



**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  
BADGE RENEWAL 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) in the Badging Office. Type or print legibly using black or blue ink. Complete Sections 1, 3, and 4. Incomplete forms will be returned. Do not leave blank lines; use N/A if not applicable.

Last Name First Name Middle Name

Other Names Used (Include Maiden, Nickname, Aliases) Last Name First Name Middle Name Race/Ethnicity  
 White  
 Black  
 Hispanic, Latino  
 Asian  
 Native American  
 Unknown  
 Other (Please List) \_\_\_\_\_

Driver's License or ID Card Number State Date of Birth / /

Gender  Male  Female Hair Color Eye Color Height (feet/inches) Weight (lbs.)

Home Address City State Zip Country

Home or Cell Phone Number ( ) Employer Phone Number ( ) Passport Number Passport Country

Place of Birth City State Country Citizenship Country

IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. (Check All That Apply – Enter NA if Not Applicable)  
 US Passport No.  
 Certification of Naturalization (N-550) Enter A# in spaces provided below  
 Birth Abroad Certificate (Form DS1350 or FS545) No.  
 Certificate of Citizenship (N-560) Enter A# in spaces provided below

IF YOU ARE NOT A U.S. CITIZEN (Check All That Apply – Enter NA if Not Applicable)  
If you have a Non-Immigrant Visa, you must also provide the 1-94 Information  
 Non-Immigrant Visa No.  
 I-94 Form No.  
 Other No./ Type

Alien Registration Number (Applies to both categories above) A

**SECTION 2  
COMPANY INFORMATION** This section MUST be filled out by an authorized signer from the sponsoring company Type or print legibly in ink or application will be rejected.

Employer Department

Sponsoring Company

REASON FOR UPDATE :  Renewal  Name Change  Upgrade  Downgrade (For Upgrade/Downgrade mark below which apply)  
 AOA Driving  Authorized Signer  Customs  Z1 or  Z2  Escort Authority  Lost/Stolen  SIDA to SPAO  SPAO to SIDA

**AUTHORIZING AGENT CERTIFICATION**

AUTHORIZING AGENT NAME (Print):

AUTHORIZING AGENT SIGNATURE:

Phone Number: ( ) Date: Valid for 30 days after signed and dated Signature Checked By

**DO NOT SIGN UNTIL APPLICATION IS COMPLETED**

**SECTION 3 - 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 4 - 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 12<sup>th</sup> 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. (NOTE: This may slow down the Security Threat Assessment process, but will not disqualify you from receiving a badge. Printed name and signature are still required.)

|               |       |        |      |
|---------------|-------|--------|------|
| Printed Name: | First | Middle | Last |
|---------------|-------|--------|------|

|                         |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Social Security Number: |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|

Applicant's Signature X \_\_\_\_\_

**SECTION 5 – ACCESS CONTROL USE ONLY (Do not write below this line)**

|              |             |     |                 |
|--------------|-------------|-----|-----------------|
| Badge Number | Card Number | PIN | Expiration Date |
|--------------|-------------|-----|-----------------|

|   |  |                         |
|---|--|-------------------------|
| <input type="checkbox"/> Lost <input type="checkbox"/> Voided | Fee Paid: <input type="checkbox"/> \$50  | Recurrent Training Date |
| Card Number:  | <input type="checkbox"/> Cashiers Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order |                         |

Badge Type:  AP II  Contractor  Crew  GA  GT Starter/Loader  Hangar  SIDA  SPAO  Unrestricted  Vendor

Designations:  AOA  Authorized Signer  Customs  Emergency Response  Escort Authority  Fuel Agent  Gate Guard

Warrants:  Cleared  Referred (29's Verified By: \_\_\_\_\_) DL Verification:  Valid  Suspended (DL Verified By: \_\_\_\_\_)

**Additional Card Clearance Codes** (Must check logical device on lost or replaced card to complete)

Comments:

|             |                  |                              |   |
|-------------|------------------|------------------------------|---|
| Date Issued | Badge Updated By | Lost Card No. Returned/ Date | Refund Amount Due   |
|             |                  |                              | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 |

**TRAINING TRACKER**

|               |                                 |                 |                 |
|---------------|---------------------------------|-----------------|-----------------|
| COURSE FAILED | OCCURRENCE #/DATE OF OCCURRENCE |                 |                 |
|               | 1 <sup>ST</sup>                 | 2 <sup>ND</sup> | 3 <sup>RD</sup> |
|               | 1 <sup>ST</sup>                 | 2 <sup>ND</sup> | 3 <sup>RD</sup> |

**SECTION 6 - TERMS AND CONDITIONS OF BADGE HOLDER (To be Completed After Training)**

I agree to return the Airport ID Badge if my employment status changes and I no longer have a need for an Airport ID badge. I understand that there is a \$100 fee for a non-returned badge. I agree to report any lost or stolen Airport ID Badges to the Airport, and also understand that there are replacement fees for a lost/stolen badge.

I understand and acknowledge that violation of the Airport's Security Program will result in administrative action to include badge reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

I understand and acknowledge that by accepting an Airport badge I am giving my consent for search by Department of Airports employees, contract employees authorized by the Department of Airports, and/or TSA personnel of both my person and property whenever entering, being within, or leaving a secure or sterile area of the airport to ensure I have a valid badge and am not carrying any prohibited items. Further, I understand and acknowledge that my refusal to comply with this consent search may result in my Airport badge being confiscated and my access to secure and/or sterile areas of the airport being denied. By initialing here, I certify I have read and understood this statement.

Initials X \_\_\_\_\_

**Security Violations Include (Are Not Limited To):**

- Working in the SIDA without an ID badge
- Loaning an Airport ID badge to another individual
- Allowing an individual to follow me, or following another individual, through a door/gate without a valid card swipe (piggyback violation)
- Blocking or leaving a door open and unattended that leads to a restricted area
- Bypassing the passenger screening process when traveling as a passenger
- Leaving a vehicle gate open and unattended
- Conducting an improper escort
- Driving a vehicle in the restricted area without the required company markings on both sides and a ramp permit

Initials X \_\_\_\_\_

**IDENTIFICATION BADGE RECEIVED BY (To be completed upon receipt of badge)**

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL HANDOUTS RECEIVED BY (To be completed upon receipt of badge)**

Applicant's Initials X \_\_\_\_\_ Date \_\_\_\_\_ (Circle Handouts Received) AOA CONTRACTOR ESCORT GA/HANGAR GATE GUARD SIGNER