

Walla Walla Regional Airport Badge Application

BADGE APPLICATION-TO BE COMPLETED BY APPLICANT

PROVIDE ACCEPTABLE DOCUMENTS TO VERIFY ELIGIBILITY AND IDENTITY VERIFICATION TO RECEIVE A BADGE. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Status (Choose One): Lessee (Airport Tenant)_____ Non-Tenant_____ Vendor/Services_____ Flight School_____

Please Print Full Legal Name As Stated On Your Government Issued Identification

Last Name:_____ First and Middle Name:_____

List All Possible Legally Used Alias Including Maiden Names You Have Used Starting With The Most Recent. If You Have Additional Alias Please Use An Additional Sheet Of Paper.

Alias Last Name:_____ Alias First Name:_____ Alias Middle Name:_____

Current Home Address:_____

City, State, Zip:_____

Date of Birth:_____ Country/ Place of Birth:_____

Month/ Day/Year (City & State or City & Country)

Citizenship Country:_____

Gender: M F Drivers License #:_____ State/Expiration Date:_____

Company/Job Title/Position:_____

Airport Lessee - Hangar Number and N No.:_____

Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____

Home Phone No.:_____ Work Phone No.:_____ Cell Phone No.:_____

E-mail Address:_____

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 on this application can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code). I also understand the Federal Regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense.

Applicant's Signature:_____ Date:_____

Privacy Act Notice

Authority: 49 U.S.C. 114, 44936 authorizes the collection of this information

Purpose: The Department of Homeland Security (DHS) will use any biographical information to conduct a security threat assessment. 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.

Routine Uses: The information may be shared with the 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

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's Signature:_____ Date:_____

Social Security Number Verification For Security Threat Assessment Purposes

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 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 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 fine or imprisonment or both.

Applicant's Signature:_____ Date:_____

Print Name:_____ SSN:_____

TO BE COMPLETED BY APPLICANT WHEN BADGE IS RECEIVED

I have received my Walla Walla Regional Airport ID Badge and I am aware of the Airport's Administrative Citation for security violations.

Applicant's Signature:_____ Date:_____

BADGE# _____