

I.D. Badge RENEWAL Form

(01/12)

Gerald R. Ford International Airport

Badge Fee: \$14.00

NOTE: Current badge holders are required to provide two (2) forms of identification as identified in the Gerald R. Ford International Airport Security Program and TSA Security Directives.

Name _____
Full Last Name Full First Name Full Middle Name

Any Other Name Previously Used _____
Full Last Name Full First Name Full Middle Name

Tenant/Company/Agency _____ GRR Badge # _____
(Six digits)

Sub-Contractor (if applicable) _____

Residence Address _____
Street City State Zip

Gender M F Date of Birth _____ Day Time Telephone _____
(Select One) MM / DD / YYYY (Area Code)

"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 12th Street, Arlington, VA 20598."

"I am the individual to whom the information applies and want to 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 & Full Name _____

AUTHORIZED SIGNATORY

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 _____

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For Office Use Only

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.** # _____

STA Information Collected/Transmitted by: _____ Authorization to Issue by: _____ Issuance of Badge by: _____