

# STERILE BADGE APPLICATION



SLO COUNTY AIRPORT

## APPLICANT INFORMATION

- PLEASE READ CAREFULLY AND PRINT LEGIBLY -

### Full Legal Name:

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|  |  |  |
|--|--|--|

Last

First

Middle

### Aliases/Previous Names: (i.e. Maiden name, name changes etc.)

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

|  |  |
|--|--|
|  |  |
|--|--|

Given

Surname

|  |  |
|--|--|
|  |  |
|--|--|

Employer

Company ID#

### Current Mailing Address/Contact Information:

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|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Street

City

State

Zip Code

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Social Security Number

|     |  |
|-----|--|
| ( ) |  |
|-----|--|

Phone Number

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Drivers License #

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State

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Expires

### Personal Information

Sex  M  F      Height  ft  in      Weight  lbs

Eye Color  Blue  Brown  Green  Hazel  Gray  Other \_\_\_\_\_

Hair Color  Black  Blonde  Brown  Brunette  Gray  Red  Bald

In addition to your date of birth, please indicate the city and country where you were born and the country of your citizenship.

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DOB MM/DD/YY

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City of Birth

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Country of Birth

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Country of Citizenship

## DHS/TSA PRIVACY ACT NOTICE

### 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 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](mailto: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 a ppea l 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.

I have read and understand this Privacy Act Notice.

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**Applicant Initials  
REQUIRED**

**SECURITY ADVISORY: AGREEMENT AND ADDITIONAL CERTIFICATIONS**

The sterile Badge issued to you is for your use only while in the performance of your official duties. This badge allows you unescorted access to the sterile area around the passenger terminal. This badge is not transferable. Allowing others to use your badge WILL result in your access to the secured area being revoked. If you lose your badge, you MUST notify airport management immediately. This badge must be worn at all times while in the secured area. It must be displayed on the upper most portion of your body, on the outermost garment. If you see anyone in the secured area without a sterile badge, that individual(s) must be challenged. If that person(s) is not authorized to be in the area, Airport Management and Law Enforcement must be notified immediately. While in the secured area you must follow all applicable Federal, State and Local laws, ordinances and regulations. Failure to comply may result in your access privileges being revoked and/or criminal or civil penalties. The sterile Badge is the property of the San Luis Obispo County Regional Airport and must be surrendered upon termination of employment or demand. A replacement fee applies if the sterile Badge is lost.

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.)

Full Legal Name:

Employee Signature:

I attest that this person has an operational need for a Sterile badge and understands the responsibilities under 49 CFR 1540.105(a). SA Signature:

Today's Date:   
MM/DD/YY

Email Address:

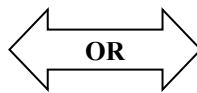
Please provide ONE of the following:

Social Security Number

-   -

If providing SSN then:

CONTINUE



I decline to provide my SSN.

Applicant Initials \_\_\_\_\_

If you decline then STOP – you are finished

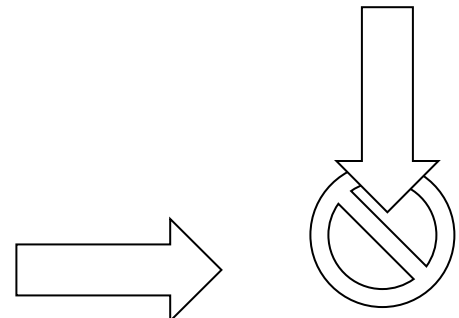
I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollment Services and Vetting Programs, Attention: vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

Applicant 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.

Applicant Initials \_\_\_\_\_

SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.



**FOR OFFICIAL USE ONLY (TO BE COMPLETED BY AIRPORT TA/TRUSTED AGENT – ONLY)**

ID/WORK AUTHORIZATION DOCUMENTS (Follow Guidelines for most current version of US Form I-9).

|           |                      |   |                      |          |                      |    |                      |
|-----------|----------------------|---|----------------------|----------|----------------------|----|----------------------|
| US DOC #1 | <input type="text"/> | # | <input type="text"/> | Exp Date | <input type="text"/> | TA | <input type="text"/> |
| US DOC #2 | <input type="text"/> | # | <input type="text"/> | Exp Date | <input type="text"/> | TA | <input type="text"/> |
| ARN/Other | <input type="text"/> |   |                      |          |                      |    |                      |

*(Attach copies of docs to form and keep on file.)*

|                    |                      |    |                      |              |                      |                 |                      |  |                        |
|--------------------|----------------------|----|----------------------|--------------|----------------------|-----------------|----------------------|--|------------------------|
| STA CLEARANCE DATE | <input type="text"/> | TA | <input type="text"/> | AIRPORT CHRC | <input type="text"/> | LETTER ATTACHED | <input type="text"/> | Lost, Stolen, Destroyed?                                 | <input type="text"/>   |
| SIDA TRAIN DATE    | <input type="text"/> | TA | <input type="text"/> | Badge ID #   | <input type="text"/> | Card Stamp #    | <input type="text"/> | Reissue? If so, date?                                    | <input type="text"/>   |
| ISSUE DATE         | <input type="text"/> | TA | <input type="text"/> |              | <input type="text"/> |                 | <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Replacement Badge ID # |