



01/2013

SECURE SIDA/IIC/MRO/STERILE

HMCAA IDENTIFICATION BADGE APPLICATION

SECTION 1: APPLICANT (PLEASE PRINT OR TYPE CLEARLY)

Full Name: _____
Last
First
Middle

Other Names Used: _____
 (Aliases/Surname/ Maiden) Last
First
Middle

Mailing Address: _____
Street
City
State
Zip Code

Personal Information: _____
Employer
Social Security#
Phone#

_____ DOB (mm/dd/yyyy)
Place of Birth
Country of Citizenship

_____ Race
Gender
Weight
Height
Eye Color
Hair Color

| LIST OF ACCEPTABLE DOCUMENTS: (ALL DOCUMENTS MUST BE UNEXPIRED) | | |
|--|-------|---|
| List A | -OR- | List B |
| List A | -AND- | List C |
| <input type="checkbox"/> US Passport or US Passport Card | | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card | | <input type="checkbox"/> U. S. Military Card |
| <input type="checkbox"/> Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | <input type="checkbox"/> School ID card with a photograph |
| | | <input type="checkbox"/> ID card issued by federal, state, or local government |
| <input type="checkbox"/> Employment Authorization Document (Card) that contains a photo (Form I-766) | | <input type="checkbox"/> Voter's registration card |
| <input type="checkbox"/> Foreign passport with Form I-94 or Form I-94A, Arrival/Departure Report | | <input type="checkbox"/> Military's Dependent's ID |
| <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A showing nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | <input type="checkbox"/> Native American Tribal Document |
| | | <input type="checkbox"/> Driver's License issued by a Canadian government authority |
| | | <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card |
| | | <input type="checkbox"/> Social Security Card |
| | | <input type="checkbox"/> Employment Authorization by DHS |
| | | <input type="checkbox"/> Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the U.S bearing an official seal |
| | | <input type="checkbox"/> Certification of Report of Birth issued by the U.S. Dept. of State (Form DS-1350) |
| | | <input type="checkbox"/> Native American tribal document |
| | | <input type="checkbox"/> U.S. Citizen ID card (Form I-197) |
| | | <input type="checkbox"/> Identification card for use of resident citizen in the U.S. (Form I-179) |
| | | <input type="checkbox"/> Certification of Birth Abroad issued by U.S. Dept. of State (Form FS-545) |

PRIVACY ACT NOTICE

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), DHSITSA 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: _____

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SOCIAL SECURITY NUMBER AUTHORIZATION

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 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.

Initials: _____

CRIMINAL HISTORY

(Exhibit A)

I have read the list of disqualifying crimes and acknowledge the following:

- I **DO** have a disqualifying criminal offense
- I **DO NOT** have a disqualifying criminal offense

Initials: _____

SECURITY RESPONSIBILITY AGREEMENT

(Exhibit B)

I have read and understand the security responsibilities of my airport identification badge. I also understand that failure to comply with any of them may result in the revocation of my identification badge.

Initials: _____

APPLICANT CERTIFICATION

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).

Signature: _____ Date: _____

SECTION 2: AUTHORIZED SIGNATORY APPROVAL

I, _____ approve _____ badge application for
(Print) Authorized Signatory Employee Name

Company Name (Sign) Authorized Signatory Date

****DOES APPLICANT HAVE AN OPERATIONAL NEED FOR ESCORT ACCESS? YES / NO (Circle One)**

SECTION 3: HMCAA USE ONLY

| FINGERPRINTS/CRIMINAL HISTORY RECORDS CHECK | |
|--|--|
| Fingerprint Submission Date: | |
| Fingerprint/ CHRC Approval Date: | |
| Fingerprint/ CHRC Case #: | |
| SECURITY THREAT ASSESSMENT | |
| STA Submission Date: | |
| STA Approval Date: | |
| HMCAA REVIEW/APPROVAL | |
| ASC CHRC Case Review Date: | |
| ASC Approval: | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| ASC Signature: | |

Comments:
