

ORLANDO SANFORD INTERNATIONAL AIRPORT AIRPORT ID BADGE RENEWAL APPLICATION

THIS TWO-PAGE FORM MAY ONLY BE USED FOR RENEWING YOUR AIRPORT ID BADGE WHEN FINGERPRINTING OR CUSTOMS BACKGROUND CHECKS ARE NOT REQUIRED.

COMPANY/T-HANGAR NAME: _____ SAA ID BADGE # _____

(PRINT) APPLICANT NAME: - _____

I HAVE REVIEWED MY ORIGINAL APPLICATION FOR LAST YEAR'S ID BADGE APPLICATION AND ACKNOWLEDGE/CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT I AM THE INDIVIDUAL TO WHOM THIS INFORMATION APPLIES.

I HAVE NO CHANGES TO MAKE AT THIS TIME. (I understand that the complete seven-page application must be completed if there are any changes.

PLEASE ACCEPT THIS APPLICATION FOR MY _____ RENEWAL.
(YEAR)

I HAVE READ AND UNDERSTAND THE CRIMINAL HISTORY AS LISTED ON MY PREVIOUS APPLICATION. THE INFORMATION I HAVE PROVIDED ON MY PREVIOUS APPLICATION 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 ON THIS APPLICATION CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH. (SEE SECTION 1001 OF TITLE 18 THE UNITED STATES CODE).

I HAVE READ, UNDERSTAND AND ACCEPT THE RESPONSIBILITIES GOVERNING THE SANFORD AIRPORT AUTHORITY'S IDENTIFICATION BADGES.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, OFFICE OF INTELLIGENCE AND ANALYSIS (OIA), ATTENTION: AVIATION PROGRAM (TSA-19 AVIATION WORKER PROGRAM), 601 SOUTH 12TH 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 UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO DISCLOSE TO THE SANFORD AIRPORT AUTHORITY WITHIN 24 HOURS IF I AM ARRESTED AND/OR CONVICTED OF ANY CRIMINAL OFFENSE THAT OCCURS WHILE I AM GRANTED UNESCORTED ACCESS AUTHORITY.

Notice to All Badge Applicants

Once your airport issued ID Media has been provided to you, if and when you are traveling as a passenger you must:

1. Access the Sterile Area through a TSA screening checkpoint with any accessible property that you intend to carry onboard the aircraft; and
2. Remain in the Sterile Area after entering.

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 110-52, August 3, 2007); 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). 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 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 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: 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 a security threat assessment.

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.

APPLICANT PRINTED NAME: _____

APPLICANT SOCIAL SECURITY NUMBER: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

I ATTEST FOR THE APPLICANT WHO RECEIVES UNESCORTED ACCESS TO ANY AOA, SIDA, AND/OR STERILE AREA OF THE ORLANDO SANFORD INTERNATIONAL AIRPORT THAT:

- 1. A specific need exists for providing the individual applicant with unescorted access authority; AND**
- 2. The individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a)**

AUTHORIZED EMPLOYER SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY SANFORD AIRPORT AUTHORITY:

Standard Badge Application

TRAINING DATE: _____ **ISSUE DATE:** _____ **EXPIRATION:** _____

BADGE ISSUED BY: _____