

AOA BADGE APPLICATION



SLO County Airport

County Dept. of Airports
 975 Airport Drive, Suite 1
 San Luis Obispo, CA 93401
 Phone: 805-781-5205
 Fax: 805-781-5985
 www.sloairport.com

-PLEASE READ CAREFULLY AND PRINT LEGIBLY-

Full Legal name

Last First Middle

(Other names used previously should also be provided. ONLY if providing another name—please provide your given & surname)

Given Surname

Current Mailing Address/Contact Information

Street City State Zip
 Phone Number () SSN* Email

***READ - Providing SSN is voluntary on the part of the AOA Badge applicant; however, failure to provide SSN may delay or prevent badge approval by TSA**

Personal Information

Height ft. in. Eye Color Blue Brown Green Hazel Gray Other
 Male Female Weight Lbs. Hair Color Black Blonde Brown Brunette Gray Red

Driver's License Information

License Number State Exp MM/DD/YYYY

Birthplace/Citizenship Information

DOB MM/DD/YYYY In addition to your date of birth, please indicate the city and country where you were born and country of citizenship
 City Country Citizenship

AOA Access Information

To be considered for an AOA Badge, you must complete all applicable fields below and meet all airport requirements.

Are you:

CHECK BOX, THEN GO TO:

- An ACTIVE member/student of a flying club or school approved for operation on this airport.
- A hangar or tiedown renter (renting directly from the County).
- A hangar owner or renter of a lease site organization
- The owner, operator, or a direct employee of an AUTHORIZED business on this airport

- SECTION A
- SECTION B
- SECTION C
- SECTION D

SECTION A:

An active member/student of a flying club or school approved for operation on the airport.

I, the undersigned, a duly authorized representative of the flight school/club, do attest the individual named above is a student/member of our organization. This individual is authorized to access the flight school, club, hangar(s), and tiedown(s) utilized by the school/club. **I attest that this person has an operational need for a AOA badge and understands the responsibilities under 49 CFR 1540.105(a)** I understand the flight school/club is responsible for ensuring the individual named above is advised of any and all regulations that may apply to him/her while on the airport. And, the flight school/club is responsible for actions of this

Name of Flight School/Club Helipro Sunwest Other
 Name of Flight School/Club Signatory Authority (Print) Signatory Authority must be on file with the Airport.
 Flight School/Club Signatory Authority (Signature) Date MM/DD/YY

SECTION B:

A hangar or tiedown renter (renting directly from the County)

Aircraft N# County Hangar or Tiedown #
 Renters Name (Print) Renters Signature

SECTION C:

A hangar owner or renter of a lease site organization.

Name of Lease Site:

For individuals accessing hangars on lease sites, approval from the lease site holder/organization is required. If you do not own the hangar or aircraft to be used, in addition to the lease site organization, approval from the owner of the hangar/aircraft is required. I attest that this person has an operational need for a AOA badge and understands the responsibilities under 49 CFR 1540.105(a)

I, the undersigned, a lease site holder, a duly authorized lease site representative, aircraft or hangar owner, to attest the individual named above is a tenant, hangar owner, or user of the lease site. This individual is authorized to access the lease site, hangar or aircraft indicated above. I understand the lease site holder, organization, hangar owner, and/or aircraft owner are responsible for ensuring the individual named above is advised of any and all regulations that may apply to him/her while on the airport. And, the lease site holder, organization, hangar owner and/or aircraft owner is responsible for the actions of this individual while on the airport.

Signatory Authority's name (Print) Aircraft Hgr/Owner Name
 Signatory Authority's Signature Aircraft Hgr/Owner Sign
 Date MM/DD/YY Date MM/DD/YY

SECTION D: An Owner, operator, or employee of an AUTHORIZED business on the airport.

If unescorted access to the fenced portion of the airport (the Airport Operations Area - AOA) is required as part of your employment by a business located on the airport or which is authorized to provide goods and services on the airport, this section must be completed by the owner, officer or director of the company who is on file with Airport Administration as the "Signatory Authority". . I attest that this person has an operational need for a AOA badge and understands the responsibilities under 49 CFR 1540.105(a)

I, the undersigned, declare that I am the owner, officer or director of the company indicated below; that said company is authorized to be located on the premises of the San Luis Obispo County Regional Airport or is authorized to provide goods or services on the airport; that the applicant indicated on this form is an employee of said company; and that said company pays the applicant and will report his/her total payments on the appropriate 1099 or W-2 at the end of the year. I understand that as an employee, the applicant must comply with all conditions set by the airport for access approval and should he/she fail to comply with any term or condition, his/her access may be withdrawn by airport management. I declare under penalty of perjury, under the laws of the State of California, the foregoing is true and correct.

Company Name	<input type="text"/>	Signatory Authority's Name (Print)	<input type="text"/>
Date MM/DD/YY	<input type="text"/>	Signatory Authority's Signature	<input type="text"/>

ALL APPLICANTS SECURITY ADVISORY: AGREEMENT AND ADDITIONAL TSA CERTIFICATIONS

The access badge issued to you is for your personal use only. It permits entry to the General Aviation areas of the airport and is based on information provided on this form. Use of this badge by other persons is strictly prohibited. Codes will not be given out over the telephone due to our inability to positively identify a caller over the phone. When entering or exiting the airport, you must wait for the gate to close before leaving. If you access a gate and it will not close, you must notify Airport Management and remain to monitor the unsecured gate until airport personnel arrive. When accessing a gate, DO NOT allow others to enter the airport unless they are under your personal escort. If you are escorting someone onto the airport you are responsible for that person and any actions they take on the airport. While on the airport you and your guests must follow all applicable Federal, State and Local laws, ordinances and regulations.

THIS BADGE DOES NOT ALLOW ACCESS TO THE RESTRICTED AREAS AROUND THE COMMERCIAL AIRCRAFT PARKING RAMP AND PASSENGER TERMINAL BUILDING.

Failure to comply may result in your access being revoked and/or criminal and/or civil penalties. You must advise airport management of any changes to your personal contact information or the location of your aircraft on the airport. If your employment is terminated, you are no longer a student on the airport, or no longer require access for any reason, you must notify airport management within 3 days. Access badges are the property of the San Luis Obispo County Regional Airport and must be surrendered upon demand. A replacement fee applies for lost badges. Airport Management reserves the right to deny an access badge to any person. Failure to abide by airport rules & regulations, directives by airport management or the terms of this agreement may result in the revocation of your access badge.

The information I have provided on this form is true and correct. I have read the above Advisory Agreement and agree to abide by its terms. In addition I hereby acknowledge I have reviewed and agree to be bound by San Luis Obispo County Code Title 24, Airport Rules and Regulations, available on the airport website at www.sloairport.com or the County Clerk Recorder website at www.sloclerkrecorder.org.

Full Legal Name (Print)	<input type="text"/>	DOB MM/DD/YY	<input type="text"/>
Applicant Signature	<input type="text"/>	Today's Date MM/DD/YY	<input type="text"/>
*SSN	<input type="text"/>	I decline to provide my SSN. <input type="checkbox"/> Initials <input type="text"/>	

ADDITIONAL TSA CERTIFICATIONS

I authorize the Social Security Administration to release my Social Security Number 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.

Initials

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.

Initials

The information I have provided is true, completed, 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 United States Code.) I shall be strictly liable and shall indemnify and hold harmless the airport from and against, and agree to pay or reimburse the airport for the full amount of any fine or penalty levied by the FAA or TSA against the airport or any financial loss resulting therefrom for any violation of the airport's security plan and federal airport safety and security rules and regulations caused by or attributed to me, my directors, officers, employees, guests or agents.

Initials

AIRPORT USE ONLY

	Dates	Initials	
Application Submitted	MM/DD/YY <input type="text"/>	Collection TA <input type="text"/>	ID/Work Authorization Docs Verified TA <input type="text"/>
STA Clearance Date	MM/DD/YY <input type="text"/>	Clearance TA <input type="text"/>	US DOC #1 <input type="text"/> # <input type="text"/> Exp <input type="text"/>
Training Date	MM/DD/YY <input type="text"/>	Training TA <input type="text"/>	US DOC #2 <input type="text"/> # <input type="text"/> Exp <input type="text"/>
Issue Date	MM/DD/YY <input type="text"/>	Issuance TA <input type="text"/>	Badge # <input type="text"/>

Non U.S. Citizens, (one of the following):

Alien Registration Number (ARN)(9 digits, no dashes)

I-94 Arrival/Departure Form Number (11 digits, no dashes)

Non-immigration visa, provide the visa control number which appears in top right-hand corner of the visa and is labeled "Control Number"

Visa Control Number

U.S. Citizens born abroad or naturalized U.S. Citizens (one of the following):

U.S. Passport Number



Certificate of Naturalization Number, which appears on the right side of the document and may be referred to as an ARN or INS number (9 digits, no dashes) Certification of Birth Abroad, Form DS-1350, or 10 digit document number which appears in the top right corner of the document. Precede the number with DS (for example DS 1234567890, do not include dashes)

TSA PRIVACY ACT STATEMENT

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 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 TSA at Aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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: 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.