

- Standard Renewal
- Name Change
- Company Change
- Access Change
- 2nd Company Added
- Lost/Stolen Badge

Badge #: _____ Type: _____
 Date Issued: _____ Issued By: _____

ROCHESTER INTERNATIONAL AIRPORT-RST (CAT III)

RENEWAL APPLICATION FOR AIRPORT IDENTIFICATION MEDIA

Name: _____
Last First Middle

Below list ALL Other Names Used (Maiden, Previous Married Name, Aliases, etc.) If Applicable:

Alias 1: _____
Last First Middle

Alias 2: _____
Last First Middle

Alias 3: _____
Last First Middle

Residence Address: _____

City: _____ State: _____ Zip: _____

Home Phone No: _____ Best Contact Phone No: _____

Airport Employer 1: _____ Job Title: _____

Employer address: _____ Phone: _____

Airport Employer 2: _____ Job Title: _____

Employer address: _____ Phone: _____

Date of Birth: _____ OFFICE USE ONLY Previous Section Verified by: Initial _____ Date _____

Place of Birth: City _____ State _____ Country _____ If outside of US, Must provide one the following:

Certificate of Naturalization/Certification of Birth Abroad/Passport #: _____

Country of Citizenship: _____ If outside of US, Must check appropriate box:

- Permanent Resident Alien
- Registered Alien authorized to work until ____/____
- Non-Immigrant VISA # _____
- Other (Please Explain) _____

Social Security Number Certification

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 Worker Program, 601 South 12th Street, Arlington, VA 22202.

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.

Social Security #: _____ Applicant Signature: _____

STATEMENT OF TRUTHFUL ADMISSION

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 on this application can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code)

 (Date) (Applicant's signature)

OFFICE USE ONLY Previous Section Verified by: Initial _____ Date _____

OFFICE USE ONLY: I hereby certify that I have verified identification meeting the I.D. requirements outlined on the attached sheet for the above listed applicant. _____
(Date) (Airport operator's signature)

****TWO ACCEPTABLE IDs MUST BE PRESENTED WITH THIS FORM****

APPLICANT ACCEPTANCE OF BADGE HOLDER RESPONSIBILITIES

I understand that using my badge to bypass security in order to board a flight is a security violation and that I **MUST** go through a screening checkpoint before boarding a flight. I have read and understand the **SECURITY BADGE RESPONSIBILITY AGREEMENT** and will abide by all airport rules and regulations. If I fail to comply with any of them, it may result in suspension or revocation of my badge or possible prosecution under federal, state, and local laws.

(Date)

(Applicant's signature)

PRIVACY ACT NOTICE

AUTHORITY: 49 U.S.C. §114, 44936 authorizes the collection of this information.

PURPOSE: 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 of 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.

(Date)

(Applicant's signature)

****PRIMARY Authorized Signer Information****

Name: (Print) _____ **Company:** _____

Best Contact: **Office#** _____ **Cell#** _____ **Email** _____

This Applicant will need the following to perform their job duties:

Access: (choose one) **SIDA** **AOA** **STERILE (Non-SIDA)**
Escort Authority: **Yes** **No**
Proximity Card: **Yes** **No**

I have **CAREFULLY REVIEWED** and **VERIFIED** this **APPLICANT'S** IDs and **ALL** are in compliance with the **RST Badge Identification Requirements list:**

- Name **MATCHES** and is **SPELLED CORRECTLY** on application and all IDs
- **ORIGINAL ID** documents were presented (No photocopies will be accepted)
- The address on the driver's license or government ID **MATCHES** home address listed on application

I affirm that the applicant has been continuously employed by our company since the issuance of current badge. Under oath, I affirm that the above information is true and correct to the best of my knowledge. I further affirm that I have not made any false statements or representations concerning the above information. I understand that I can be prosecuted under federal and/or state law for providing any false information or representation.

(Date)*This form valid for 30 days only

(Signatory Authority signature)

****SECONDARY Authorized Signer Information****

Name: (Print) _____ **Company:** _____

Best Contact: **Office#** _____ **Cell#** _____ **Email** _____

This Applicant will need the following to perform their job duties:

Access: (choose one) **SIDA** **AOA** **STERILE (Non-SIDA)**
Escort Authority: **Yes** **No**
Proximity Card: **Yes** **No**

I have **CAREFULLY REVIEWED** and **VERIFIED** this **APPLICANT'S** IDs and **ALL** are in compliance with the **RST Badge Identification Requirements list:**

- Name **MATCHES** and is **SPELLED CORRECTLY** on application and all IDs
- **ORIGINAL ID** documents were presented (No photocopies will be accepted)
- The address on the driver's license or government ID **MATCHES** home address listed on application

I affirm that the applicant has been continuously employed by our company since the issuance of current badge. Under oath, I affirm that the above information is true and correct to the best of my knowledge. I further affirm that I have not made any false statements or representations concerning the above information. I understand that I can be prosecuted under federal and/or state law for providing any false information or representation.

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(Signatory Authority signature)