



SECURITY IDENTIFICATION BADGE AND FINGERPRINT APPLICATION

- USE BLACK OR BLUE INK ONLY OR TYPE -

MUST BE COMPLETED BY THE AUTHORIZED SIGNATORY AND ARE REQUIRED FOR PROCESSING.

1. REASON FOR APPLICATION: (Must check one only)	<input type="checkbox"/> New	<input type="checkbox"/> Renew	<input type="checkbox"/> Upgrade/Downgrade	<input type="checkbox"/> Lost/Stolen	<input type="checkbox"/> Damaged	<input type="checkbox"/> Reactivate/Retraining
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ITEMS 2 THRU 22 MUST BE COMPLETED IN THE PRESENCE OF THE AUTHORIZED SIGNATORY AND ARE REQUIRED FOR PROCESSING.

2. LAST NAME							
3. FIRST NAME				4. MIDDLE NAME			
5. LIST ALL ALIAS/MAIDEN NAMES							
6. STREET ADDRESS							
7. CITY			8. STATE		9. ZIP CODE		
10. COUNTRY			11. TELEPHONE #				
12. HEIGHT		ft.	in.	13. WEIGHT		lbs	
14. GENDER		15. DATE OF BIRTH					
16. DRIVER'S LIC./STATE ID #			17. STATE		18. EXPIRATION		
19. COUNTRY OF CITIZENSHIP			20. PLACE OF BIRTH (U.S STATE or COUNTRY)				
21. I-9 DOCUMENTS					22. I-9 DOCUMENT #		

AUTHORIZED SIGNATORY

I hereby certify that all conditions of TSA regulation 49CFR, parts 1540, 1542, 1544, & 1546 have been met. I further certify that the organization that I represent assumes responsibility for all fines or other penalties imposed by the TSA upon the North Central West Virginia Airport for any violation(s) by this applicant. I understand that any intentionally fraudulent or false statements in any application for any security program, access medium, or identification badge is a violation of TSR 1540.103 and United States Code Title 18, Section 1001. I may be personally subject to federal civil penalties and criminal prosecution.

Company _____ Telephone _____
 Authorized by (print) _____ Title (print) _____
 Signature _____ Date _____

=====FOR SECURITY OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE=====

SIDA EMPLOYEE

This employee has successfully completed the required airport training program.

Date Completed _____ Staff _____ Company _____

EMPLOYEE RESPONSIBILITIES

1. I fully understand my security responsibilities as outlined in TSR 1540.105, security responsibilities of employees and other persons, and will comply with all airport security rules. I further understand that I may lose my access privileges or be subject to civil penalties for violating these rules.
2. I have not been convicted of a disqualifying offense and I must disclose to the Airport Security Coordinator within twenty-four (24) hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access to any secured area of the airport.
3. My security identification badge remains the property of the North Central West Virginia Airport.
4. My security identification badge is not transferable to other individuals.
5. My security identification badge must, at all times be visibly displayed on the outermost garment, waist high or above, while in the security and/or sterile areas.
6. I must challenge individuals who are not displaying their security identification badge and/or report the observation to my supervisor, the airport police at 911 or airport communications at (304)842-3400. I must ensure that the individual(s) is properly escorted from the area or released to the proper authority.
7. I must immediately notify my supervisor and Airport Security at (304)842-3400, of the loss or theft of my security identification badge. In the event of the loss of my security identification badge, a badge replacement fee will be assessed and will be collected by airport security staff before a replacement security identification badge is issued.
8. My security identification badge is issued to support my job duties and responsibilities at the airport and should only be used for official business purposes. I will never utilize my security identification badge for personal or off-duty use.
9. I understand that the North Central West Virginia Airport reserves the right to revoke the authorization of individuals with security identification badges where such actions is determined to be in the best interest of airport security.
10. I will return my security identification badge to my company or Airport Security within twenty-four (24) hours when it is no longer required for the performance of my duties at NCWVA.
11. All employees traveling as passengers must access the sterile area through a TSA screening checkpoint. Once screened, employees must remain in the sterile area with any accessible property until the board the aircraft. This requirement applies when traveling for all purposes (business, leisure, etc.) unless exempt by federal regulation.



SECURITY IDENTIFICATION BADGE AND FINGERPRINT APPLICATION

PRIVACY ACT NOTICE STATEMENT

Authority: 6 U.S.C. § 1140, 46, U.S.C. § 70105; 49 U.S.C. §§ 106, 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 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. 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). 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 records to ensure the validity of information.

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 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 974 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: 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 a security threat assessment. A copy of the criminal record received from the FBI will be provided to the individual, if requested by the individual in writing, a ASC is the individual's point of contact if he or she has questions about the results of the CHRC.

EMPLOYEE CERTIFICATION STATEMENT

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 the 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 Office of Transportation Threat Assessment and Credentialing (TTAC). Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.

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.

Employee Signature

____/____/_____
Date of Birth

Employee Full Name (print)

____-____-_____
SSN