

# I.D. Badge APPLICATION Form

(01/12)

## Gerald R. Ford International Airport

## Badge Fee: \$33.00

\*Applicant must provide two (2) forms of identification, one of which was issued by a government authority and one of which includes a photo, as described in the Gerald R. Ford International Airport Security Program and TSA Security Directives.

### APPLICANT'S INFORMATION

Name \_\_\_\_\_  
*Full Last Name* *Full First Name* *Full Middle Name*

Any Other Names Previously Used \_\_\_\_\_  
*Full Last Name* *Full First Name* *Full Middle Name*

Residence Address \_\_\_\_\_  
*Street* *City* *State* *Zip*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Tenant / Company / Agency \_\_\_\_\_

Sub-Contractor (if applicable) \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ ; YbXYf ..... A ..... : .....  
*MM / DD / YYYY* *(Select One)*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Place of Birth \_\_\_\_\_  
*State/Province* *Country*

Company Address \_\_\_\_\_  
*Street* *City* *State* *Zip*

Driver's License / State ID # \_\_\_\_\_ State of Issue \_\_\_\_\_

Parking Sticker # \_\_\_\_\_ Parking Sticker # \_\_\_\_\_ Parking Sticker # \_\_\_\_\_

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### For Office Use Only

Badge # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Returned \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
*(2 character abbreviation)* *(2 character abbreviation)*

List A. Passport # \_\_\_\_\_ Country \_\_\_\_\_  
*(2 character abbreviation)*

Alien Registration # \_\_\_\_\_ Country \_\_\_\_\_  
*(2 character abbreviation)*

Non-Immigrant Visa # \_\_\_\_\_ Country \_\_\_\_\_  
*(2 character abbreviation)*

OR

List B. # \_\_\_\_\_ & List C. # \_\_\_\_\_ NOTE: Make photocopy of documents(s)

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No Fly/Selectee checked: \_\_\_\_\_

STA Information Collected/Transmitted by: \_\_\_\_\_

CHRC Received: \_\_\_\_\_

Authorization to Issue by: \_\_\_\_\_

STA Received: \_\_\_\_\_

Issuance of Badge by: \_\_\_\_\_

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**APPLICANT'S VERIFICATION**

*I affirm that I have been provided a copy of the Airport Rules and Regulations, Section 3.2 as it relates to the Kent County Department of Aeronautics "Three Strikes Program".*

*49 CFR 1540.103(a) prohibits any person from making a fraudulent or intentionally false statement in any application for any security program, access medium or identification medium.*

*"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." (Section 1001 of Title 18, U.S.C.)*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**\*Signature on this form must be original (No faxes or copies)**

**NOTE: Providing your Social Security Number (SSN) to complete the Security Threat Assessment (STA) process is voluntary. If you choose to release your SSN to TSA, you must read and sign the following section.**

*"I authorize the Social Security Administration to release my Social Security Number (SSN) 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 12<sup>th</sup> 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** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**\*Signature on this form must be original (No faxes or copies)**

**SSN & Full Name** \_\_\_\_\_  
\_\_\_\_\_

**ACCESS INFORMATION ("Authorized Signatory" completes)**

**Access Group:** \_\_\_\_\_ **Regular or Over-Ride** (Circle One)

**Badge Type:** (Circle One)

**Secured Area (Red)**    **Sterile Area (Yellow)**    **Cargo Area (Red/White stripe)**    **AOA (Green)**

**Driving Privilege:**    **None**    **Non-Movement (D)**    **Movement Area (M)**    (Circle One)

**Escort Authority:**    **Yes**    **No**    (Circle One)    **Employee Parking:**    **Yes**    **No**    (Circle One)

**Billing:**    **Company** \_\_\_\_\_    **Individual** \_\_\_\_\_    **N/C** \_\_\_\_\_    **(KCDA Only)**

*I affirm that all information on this application is correct. I have made my employees aware of the security rules and procedures at GRR. I understand that my company is responsible for any TSA fines levied against Gerald R. Ford International Airport, which are caused by the failure of one of my employees to adhere to the GRR Security Program. I understand that failure to comply with this requirement may result in the termination of my authorizing authority, access privileges and possible TSA civil penalties.*

**AUTHORIZED SIGNATORY** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**\*Signature on this form must be original (no faxes or copies)**

**PRINT NAME** \_\_\_\_\_ **CONTACT PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_