Hartsfield-Jackson Atlanta International Airport® SECURITY IDENTIFICATION BADGE APPLICATION

DO NOT FOLD. Please type or print legibly using **black** or blue ink only. All pages must be legible or application will be voided.

Items 1 through 25 must be completed. Do not leave any section blank, write "N/A" for items that do not apply. Authorized Signatory **must** verify information.

1. LAST NAME							
2. FIRST NAME			3. MIDDLE NAME				
4. LIST ALL ALIAS(ES) OR MAIDEN NAME							
5. HOME ADDRESS (no P.O. Box)							
6. CITY			7. STATE		8. ZIP CODE		
9. COUNTRY OF ADDRESS			10. TELEPHONE #				
11. HEIGHT ft. in.		12. WEIGHT lbs.	13. GENDER		14. DATE OF BIRTH		
15. DRIVER'S LICENSE/STATE ID #			16. STATE		17. EXPIRATION		
18. COUNTRY OF CITIZENSHIP			19. U.S. STATE OR PLACE OF BIRTH				
20. PASSPORT COUNTRY			21. PASSPORT #				
22. I-9 DOCUMENTS	☐ Non Immigrant VISA ☐ I-94 Form (must complete # 23)		23. I-9 DOCUMENT #				
24. ALIEN REGISTRATION #			25. U.S. CERTIFICATION OF BIRTH ABROAD (DS-1350 or FS-545)		☐ Yes ☐ No		

FOR AUTHORIZED SIGNATORY USE ONLY
DO NOT WRITE BELOW THIS LINE

Items 26 through 32 must be completed by the Authorized Signatory. Check all that apply.

26. REASON FOR APPLICATION:	☐ New ☐ Renew ☐ Upgrade/Downgrade ☐ Lost/Stolen ☐ Damaged ☐ Reactivate ☐ BORN ☐ NOV
27. BADGE TYPE REQUESTED:	☐ SIDA/Ramp Access and Sterile Area ☐ Non-SIDA/Sterile Area Only ☐ Public
28. ESCORT PRIVILEGE:	☐ Employee will escort
29. DRIVER PRIVILEGE:	☐ Employee will drive on the airfield
30. U.S. CUSTOMS SEAL:	☐ Red Seal ☐ Black Seal
31. AUTHORIZED SIGNATORY:	☐ Primary/Secondary Authorized Signatory
32. EMERGENCY RESPONSE:	☐ ER Designation

FINGERPRINT CERTIFICATION

This employee has satisfactorily completed a Federal Bureau of Investigations fingerprint-based criminal history records check (TSR 1542.209).

Fingerprint Date: _____ Staff: _____ Case Number: _____

AUTHORIZED SIGNATORY

A specific need exists for providing the individual applicant with unescorted access authority. The individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a). I hereby certify that all conditions of TSA regulation 49 CFR, parts 1540, 1542, 1544 and 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 are a violation of TSR 1540.103 and U.S. 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: _____

Hartsfield-Jackson Atlanta International Airport

SECURITY IDENTIFICATION BADGE APPLICATION

TRAINING AVAILABLE IN ON-SITE TRAINING ROOM ONLY (Unless authorized for the Train-the-Trainer Program)

SECURITY IDENTIFICATION DISPLAY AREA (SIDA) TRAINING (every two years)		
This employee has satisfactorily completed an approved security awareness training program (TSR 1542.213)		
Date Completed	Staff	Company

STERILE AREA (NON-SIDA) TRAINING (every two years)		
This employee has successfully completed the required Airport training Program.		
Date Completed	Staff	Company

AUTHORIZED SIGNATORY ANNUAL TRAINING (every year)		
This Authorized Signatory has successfully completed the approved authorized signatory annual training (TSR SD 1542-04-08 series).		
Date Completed	Staff	Company

TRAINING AVAILABLE ONLINE ONLY (FAILURE TO COMPELTE THE REQUIRED TRAINING(S) PRIOR TO COMING TO YOUR SCHEDULED APPOINTMENT WILL RESULT IN YOU NOT BEING ABLE TO RECEIVE YOUR SECURITY IDENTIFICATION BADGE)

NAME OF TRAINING	REQUIRMENT (WHO SHOULD TAKE THIS TRAINING):
Non-Movement Area Driver Training	Required every two years if you receive a "D" designation (indicating that you will be driving on the airfield)
Safety Management System (SMS) Training	Required every two years for everyone
Customer Service Training	Required every two years for everyone
Fire/Safety Evacuation Training	Required every two years for everyone
Americans with Disabilities Act (ADA) Training	Required every two years for everyone

For online training, please visit https://atl.iet-ls.com

========== FOR SECURITY OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE ==========

FP Date	FP Staff		
Non-Revenue	On Account	Credit Card	Check/MO#
FP Receipt #	Amount $		

Badge Date	Badge Staff	Badge #	
Billed	Non-Revenue	On Account	Credit Card
Badge Receipt #	Amount $	Check/MO#	

EMPLOYEE RESPONSIBILITIES

1. I fully acknowledge my security responsibilities as outlined in TSR 1540.105(a), 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 badge must, at all times, be visibly displayed on the outermost garment, waist high or above, while in the secure 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 communications at (404) 530-6800. 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 Access Control at (404) 274-0368, Airport Security Compliance and Enforcement at (404) 326-8495 / (404) 561-6416, or Airport Communications at (404) 530-6800 of the loss or theft of my security identification badge. In the event of the loss of my security identification badge, a badge replacement fee will be assessed and will be collected by Airport security staff before a replacement security identification badge is issued.
7. My security identification badge is issued to support my job duties and responsibilities at the Airport and should be used for official business purposes only. I will never use my security identification badge for personal or off-duty use.
8. 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 actions are determined to be in the best interest of Airport security.
9. I will return my security identification badge to my company or Airport security within twenty-four (24) hours of when it is no longer required for the performance of my duties at ATL.
10. I must disclose to the Airport Security Coordinator and/or supervisor within twenty-four (24) hours if I am charged and/or convicted of any disqualifying criminal offense that occurs while I am in possession of an ATL Badge.
11. All employees traveling as passengers must access the sterile area through a TSA screening checkpoint. Once screened, employees must remain in the sterile area with any accessible property until they board the aircraft. This requirement applies when traveling for all purposes (business, leisure, etc.) unless exempt by federal regulation.
12. I attest that the work I am submitting with the required training is solely my own and was developed during the training. Further, I understand that any breach of integrity found in my submission shall be grounds for responsive action including the revocation of airport access privileges.

SIDA ID MEDIA APPLICATION SCREENING NOTICE

Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Employee Signature _____ Date _____

The Privacy Act of 1974
5 U.S.C. 552a(e)(3)

Privacy Act Notice

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

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 the 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-10)/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.

Employee Signature

Date of Birth

Employee Full Name (print)

Social Security Number
(Required for U.S. Citizens and SIDA Badge Holders)