGULATIONS, POLICIES AND PROCEDURES, INCLUDING WITH OUT LIMITATION THE AIRPORT RULES AND REGULATIONS AND THE AIRPORT SECURITY PROGRAM. ON BEHALF OF THE TENANT, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE APPLICANT PRESENTS NO SECURITY THREAT TO SJC OR THE GENERAL PUBLIC. ON BEHALF OF THE TENANT, I ACKNOWLEDGE THAT ANY INVESTIGATION MADE BY SJC, TSA OR OTHER GOVERNMENTAL AGENCIES ARE NOT IN LIEU OF ANY EMPLOYER'S OBLIGATION TO VERIFY AN APPLICANTS WORK AUTHORIZATION AS REQUIRED BY LAW. I AGREE TO IMMEDIATELY **SUSPEND** THE APPLICANT'S BADGE UPON TERMINATION OR SHOULD HE/SHE DISCLOSES A CONVICTION OF ANY DISQUALIFYING CRIMINAL OFFENSES OR IF THE APPLICANT NO LONGER MEETS THE REQUIREMENTS FOR EMPLOYMENT ELIGIBILITY. I ACCEPT RESPONSIBILITY FOR RETRIEVING THE BADGE AT THE TIME OF APPLICANT'S SEPARATION FROM THE TENANT OR PROJECT COMPLETION. I ACKNOWLEDGE MY RESPONSIBILITY TO IMMEDIATELY RETURN THE BADGE TO THE SJC BADGING OFFICE. FAILURE TO DO SO WILL DEEM THE BADGE AS LOST AND ALL APPLICABLE FEES WILL BE APPLIED.

I AM AWARE THAT SUBMITTING A PRESIGNED BLANK APPLICATION IS A SECURITY VIOLATION, WILL RESULT IN A SECURITY STRIKE, AND POSSIBLE MONETARY FINE.

AUTHORIZED SIGNATORY SIGNATURE		DATE
AUTHORIZED SIGNATORY PRINTED NAME	AUTHORIZED SIGNATORY PHONE #	AUTHORIZED SIGNATORY BADGE #

If Applicant is a Contractor/Vendor, please provide the following information:

Contract End Date (Note: Badge will only be issued to end of contract/or 2 years from issuance. Whichever comes first)		
Contractor/Vendor Company Name		
Contractor/Vendor Business Address		
Supervisor's First and Last Name	Supervisor's Phone Number	Supervisor's Job Title
Request To Fingerprint- Required for all first-time applicants applying for SIDA-SECURED, SIDA-NON SECURED or STERILE Badges		
AS AN AUTHORIZED SIGNATORY FOR THE ABOVE LISTED TENANT, I HEREBY AUTHORIZE SJC TO PROCESS THE FINGERPRINTS FOR THE APPLICANT NAMED ABOVE. MY COMPANY AGREES TO PAY ALL FEES ASSOCIATED WITH THE INITIAL AND ANY SUBSEQUENT FINGERPRINT SUBMISSIONS.		
SUBSEQUENT SUBMISSIONS MAY BE SUBMITTED AT THE AIRPORT'S AND/OR THE TENANT'S DISCRETION.		
AUTHORIZED SIGNATORY SIGNATURE	AS BADGE #	DATE