

MBS INTERNATIONAL AIRPORT COMMISSION IDENTIFICATION BADGE APPLICATION

_____ NEW APPLICATION _____ RENEWAL _____ REISSUE

TWO FORMS OF IDENTIFICATION MUST BE PROVIDED. (SEE LIST OF ACCEPTABLE DOCUMENTS ON FORM I-9, EMPLOYMENT ELIGIBILITY VERIFICATION.)

EMPLOYER _____ **BADGE #** _____

FULL LEGAL NAME _____ **RACE** _____
(First) (Middle) (Last)

ALIASES/MAIDEN NAME _____ **EMAIL** _____
(First) (Middle) (Last)

HOME ADDRESS _____
(Number) (Street) (City) (State) (Zip)

TELEPHONE NUMBER _____ **DATE OF BIRTH** _____ **DATE OF HIRE** _____

PLACE OF BIRTH _____ **CITIZENSHIP** _____
(City and State/Prov./County/Country)

DRIVER'S LICENSE # _____ **STATE ISSUED** _____

HEIGHT _____ **WEIGHT** _____ **EYE COLOR** _____ **HAIR COLOR** _____ **GENDER** _____
(FT/IN.) (Pounds)

IF APPLICABLE:

ALIEN REGISTRATION NUMBER _____ **NON-IMMIGRANT VISA NUMBER** _____

PASSPORT NUMBER _____ **PASSPORT COUNTRY** _____

CERTIFICATION OF NATURALIZATION NUMBER _____

CERTIFICATION OF BIRTH ABROAD, FORM DS-1350 _____

I-94 ARRIVAL/DEPARTURE FORM NUMBER _____

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).

Applicant Signature _____ Print Name _____ Date _____

AUTHORIZATION TO USE SOCIAL SECURITY NUMBER (SSN):

I authorize the Social Security Administration to release my Social Security Number 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 or imprisonment or both.

Signature: _____ **Date of Birth:** _____

SSN and Full Name: _____

Employer _____ Applicant Name _____

BADGE ISSUANCE AUTHORIZATION

I understand this application must be completed and reviewed prior to authorizing it. I affirm that this individual has a verifiable need to have an MBS Airport ID badge. I have made my employees aware of the Security Rules and procedures at MBS and acknowledge responsibility for any TSA fines levied against MBS International Airport, which are caused by the failure of one of my employees to adhere to the MBS Security Program. I also acknowledge my security responsibilities outlined in 49 CFR 1540.105(a). I understand that failure to comply with the requirements of this section will result in the termination of my authorizing authority, access privileges, and possible TSA Civil Penalties.

AIR CARRIERS ONLY: I verify that the individual has undergone a Criminal History Record Check (CHRC) in accordance with the requirements of 49 CFR 1544.229 or 1544.230, and a copy of the Privacy Act Notice was provided to the employee. I affirm that sufficient administrative records regarding the CHRC are available for inspection by the TSA and are maintained by my company.

CHRC Case Number: _____

Date CHRC Sent: _____ Date CHRC Returned: _____ Disqualifying Crimes? (yes or no) _____

Authorizing Signature _____ Print Name _____ Date _____

PRIVACY ACT STATEMENT RECEIVED: Date _____ Initials _____

BADGE COLORS & ASSOCIATED AREAS:

_____ RED	“SIDA” (Secured/SIDA/AOA/Sterile Areas)	_____ Escort Privileges
_____ BLUE	“AOA” (Non-SIDA, AOA Only)	_____ Access to DASSP Area
_____ GREEN	“Agricultural”	
_____ ORANGE	“Construction” (Secured/SIDA/AOA/Sterile Areas)	
_____ PURPLE	“Construction” (Non-SIDA, AOA Only)	
_____ PARKING	Parking Lot Only (Employee Parking Lot)	

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.

THIS PERSON HAS A NEED TO OPERATE A VEHICLE ON THE:

_____ Non-Movement Area (Ramps and Perimeter Roads)
_____ Movement Area (Runways and Taxiways)

AIRPORT USE ONLY -

Criminal History Records Check: Sent _____ Returned _____ Disqualifying Crimes YES/NO _____

Security Threat Assessment Check: Sent _____ Returned _____ PASS/FAIL _____

Rap Back: Date added to Rap Back _____ Date removed from Rap Back _____

I CERTIFY THAT APPLICANT SATISFACTORILY COMPLETED 1542.213 SECURITY TRAINING.

TRAINER _____ DATE _____

I CERTIFY THAT APPLICANT HAS RECEIVED MA/NMA (CIRCLE ONE) DRIVERS TRAINING.

TRAINER _____ DATE _____

DATE BADGE ISSUED _____ DATE OF EXPIRATION _____ PAID BY _____

BADGE STATUS: REVOKED _____ LOST _____ STOLEN _____ EXPIRED _____ RETURNED _____ NOT RETURNED _____

DETAILS OF DEACTIVATION: