

FIRST NAME

MIDDLE NAME

LAST NAME

ALIASES

DATE OF BIRTH // (MM/DD/YYYY)

CITIZENSHIP COUNTRY COUNTRY OF BIRTH STATE OF BIRTH

SEX RACE S.S.N. HAIR EYES

HEIGHT FEET INCHES WEIGHT POUNDS

MAILING ADDRESS

MAILING ADDRESS

CITY

STATE ZIP CODE

DAY TIME PHONE - -

Personal Information Codes

Sex:
F: Female **M:** Male

Race:
A: Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan or other Pacific Islander
B: Origin in any of the black racial groups of Africa.
I: American Indian, Eskimo, Alaskan Native or Native Person with Tribal Affiliation
U: Indeterminable Race
W: Caucasian, Middle Eastern, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or Origin.

Eye Color:
BLK: Black **GRY:** Gray **MAR:** Maroon **XXX:** Unknown **BLU:** Blue
MUL: Multicolored **BRO:** Brown **HAZ:** Hazel **PNK:** Pink **GRN:** Green

Hair Color:
BAL: Bald **BRO:** Brown **ONG:** Orange **RED:** Red or Auburn **PNK:** Pink
BLK: Black **SDY:** Sandy **PLE:** Purple **XXX:** Unknown **BLN:** Blond or Strawberry
BLU: Blue **GRN:** Green **WHI:** White **GRY:** Gray or Partially Gray

SECTION 1: Biographical Information Sheet (Cont.)

NON-U.S. CITIZENS:

NON-IMMIGRANT VISA #
Control Number

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ALIEN REGISTRATION #

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or
I-94 ARRIVAL/DEPARTURE #

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U.S. CITIZENS BORN ABROAD OR NATURALIZED U.S. CITIZENS, PROVIDE:

U.S. PASSPORT #

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or
CERTIFICATE OF NATURALIZATION # (FORM N- 550/570)

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or
CERTIFICATE OF U.S. CITIZENSHIP # (FORM N-560/561)

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or
CERTIFICATION OF BIRTH ABROAD # (FORM DS-1350)

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or
CONSULAR REPORT OF BIRTH ABROAD # (FORM FS-240)

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or
CERTIFICATION OF BIRTH ABROAD # (FORM FS-545)

SECTION 2: APPLICANT CRIMINAL HISTORY

Have you been convicted or found not guilty by reason of insanity, for any of the following criminal acts within the last ten (10) years?

	YES	NO		YES	NO
Forgery of certificates, false marking of aircraft, or other aircraft registration violation.			Lighting violations involving transporting controlled substances.		
Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements.			Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.		
Improper transportation of a hazardous material.			Extortion.		
Aircraft piracy.			Armed or felony unarmed robbery.		
Interference with flight crewmembers or flight attendants.			Distribution of, or intent to distribute, a controlled substance.		
Commission of certain crimes aboard aircraft in flight.			Felony arson.		
Carrying a weapon or explosive aboard aircraft.			Felony involving a threat.		
Conveying false information and threats.			Felony involving—		
Aircraft piracy outside the special aircraft jurisdiction of the United States.			Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.		
Rape or aggravated sexual abuse.			Importation or manufacture of a controlled substance;		
Interference with air navigation.			Burglary;		
Destruction of an aircraft or aircraft facility.			Theft;		
Murder.			Dishonesty, fraud, or misrepresentation;		
Assault with intent to murder.			Possession or distribution of stolen property;		
Espionage.			Aggravated assault;		
Sedition.			Bribery; or		
Kidnapping or hostage taking.			Willful destruction of property;		
Treason.			Conspiracy or attempt to commit any of the criminal's acts listed under the felony section.		
Violence at international airports.					

If you answered **YES** to any of the above, please state the date(s) of verdict(s):

I understand that I have a continuing obligation under Title 49, CFR, Parts 1542.209 to disclose to the airport operator within 24 hours if I plead guilty to, have an adjudication withheld, been convicted, or found not guilty by reason of insanity to any of the disqualifying crimes listed on this application or the federal security regulations.

Signature: _____

Date: _____

SECTION 3: AIRPORT DISCLOSURE AND CERTIFICATION OF APPLICANT INFORMATION

I hereby submit to Amarillo International Airport (AMA) this application for an Airport Issued ID Badge (ID Badge) and agree to the following:

1. To comply at all times with the security rules and policies of AMA, including all provisions outlined under Title 49, CFR, Parts 1540, 1542, and 1544 as required by the Transportation Security Administration (TSA).
2. All airport issued ID badges remain the property of AMA and are regulated under the Airport Security Program (ASP). My ID Badge cannot be transferred to another individual or used for any purpose by another individual. I will visibly display my ID Badge on my outermost garments, above the waist, and whenever I am in any secured/restricted area of the airport. I will not aid nor participate in "piggy-backing" (allowing unauthorized access to secure or restricted areas); nor will I otherwise breach, disobey or disregard any security directive, plan or program at the airport. I will challenge any person who enters a secured/restricted area if the person does not properly display an ID Badge. If the person I challenge cannot produce a valid ID Badge, I will immediately notify the Amarillo Airport Police Department or the AOC at (806) 335 - 4403.
3. AMA reserves the right to revoke authorization for an ID Badge where such action is determined to be in the best interest of airport security. I must immediately return the ID Badge to the AMA Airport Operations Center (AOC) or my employer upon notification that my ID Badge has been revoked. I will immediately notify my employer if my ID Badge is lost or stolen, and I understand that a non-refundable fee of \$50.00 will be assessed for all lost or stolen badges. I understand that the AOC will collect the lost badge fee prior to a replacement ID Badge being issued. Furthermore, a replacement ID Badge will only be issued if I declare in writing that the ID Badge has been lost or stolen.
5. In the event of any change in my employee status (e.g., transfer or job title), I will obtain a new ID Badge noting the change and return the original ID Badge.
6. I will immediately notify my Supervisor or the AOC if I am arrested of any of the crimes listed under Title 49, CFR, Parts 1542.209 or 1544.229. **I understand and agree to comply with the terms and conditions provided in this application and agree to comply with any changes or amendments to the terms and conditions.**
7. All airport issued key(s) remain the property of AMA and are regulated under the Airport Security Program (ASP). It is a direct violation of the ASP to copy, transfer, or loan airport issued key(s) to anyone other than the intended user. I will immediately notify my employer if my key(s) are lost or stolen, and I understand that a non-refundable fee of \$50.00 will be assessed for each lost or stolen key. I understand that the airport will collect the lost key fee prior to any replacement key(s) being issued. Furthermore, any replacement key(s) will only be issued if I declare in writing that the key(s) have been lost or stolen.

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.)

Signature

Date

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 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.

Signature

SSN and Full Name:

Date of Birth

SECTION 4: EMPLOYER/SPONSOR CERTIFICATION

(Applies to Airline and Certain Government Employees Only)

I Certify that _____ is employed by _____, and that a criminal history record check (CHRC) has been completed on this applicant by the appropriate Federal agency and does not disclose a disqualifying conviction as described in 49 CFR Part 1542.209 and/or as listed on the AMA list of Disqualifying Crimes.

Authorized Signatory: _____ Date: _____

SECTION 5: EMPLOYER/SPONSOR INFORMATION

Employer/Sponsor Name: _____

Address: _____
Address City State Zip Code

Employer/Sponsor Contact Number: _____

I authorize the above applicant to apply for an Airport Issued ID Badge.

Authorized Signatory: _____ Date: _____

SECTION 6: 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 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 in to 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.

Routine Uses: This information may be shared with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver of 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.

Signature

Date