



3201 CIRA DRIVE, SUITE 200  
BLOOMINGTON, IL 61704

## AOA SECURITY BADGE APPLICATION

**INSTRUCTIONS:**

1. ACCEPTABLE DOCUMENTS MUST BE PRESENTED (LIST A OR BOTH B & C)
2. PLEASE PRINT LEGIBLY
3. APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY

**OFFICE USE ONLY**

BADGE #: \_\_\_\_\_  
 BADGE TYPE: AOA  
 ISSUED: \_\_\_/\_\_\_/\_\_\_  
 MASTER: \_\_\_/\_\_\_/\_\_\_

<b>SECTION 1: REASON FOR REQUEST</b>	Choose one: LEASE HOLDER    ADDITIONAL TENANT    FLYING CLUB MEMBER (Club Name: _____) AOA COMMERCIAL TENANT    AOA CONTRACTOR    AOA PROJECT    AOA BADGE RENEWAL
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<b>SECTION 2: APPLICANT'S INFO (* = Required Field)</b>	LEGAL NAME			*LAST:	*FIRST:	*MIDDLE:
	ALIASES OR PREVIOUS LEGAL NAMES					
	**SOCIAL SECURITY NUMBER (Disclosure on next page)			*DATE OF BIRTH		
	*PLACE OF BIRTH (Country or State if in U.S.)			*COUNTRY OF CITIZENSHIP		
	*EMPLOYER		*JOB TITLE		*EMAIL ADDRESS	
	*RESIDENCE MAILING ADDRESS			*CITY	*STATE	*ZIP
	*HOME PHONE		*CELL PHONE		*WORK PHONE	
	*GENDER	*RACE		*EYE COLOR		
	M    F	ASIAN    BLACK    CAUCASION NATIVE AMERICAN    LATINO	BLACK    BLUE    BROWN GRAY    GREEN    HAZEL			
	*HAIR COLOR    BALD    BLACK    WHITE    SANDY    RED OR AUBURN    BROWN BLONDE OR STRAWBERRY    GRAY OR PARTIALLY GRAY					
*HEIGHT		*WEIGHT		*DRIVER'S LICENSE NUMBER & STATE WHERE ISSUED		

<b>NON-U.S. CITIZENS</b>	ALIEN REGISTRATION #: _____ <del>-or-</del> I-94 ARRIVAL/DEPARTURE FORM #: _____ *NON-IMMIGRANT VISA #: _____ (*If issued, must provide #)	<b>U.S. CITIZEN BORN ABROAD -or- NATURALIZED U.S. CITIZEN</b>	U.S. PASSPORT #: _____ <del>-or-</del> CERTIFICATE OF NATURALIZATION #: _____ <del>-or-</del> CERTIFICATE OF BIRTH ABROAD (FORM DS 1350) #: _____
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<b>SECTION 3: AIRCRAFT INFORMATION</b>	HANGAR NUMBER/FLYING CLUB	AIRCRAFT TYPE (S)	N NUMBER (S)
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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 misrepresentation 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.)

<b>SECTION 4: RELEASE OF SOCIAL SECURITY INFORMATION (per SD 1542-04-08F)</b>	SOCIAL SECURITY NUMBER	PRINTED NAME
	SIGNATURE	DATE

<b>SECTION 5: PRIVACY ACT NOTICE</b>	<p>Authority: 49 U.S.C. §114, 44936 authorizes the collection of this information</p> <p>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.</p> <p>Routine Use: 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 with the routine uses identified in the Transportation Security Threat Assessment System (T-STAS), DHS/TSA002.</p> <p><b>**Disclosure:</b> <u>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.</u></p>		
	<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
	<p><b>SECTION 6: APPLICANT CERTIFICATION</b></p> <ul style="list-style-type: none"> <li>I agree to return identification and/or access media issued by the Bloomington Normal Airport Authority when use of these items is no longer required for the purpose for which they were issued or their use is no longer permitted by the Airport Authority; or when I am no longer employed with the requesting tenant/agency; or when any of these items are lost or stolen and later recovered; or when any of these items have expired.</li> <li>I agree to pay all fees, penalties or charges set forth by the Airport Authority for ID and/or access media issued to me when these items are no longer required for the purpose for which they were issued; or their use is no longer permitted by the Airport Authority; or when I am no longer employed with the requesting tenant/agency; or when any of these items are lost or stolen, or have expired and have not been returned to the Airport Authority.</li> <li>As a condition of being issued an Airport ID, access card, or ramp pass, I hereby agree to comply with any policies, provisions, or procedures which the FAA and/or Airport Authority have promulgated or will promulgate in the future and deem necessary to ensure the security and/or safety of operations at Central Illinois Regional Airport.</li> <li>I understand that failure to comply with any such policies, provisions, or procedures shall be grounds for the immediate revocation of my Airport ID, access card, and/or ramp pass and any privileges conveyed therewith.</li> </ul> <p>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 United States Code).</p>		
<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>	

<b>AOA BADGE AUTHORIZATION</b>	
The Requesting Lessee, as stated in the "Requesting Lessee" box, requests that the person named below be issued an AOA Badge	<b>REQUESTING LESSEE</b> (Company Name or Primary Lease Holder)
<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>
<b>REQUESTING AOA BADGE FOR:</b>	
<p>In compliance with FAA regulations, Tenant hereby agrees to notify the Airport Authority immediately of a lost or stolen badge or any termination under unfavorable circumstances. Tenant further agrees to pay a \$100.00 charge per badge if the badge is not returned to the Airport Authority within 24 hours of termination or when it is no longer needed to access airport secured areas, as determined by the Bloomington-Normal Airport Authority. The Airport Authority will use all legal means to retrieve these badges or collect all penalty charges.</p>	