



HARTSFIELD-JACKSON ATLANTA INTERNATIONAL AIRPORT



SECURITY IDENTIFICATION BADGE APPLICATION

ITEMS 1 THRU 5 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"/> RENEWAL <input type="checkbox"/> UPGRADE/DOWNGRADE <input type="checkbox"/> LOST/STOLEN <input type="checkbox"/> DAMAGED
2. BADGE TYPE REQUESTED: (MUST CHECK ONE ONLY)	<input type="checkbox"/> SIDA/RAMP ACCESS <input type="checkbox"/> NON-SIDA/STERILE AREA ONLY
3. AOA DRIVER ACCESS: (MUST CHECK ONE ONLY)	<input type="checkbox"/> EMPLOYEE WILL DRIVE ON THE AOA <input type="checkbox"/> EMPLOYEE WILL NOT DRIVE ON THE AOA
4. ESCORT: (MUST CHECK ONE ONLY)	<input type="checkbox"/> EMPLOYEE WILL ESCORT ON THE AOA <input type="checkbox"/> EMPLOYEE WILL NOT ESCORT ON THE AOA
5. U. S. CUSTOMS SEAL: (MUST CHECK ONE ONLY)	<input type="checkbox"/> NO SEAL <input type="checkbox"/> RED SEAL <input type="checkbox"/> BLACK SEAL

ITEMS 6 THRU 23 MUST BE COMPLETED IN THE PRESENCE OF THE AUTHORIZED SIGNATORY AND ARE REQUIRED FOR PROCESSING. ON THE SPOT CORRECTIONS WITHOUT THE AUTHORIZED SIGNATORY PRESENT WILL NOT BE ACCEPTED. PLEASE PRINT CLEARLY.

6. LAST NAME									
7. FIRST NAME			8. MIDDLE NAME						
9. STREET ADDRESS									
10. CITY				11. STATE		12. ZIP CODE			
13. TELEPHONE #									
14. HEIGHT		ft.	in.	15. WEIGHT		lbs.	16. GENDER		
18. PLACE OF BIRTH (U.S STATE or COUNTRY)				17. DATE OF BIRTH				/	/
19. COUNTRY OF CITIZENSHIP				20. ALIEN REGISTRATION # (if applicable)					
21. PASSPORT COUNTRY				22. PASSPORT #					
23. DRIVER'S LIC./STATE ID #				24. STATE		25. EXP.		/	/
26. PRIMARY DUTY LOCATION									

FINGERPRINT CERTIFICATION	
THIS EMPLOYEE HAS SATISFACTORILY COMPLETED A FEDERAL BUREAU OF INVESTIGATIONS FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK (TSR 1542.209).	
DATE COMPLETED: _____	STAFF: _____ CASE NUMBER: _____ COMPANY: _____

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 CITY OF ATLANTA DEPARTMENT OF AVIATION 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=====

FP Date ____ / ____ / ____	FP Staff _____	Ck # _____	Credit _____
Billed	Non-Revenue	On Account	
Receipt # _____	Amt. \$ _____		
Badge Date ____ / ____ / ____	Badge Staff _____	Ck # _____	Credit _____
Billed	Non-Revenue	On Account	
Receipt # _____	Amt. \$ _____	Badge # _____	

SECURITY IDENTIFICATION BADGE APPLICATION (PAGE 2 OF 3)

SIDA TRAINING
THIS EMPLOYEE HAS SATISFACTORILY COMPLETED AN APPROVED SECURITY AWARENESS TRAINING PROGRAM (TSR 1542.213).
DATE COMPLETED: _____ STAFF: _____ COMPANY: _____

AUTHORIZED SIGNATORY ANNUAL TRAINING
THIS AUTHORIZED SIGNATORY HAS SUCCESSFULLY COMPLETED THE APPROVED AUTHORIZED SIGNATORY ANNUAL TRAINING (TSR 1542-04-08G).
DATE COMPLETED: _____ STAFF: _____ COMPANY: _____

AIRPORT DRIVER SAFETY TRAINING	Contact Airport Operations for more information (404) 530-6620
ANY EMPLOYEE REQUIRED TO OPERATE A MOTOR VEHICLE ON THE AIR OPERATIONS AREA (AOA) MUST COMPLETE THE AIRPORT DRIVER SAFETY TRAINING (ADST) COURSE. THE SIGNED "AOA DRIVER CERTIFIED" STAMP INDICATES THE EMPLOYEE HAS SATISFACTORILY COMPLETED AN APPROVED ADST COURSE. IF ITEM #3 ABOVE INDICATES "WILL DRIVE", THE CERTIFIED STAMP MUST BE PRESENT ON THIS APPLICATION AND A COMPLETED ADST COURSE COMPLETION FORM MUST ACCOMPANY THIS APPLICATION FOR EACH BADGE ISSUANCE / RENEWAL.	

CUSTOMIZED TRAINING
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. MY SECURITY IDENTIFICATION BADGE REMAINS THE PROPERTY OF THE CITY OF ATLANTA, DEPARTMENT OF AVIATION.
3. MY SECURITY IDENTIFICATION BADGE IS NOT TRANSFERABLE TO OTHER INDIVIDUALS.
4. MY SECURITY IDENTIFICATION BADGES MUST, AT ALL TIMES BE VISIBLY DISPLAYED ON THE OUTERMOST GARMENT, WAIST HIGH OR ABOVE, WHILE IN THE SECURITY AND/OR STERILE AREAS.
5. 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 OPERATIONS AT 530-6620. I MUST ENSURE THAT THE INDIVIDUAL(S) IS PROPERLY ESCORTED FROM THE AREA OR RELEASED TO THE PROPER AUTHORITY.
6. I MUST IMMEDIATELY NOTIFY MY SUPERVISOR AND AIRPORT SECURITY AT SECURITYID@ATLANTA-AIRPORT.COM OF THE LOSS OR THEFT OF MY SECURITY IDENTIFICATION BADGE. IN THE EVENT OF THE LOSS OF MY SECURITY IDENTIFICATION BADGE, A \$50.00 BADGE REPLACEMENT FEE WILL BE ASSESSED AND WILL BE COLLECTED BY AIRPORT SECURITY STAFF BEFORE A REPLACEMENT SECURITY IDENTIFICATION BADGE IS ISSUED.
7. I UNDERSTAND THAT THE CITY OF ATLANTA, DEPARTMENT OF AVIATION RESERVES THE RIGHT TO REVOKE THE AUTHORIZATION OF INDIVIDUALS WITH SECURITY IDENTIFICATION BADGES WHERE SUCH ACTION IS DETERMINED TO BE IN THE BEST INTEREST OF AIRPORT SECURITY.
8. 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 H-JAIA.
9. 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.

PRIVACY ACT NOTICE STATEMENT

AUTHORITY: 49 U.S.C. §§ 114, 44936 AUTHORIZES THE COLLECTION OF THIS INFORMATION.

PURPOSE: THE DEPARTMENT OF HOMELAND SECURITY (DHS) WILL USE THE BIOGRAPHICAL INFORMATION TO CONDUCT A SECURITY THREAT ASSESSMENT AND WILL FORWARD ANY FINGERPRINT INFORMATION TO THE FEDERAL BUREAU OF INVESTIGATION TO CONDUCT A CRIMINAL HISTORY RECORDS CHECK OF INDIVIDUALS WHO ARE APPLYING FOR, OR WHO HOLD, AN AIRPORT-ISSUED IDENTIFICATION MEDIA OR WHO ARE APPLYING TO BECOME A TRUSTED AGENT OF THE AIRPORT OPERATOR. DHS WILL ALSO TRANSMIT THE FINGERPRINTS FOR ENROLLMENT INTO THE US-VISIT'S 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'S RECORDS TO ENSURE THE VALIDITY OF YOUR NAME AND SSN.

ROUTINE USES: THIS INFORMATION MAY BE SHARED 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 TRANSPORTATION SECURITY THREAT ASSESSMENT SYSTEM (T-STAS), DHS/TSA 002.

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 IDENTIFICATION MEDIA.

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 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-19)/AVIATION WORKERS PROGRAM, 601 SOUTH 12TH STREET, ARLINGTON, VA 20598.

I AM THE INDIVIDUAL TO WHOM THE INFORMATION APPLIES AND WANT THIS INFORMATION RELEASE 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