

# ATL Security Identification Badge Application

THIS FORM MUST BE TYPED. PLEASE DO NOT BEND OR FOLD.



## SECTION 1 - BIOGRAPHIC INFORMATION

Complete all applicable sections. Incomplete forms will be rejected

Last Name		Suffix	First Name		Middle Name	
Other Names Used (Include <b>ALL</b> Previous Names including Maiden, Nicknames or Aliases)						
Alias Last Name		Alias First Name		Alias Middle Name		
Alias Last Name		Alias First Name		Alias Middle Name		
Alias Last Name		Alias First Name		Alias Middle Name		
Mailing Address			City		State	Zip Code
Country		Phone Number	Height	Weight (Lbs.)	Gender	
Birth Date	Driver's License Number		State		License Expiration Date	
Passport Number		Passport Country			Passport Expiration Date	
Citizenship Information			U.S. Citizen Born Abroad			
Social Security Number			Birth Abroad Certificate <input type="checkbox"/> DS-1350 <input type="checkbox"/> FS-240 <input type="checkbox"/> FS-545			
			Not a U.S. Citizen			
Citizenship Country			Non-Immigrant Visa Control Number			
State of Birth			I-94 Arrival/Departure Record Number			
Country of Birth			Alien Registration Number: <b>A</b>			

### FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

FP DATE	FP STAFF				
<input type="checkbox"/> ON ACCOUNT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK/ MONEY ORDER <input type="checkbox"/> NON-REVENUE					
FP RECEIPT #	AMOUNT \$	CHECK / MO #			
BADGE DATE	BADGE STAFF			BADGE #	
<input type="checkbox"/> BILLED <input type="checkbox"/> ON ACCOUNT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK/ MONEY ORDER <input type="checkbox"/> NON-REVENUE					
BADGE RECEIPT #	AMOUNT \$	CHECK / MO #			

**EMPLOYEE NAME**

Last Name	Suffix	First Name	Middle Name

**SECTION 2 - AUTHORIZED SIGNATORY INFORMATION** FOR AUTHORIZED SIGNATORY USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application Purpose	Access Type	Designations and Privileges
<input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Up/Down Grade <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Damaged  <input type="checkbox"/> Reactivate <input type="checkbox"/> BORN <input type="checkbox"/> NOV	<input type="checkbox"/> SIDA Ramp Access Sterile Area  <input type="checkbox"/> Non-SIDA Sterile Area Only  <input type="checkbox"/> Public	<input type="checkbox"/> Escort <input type="checkbox"/> Non-Movement Area Driver (Airfield) <input type="checkbox"/> U.S. Customs Red Seal <input type="checkbox"/> U.S. Customs Black Seal <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Emergency Response

**Aircraft Operator Fingerprint Certification**

<input type="checkbox"/> Individual Not Subscribed in RAP Back	Aircraft operator certification that the individual has successfully undergone a CHRC in accordance with the requirements of 49 CFR Section 1544.229 or 1544.230 and that the CHRC results did not indicate a record of a conviction or a finding of not guilty by reason of insanity for any disqualifying criminal offense under 49 CFR Section 1544.229 or 1544.230. A copy of the Privacy Act Notice provided on the TSA web board (on HSIN) was provided to the individual.		
	Date Individual's Fingerprints Submitted for CHRC	Date CHRC Results Received	Case Number
<input type="checkbox"/> Individual Subscribed in RAP Back	Aircraft operator certification that the individual is subscribed in RAP Back. The most recent CHRC results did not indicate a record of a conviction or a finding of not guilty by reason of insanity for any disqualifying criminal offense under 49 CFR Section 1544.229 or 1544.230. A copy of the Privacy Act Notice on the TSA web board (on HSIN) was provided to the individual.		
	Date of Individual's Most Recent Subscription in RAP Back	Date Most Recent CHRC Results Reviewed	Case Number

**Authorization Certification**

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	Title
Signature	Date



## SECTION 3 - TRAINING

### ON-SITE TRAINING ROOM ONLY

<b>SECURITY IDENTIFICATION DISPLAY AREA (SIDA) TRAINING</b>	Date Completed
This employee has satisfactorily completed an approved Security Awareness training program (TSR 1542.213). Renew every 2 years.	Staff
	<input type="checkbox"/> Company <input type="checkbox"/> DOA Office
<b>STERILE AREA (NON-SIDA) TRAINING</b>	Date Completed
This employee has successfully completed the required Airport training program. Renew every 2 years.	Staff
<b>AUTHORIZED SIGNATORY ANNUAL TRAINING</b>	Date Completed
This Authorized Signatory has successfully completed the approved Authorized Signatory annual training (TSR SD 1542-04-08 series). Renew every year.	Staff

**ONLINE TRAINING**  
Failure to complete the required training(s) prior to coming to your scheduled appointment will prevent you from obtaining your security identification badge.  
Renew every 2 years.

Non-Movement Area Driver Training*	Safety Management System (SMS)	Customer Service Training	Fire/Safety Evacuation Training	Americans with Disabilities Act (ADA)	Human Trafficking Awareness	Active Shooter
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\*Required for airfield driving privileges indicated by "D" designation.

**FOR ONLINE TRAINING, PLEASE VISIT [HTTPS://ATL.IET-LS.COM](https://atl.iet-ls.com)**

## SECTION 4 - 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 (November 22, 1943), as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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 will also maintain a national, centralized revocation database of individuals who have had airport - or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.Workers@tsa.dhs.gov](mailto:Aviation.Workers@tsa.dhs.gov).

**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.

INITIALS **X** \_\_\_\_\_

**SECTION 5 - BADGE HOLDER TERMS AND CONDITIONS**

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/orsterile 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 Enforcementat (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.

INITIALS **X** \_\_\_\_\_

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.

INITIALS **X** \_\_\_\_\_

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 (SSN) and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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, imprisonment or both.

EMPLOYEE SIGNATURE	DATE OF BIRTH
EMPLOYEE NAME	SOCIAL SECURITY NUMBER

