

**ACCESS CONTROL**

AMF Box 145550, Salt Lake City, UT 84114
Phone: 801-575-2423 Fax: 801-575-2377
www.slairport.com/badging

SALT LAKE CITY INTERNATIONAL AIRPORT NON-RESTRICTED AREA BADGE APPLICATION

Badge #

Person ID #

**SECTION 1
APPLICANT INFORMATION**

Present this application along with two (2) forms of identification (refer to the List of Acceptable Documents) at the time of the appointment. Type or print legibly using black or blue ink. Complete Sections 1, 4, and 5. If the applicant is a minor, please complete Section 3 in the presence of a notary.

Last Name			First Name			Middle Name					
Other Names Used (Include Maiden, Nickname, or Aliases)						Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic, Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Please list) _____					
Last Name		First Name		Middle Name							
Driver's License or ID Card Number					State						
Date of Birth / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Hair Color		Eye Color		Height (feet/inches)		Weight (lbs.)	
Mailing Address				City				State		Zip	
Home Phone Number ()		Employer Phone Number ()			Passport Number			Passport Country			
Place of Birth						Citizenship					
City				State		Country			Country		
IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Check All That Apply – Enter NA if Not Applicable)					IF YOU ARE NOT A U.S. CITIZEN (Check All That Apply – Enter NA if Not Applicable)						
<input type="checkbox"/> US Passport		No.			If you have a Non-Immigrant Visa, you must also provide the 1-94 Information						
<input type="checkbox"/> Certification of Naturalization (N-550)		Enter A# in spaces provided below			<input type="checkbox"/> Non-Immigrant Visa		No.				
<input type="checkbox"/> Birth Abroad Certificate (Form DS1350 or FS545)		No.			<input type="checkbox"/> I-94 Form		No.				
<input type="checkbox"/> Certificate of Citizenship (N-560)		Enter A# in spaces provided below			<input type="checkbox"/> Other		No./ Type				
Alien Registration No. (Applies to both categories above)				A							

SECTION 2 – COMPANY INFORMATION AND BADGE TYPE

Employer				Sponsoring Company											
BADGE TYPE/DESIGNATION <input type="checkbox"/> Bike Path/Wingpointe <input type="checkbox"/> Commercial Lane <input type="checkbox"/> Lot 3 Access <input type="checkbox"/> North Support Access <input type="checkbox"/> Rental Car <input type="checkbox"/> VIP															
AUTHORIZING AGENT (If Applicable)															
I certify that I have reviewed this application for accuracy, and verified the employment eligibility of the applicant. I hereby agree that my company, as the applicant's sponsor, will timely pay for all fees and charges related to the issuance of a badge to applicant, including without limitation applicable fees for processing applicant and issuing a badge. I specifically agree that if this badge is not returned upon termination of applicant's employment, my company, as sponsor, will timely pay applicable non-returned badge fees. I understand that my company's agreement, as sponsor, to be responsible for such charges and fees is a material condition to the Airport's issuance of the badge, and that without such an agreement from the sponsor, the Airport would not issue a badge to applicant.															
AUTHORIZING AGENT NAME (Print):															
AUTHORIZING AGENT SIGNATURE:				DO NOT SIGN UNTIL APPLICATION IS COMPLETED											
Phone Number: ()				Date:				Valid for 30 days after signed and dated				Signature Checked By			

SECTION 3 - PARENT/LEGAL GUARDIAN INFORMATION/CONSENT (To be completed if applicant is a minor)

Last Name	First Name	Middle Name
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My signature below gives my consent for the Salt Lake City Department of Airports to issue an identification badge for the purpose of airport access. **NOTE: PARENTAL SIGNATURE WILL ONLY BE ACCEPTED IF NOTARIZED.**

Parent Signature:	Date:
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This space to be used by the Notary Public (**Notary stamp must be placed inside this box**)

SECTION 4 - PRIVACY ACT NOTICE

Authority: 49 U.S. C. §§114, **44936** authorizes 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.

Initials X _____

SECTION 5 - SOCIAL SECURITY NUMBER RELEASE

☐ 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.

☐ I do not authorize the release of my Social Security Number.

Printed Name:	First	Middle	Last
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Social Security Number:											
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Applicant's Signature X _____

SECTION 6 – ACCESS CONTROL USE ONLY (Do Not Write Below This Line)

Threat Assessment Date	<input type="checkbox"/> STA Pass <input type="checkbox"/> STA Fail <input type="checkbox"/> EXEMPT	Card Number	Expiration Date	PIN
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<input type="checkbox"/> Lost <input type="checkbox"/> Voided	Fee Paid: Bike Path Initial
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Card Number:	Amount: <input type="checkbox"/> \$15 (<input type="checkbox"/> Cashier Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order)
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Lost Card No. Returned	Refund Amount Due <input type="checkbox"/> \$0 (Expired) <input type="checkbox"/> \$15 (Full Refund)	Issued By/Date
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IDENTIFICATION BADGE RECEIVED BY (To be completed upon receipt of badge)

Applicant's Signature X _____ Date _____

I agree to report any lost or stolen Airport ID Badges to the Airport, and also understand there is a replacement fee for a lost/stolen badge (\$50 for Commercial Lane badges, and \$15 for all others). Initials X _____