



Airport Badging Office
 2627 Hollywood Way
 Burbank, CA 91505
 (818)729-2233



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|---|---|
| Airport Identification Badge Application | Company Name: _____ <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal |
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THIS SECTION MUST BE COMPLETED IN FULL BY THE APPLICANT IN INK

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|--|---------------------|---------------------------------------|------|
| Last Name: | | First Name: | |
| Middle Name: | Date of Birth: | Gender: | |
| List all Aliases: | | | |
| Home Street Address: | | | |
| City: | State: | Zip/Postal Code: | |
| Phone: | Driver's License #: | State: | Exp: |
| Social Security #: | Country of Birth: | State of Birth: | |
| If not U.S. citizen, country of citizenship: | | Alien Registration #: | |
| Or Non-Immigrant Visa #: | | And I-94 Form #: | |
| If U.S. citizen born abroad indicate either U.S. Passport #: | | | |
| Or Certificate of Naturalization #: | | Or Certificate of U.S. Citizenship #: | |

Employee Acknowledgement

Challenge Responsibilities:
 As a holder of a BGPAA Airport Identification Badge, you are required to display your badge above the waist, on the outermost garment, at all times while in the Public Areas, Sterile Area, Secured Area, SIDA, and AOA. You shall present your airport badge for examination upon request by any other badge holder for the purpose of enforcing airport challenge procedures. Additionally, you must challenge individuals in access controlled areas of the airport without airport badges to ensure they are authorized to be on airport property.

Lost Badges:
 Please return your badge to Airport Operations when no longer authorized, when transferred, or employment is terminated. If your badge is lost, you must report it to Airport Operations immediately and have it replaced. Replacement of a lost badge will be at your expense following the current approved fee structure with a partial refund if the badge is located and returned to Airport Operations prior to the expiration date. For repeat lost badges, an increased fee applies. These fees can be found on a lost badge replacement form.

Acknowledgement of Receiving Airport Badge #: _____ **Badge Security Pin Code:** _____

I, the badge applicant, will comply with all rules and regulations, guidelines, and policies concerning airport security and the use of the BGPAA Airport Identification Badge. I acknowledge the above statements regarding challenge responsibilities and lost badges. I further acknowledge that I have received applicable training and a violation of airport rules and regulations may result in a Notice of Violation (NOV). **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. The airport badge shall be used for official company business only. The use of a badge is permitted only while working for the company named on the badge and never to be used to bypass the TSA screening checkpoint when flying on a commercial flight unless specifically exempted by Federal law.

Initials here: _____

Privacy Act Notice:
Authority: 6 USC § 1140, 46 USC § 70105; 49 USC §§ 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); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-524, Oct 5, 2018) and Executive Order 9397, 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 the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification system (IDENT). 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 USC 552a(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 USC 552a(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, 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 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.

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598. 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.

BGPAA reserves the right to suspend, terminate, or revoke this badge at any time with or without cause. This may include criminal investigations or if the employee fails to abide by any Airport, FAA, and TSA rules and regulations, and local laws.

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| Applicant Signature: _____ | Date: _____ |
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THIS SECTION MUST BE COMPLETED BY AUTHORIZED SIGNER IN INK (VERIFY INFORMATION)

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| Employer Information: | | |
| Mailing Address: | City: | Zip: |
| Phone: | Send approval notice to: | Email: |

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| Badge Information (Check One) | | |
| <input type="checkbox"/> GREEN: Authority/Government | <input type="checkbox"/> BLUE: Secured Area | <input type="checkbox"/> YELLOW: Air Cargo SIDA |
| <input type="checkbox"/> ORANGE: Sterile Area | <input type="checkbox"/> GRAY: AOA | <input type="checkbox"/> RED: ID Only, No Access |
| Ramp/Service Road Driving Privileges: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Access Groups: |
| Escort Authority: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Movement Area Driving Privileges: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Badge Authorization | |
| Employer Signature: | Print Name: |
| <p>As the Authorized Signer, I am authorizing the above-named applicant to receive / renew the BGPAA Airport Identification Badge. I attest that this individual applicant has an operational need for unescorted access authority. The individual applicant acknowledges their security responsibilities under 49 CFR §1540.105(a). I understand that it is my responsibility to verify the information in this application. I acknowledge that if the applicant is no longer authorized to have a badge at the Airport, I will notify Airport Operations immediately and make every effort to retrieve the badge and return it to the Airport Badging office. Failure to do so will result in a fee if claimed as lost within 30 days of termination and after 30 days the fee shall increase as per the current approved fee structure.</p> | |
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| Sponsoring Company Name: | Date: |
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| CHRC Certification | |
| <i>If Law Enforcement / Government Agency Sponsored:</i> | |
| <p>49 CFR Part 1542 requires each airport operator to ensure that no individual is granted unescorted access to controlled areas of the airport unless the individual was subject to and successfully completed a Criminal History Records Check (CHRC). By signing this form, the sponsoring agency certifies that the applicant was subjected to a CHRC as a condition of employment, that the applicant successfully completed the CHRC, and that the CHRC fulfills all airport requirements as set forth by TSA in 49 CFR Part §1542.209.</p> | |

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| Authorizing Signature: | Date: |
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| CHRC Case #: | Date Completed: |
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| <i>If Airport Sponsored:</i> | |
| <p>By signing this form, the Airport Security Coordinator (ASC) certifies that the airport has complied with 49 CFR Part §1542.209 and the applicant has successfully completed a Criminal History Records Check (CHRC).</p> | |

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| Airport Security Coordinator Signature: | Date: |
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For Airport Use only

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| <p style="text-align: center;">Applicants</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Invoice <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Badge Authorization signature verified T.A.: Date:</p> <p><input type="checkbox"/> CHRC Certification signature verified T.A.: Date:</p> <p><input type="checkbox"/> Identity and work eligibility documents T.A.: Date:</p> <p><input type="checkbox"/> Gov. ID: Verify ID / Exp. Date T.A.: Date:</p> <p><input type="checkbox"/> Drivers: CA driver's license copy attached T.A.: Date:</p> <p><input type="checkbox"/> Upload into DAC & Rap Back T.A.: Date:</p> <p><input type="checkbox"/> CHRC results attached T.A.: Date:</p> <p><input type="checkbox"/> STA results attached T.A.: Date:</p> <p><input type="checkbox"/> CHRC/STA results verified ASC: Date:</p> <p><input type="checkbox"/> 30 day notice sent to employer attached T.A.: Date:</p> <p><input type="checkbox"/> IET Code: _____</p> <p><input type="checkbox"/> IET results attached T.A.: Date:</p> <p><input type="checkbox"/> Sterile Area Access acknowledgement T.A.: Date:</p> <p><input type="checkbox"/> Authorized Signatory Training attached T.A.: Date:</p> | <p style="text-align: center;">Renewals</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Invoice <input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Expired Badge Number: _____</p> <p><input type="checkbox"/> Badge Authorization signature T.A.: Date:</p> <p><input type="checkbox"/> Form I-9 documents / CA DL T.A.: Date:</p> <p><input type="checkbox"/> Gov. ID: Verify ID / Exp. Date T.A.: Date:</p> <p><input type="checkbox"/> IET Code: _____</p> <p><input type="checkbox"/> IET results attached T.A.: Date:</p> <p><input type="checkbox"/> DAC & Rap Back Updated T.A.: Date:</p> <p><input type="checkbox"/> Sterile Area Access Acknowledgement T.A.: Date:</p> <p><input type="checkbox"/> Authorized Signatory Training T.A.: Date:</p> <hr/> <p style="text-align: center;">Termination</p> <p><input type="checkbox"/> Returned Badge Number: _____</p> <p><input type="checkbox"/> Guard Card updated T.A.: Date:</p> <p><input type="checkbox"/> Removed from Card Access T.A.: Date:</p> <p><input type="checkbox"/> DAC & Rap Back Updated T.A.: Date:</p> |
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