



SECURITY IDENTIFICATION BADGE APPLICATION

APPLICANT INFORMATION

Last Name:		First Name:		Middle Name:	
Aliases/Other Names Used:					
Date of Birth:		SSN:		Gender:	
Current address:					
City:			State:		ZIP Code:
Email:			Phone:		Cell:
Race:	Eye Color:	Height:	ft.	in.	Weight: lbs.
Country of Citizenship:			State of Birth:		
Opt Out for Airport Security Alerts? <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Voice					

EMPLOYMENT INFORMATION

Work/Job Title:	
Employer's Name:	Phone:

EMERGENCY INFORMATION

Emergency Contact Name:	
Relationship:	Phone:
Medical Information:	

CITIZENSHIP INFORMATION

PLEASE FILL OUT ALL APPLICABLE INFORMATION FOR ANY SECTION CHECKED YES.

U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Immigrant Visa Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Immigrant Visa Control #: _____ Country of Passport: _____ Passport #: _____
Naturalized or Born Abroad U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Passport #: _____ Cert. of Naturalization #: _____ Cert. of Birth Abroad #(Form DS-1350): DS _____	Non-U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration #: _____ or I-94 Arrival/Departure Form #: A _____

PRIVACY ACT NOTICE

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

Purpose: DHS will use this information to conduct a security threat assessment on airport employees and other personnel or applicants who work in or have unescorted access to the Airport Operating Area (AOA), secured area, sterile area, Security Identification Display Area (SIDA), or any area for which the airport has issued a personnel identification media.

Routine Uses: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to aviation security. Additionally, DHS may share the information with facility operators, law enforcement or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your security threat assessment, which may prevent your access to the AOA, secured area, sterile area, SIDA, or other area or purpose for which personnel identification media are issued.

BADGE HOLDER RESPONSIBILITIES

1. Security Identification Badges remain the property of the Tallahassee International Airport (TLH) and must be visibly displayed above the waist and on the outermost garment at all times.
2. Security Identification Badges must be presented for inspection if requested and must not be loaned or given to anyone else.
3. Security Identification Badge holders are responsible for keeping their badge current.
4. IMMEDIATELY NOTIFY AIRPORT OPERATIONS OF LOSS OR THEFT OF A SECURITY IDENTIFICATION BADGE.
5. If lost, the charge for a replacement Security Identification Badge will be \$100.00. If a lost Badge is found within 7 days, \$50.00 will be refunded by check within 30 days.
6. Divulging information regarding the TLH Airport Security Program or the security system of any Airport Tenant is strictly prohibited.
7. Security Identification Badge-holders shall comply with Airport Rules & Regulations available at: <http://www.FlyTallahassee.com/>
8. Security Identification Badges must be returned to Airport Operations or your supervisor at the end of employment. A charge of \$100.00 will be assessed in the event your Security Identification Badge is not returned.
9. When accessing security doors and perimeter gates that provide access to restricted areas, individuals must present their Security Identification Badge, enter PIN code/Fingerprint and then pass through each security door/gate individually. **The door/gate must close completely and if a door, be verified secured using the "push/pull procedure" before leaving and the next person attempts to enter.**
10. Security Identification Badges are to be used for official uses only.

APPLICANT AGREEMENT

I have read and understand the above responsibilities, and my security responsibilities as listed under 49 CFR 1540.105(a).

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).

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.

Full Name (Print):

Date of Birth:

Signature:

Date:

COMPANY AUTHORIZATION

I have read and understand the responsibilities governing Airport Security Identification Badges, authorize TLH to issue the above employee a TLH Security Identification Badge, and attest that the above individual has a documented need for unescorted access authority to the AOA, SIDA, Sterile, or Public Areas of the TLH Airport.

Name (Print):

Date:

Signature:

TLH Badge No.:

Escort Authorization Requested: Yes No

Driving Privileges Requested: Non Movement Area Movement Area None

INFORMATION AVAILABLE ONLINE: WWW.FLYTALLAHASSEE.COM

Airport Operations
3300 Capital Cir SW, Suite 1
Tallahassee, FL 32310
(850) 891-7818
aviationsafety@talgov.com

AIRPORT OPERATIONS AUTHORIZATION

Badge #:	Badge Type:	Badge Issue Date:
SIDA Training: (MM/DD/YYYY)	Ramp Driving: (MM/DD/YYYY)	Movement Area Driving: (MM/DD/YYYY)
Escort Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Privileges: <input type="checkbox"/> Non Movement Area <input type="checkbox"/> Movement Area <input type="checkbox"/> None	Has a Criminal History Records Check or 5-Year Employment History Verification been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License #:	State:	ASC Approval: