

Badge #

NORMAN MINETA SAN JOSE INTERNATIONAL AIRPORT IDENTIFICATION BADGE APPLICATION

PAGE 1 - TO BE COMPLETED BY APPLICANT

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

Form with columns: LAST NAME, FIRST NAME, MIDDLE NAME

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

Form with columns: ALIASES LAST NAME, ALIASES FIRST NAME, ALIASES MIDDLE NAME, Home Address, City, State, Zip Code, Home Telephone Number, Alternate Contact Number, Driver License#, State, Expiration Date, Date of Birth, Gender, Height, Weight, Hair Color, Eye Color, Social Security Number, Job Title, State of Birth, Country of Birth, Citizenship Country, Ethnicity

APPLICANT MUST READ THIS SECTION CAREFULLY BEFORE SIGNING AS YOU IRREVOCABLY REPRESENT AND AGREE TO THE FOLLOWING:

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. IF MY EMPLOYER IS UNAVAILABLE, I WILL RETURN MY AIRPORT ID IMMEDIATELY TO THE BADGING OFFICE OR AIRPORT POLICE.

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 FINE OR IMPRISONMENT OR BOTH.

PRIVACY ACT NOTICE

AUTHORITY: 6 U.S.C § 1140, 46 U.S.C. § 70105; 49 U.S.C. § § 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© (132 Stat/ 3186, Public Law 115-252, Oct 5,2018), and Executive Order 9397, as amended.

PURPOSE: THE DEPARTMENT OF HOMELAND SECURITY (DHS) WILL USE THE BIOGRAPHICAL INFORMATION TO CONDUCT A SECURITY THREAT ASSESSMENT. YOUR FINGERPRINTS AND ASSOCIATED INFORMATION/BIOMETRICS 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/BIOMETRICS 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 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 YOUR INFORMATION.

ROUTINE USES: IN ADDITION TO THOSE DISCLOSURES GENERALLY PERMITTED UNDER 5 U.S.C. 522a(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 U.S.C. 522a(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, 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/BIOMETRICS 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 USERS AS MAY BE PUBLISHED AT ANY TIME IN THE FEDERAL REGISTER, INCLUDING THE ROUTINE USES FOR THE NGI SYSTEM AND FBI'S BLANKET ROUTINE USERS.

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.

SIDA ID MEDIA 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.

Form with columns: APPLICANT SIGNATURE, DATE

PAGE 2 - TO BE COMPLETED BY AUTHORIZED SIGNATORY

AUTHORIZED SIGNATORY'S SIGNATURE MUST BE ON FILE WITH THE SJC BADGING OFFICE. INCOMPLETE APPLICATIONS WILL BE RETURNED

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|---|---|--|
| TENANT NAME | | CATEGORY (OPTIONAL) |
| | | |
| BADGE STATUS (check one) <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADDING ICON(S) <input type="checkbox"/> CHANGE BADGE TYPE <input type="checkbox"/> LOST/ STOLEN <input type="checkbox"/> DUAL BADGE OTHER _____ | BADGE TYPE (check one) <input type="checkbox"/> SIDA-SECURED (Gold) <input type="checkbox"/> SIDA-NS (CARGO-Rose) <input type="checkbox"/> STERILE AREA (Grey) <input type="checkbox"/> NON-SIDA (Green) <input type="checkbox"/> PUBLIC (Blue) | BADGE ENDORSEMENTS (check all that apply): <input type="checkbox"/> RAMP DRIVING (Non Movement Area) <input type="checkbox"/> MAOP (Movement Area) <input type="checkbox"/> LIMITED MAOP (Brake-Rider/Towing) <input type="checkbox"/> ESCORT <input type="checkbox"/> ADA DOOR PROP CUSTOMS: <input type="checkbox"/> ZONE 1 <input type="checkbox"/> ZONE 2 BADGE ENDORSEMENT REQUIRING ADDITIONAL APPROVAL <input type="checkbox"/> E (Law enforcement only- Authorized approval required) Approval: _____ |

AUTHORIZED SIGNATORY CERTIFYING FOR THE APPLICANT:

AS AN AUTHORIZED SIGNATORY FOR THE ABOVE LISTED TENANT, I CERTIFY THAT THE NAMED APPLICANT HAS AN OPERATIONAL NEED FOR THE REQUESTED TYPE OF IDENTIFICATION BADGE. I ALSO CERTIFY THAT THE NAMED APPLICANT HAS BEEN NOTIFIED OF THEIR SECURITY RESPONSIBILITIES AS REQUIRED UNDER 49 CFR Section 1540.105. MY TENANT AGREES TO REIMBURSE THE SAN JOSE AIRPORT FOR ANY COSTS OR EXPENSES INCURRED BY THE AIRPORT AND OR ANY FINES LEVIED AGAINST THE AIRPORT WHICH RESULT FROM THE FAILURE OF THE ABOVE NAMED APPLICANT TO ADHERE TO THE SAN JOSE AIRPORT (SJC), FEDERAL AVIATION ADMINISTRATION (FAA) OR TRANSPORTATION SECURITY ADMINISTRATION (TSA) SECURITY REGULATIONS, POLICIES AND PROCEDURES, INCLUDING WITH OUT LIMITATION THE AIRPORT RULES AND REGULATIONS AND THE AIRPORT SECURITY PROGRAM. ON BEHALF OF THE TENANT I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE APPLICANT PRESENTS NO SECURITY THREAT TO SJC OR THE GENERAL PUBLIC. ON BEHALF OF THE TENANT, I ACKNOWLEDGE THAT ANY INVESTIGATION MADE BY SJC, TSA OR OTHER GOVERNMENTAL AGENCIES ARE NOT IN LIEU OF ANY EMPLOYER'S OBLIGATION TO VERIFY AN APPLICANT'S WORK AUTHORIZATION AS REQUIRED BY LAW. I AGREE TO **IMMEDIATELY SUSPEND** THE APPLICANT'S BADGE UPON TERMINATION OR SHOULD HE/SHE DISCLOSES A CONVICTION OF ANY DISQUALIFYING CRIMINAL OFFENSES OR IF THE APPLICANT NO LONGER MEETS THE REQUIREMENTS FOR EMPLOYMENT ELIGIBILITY. I ACCEPT RESPONSIBILITY FOR RETRIEVING THE BADGE AT THE TIME OF APPLICANT'S SEPARATION FROM THE TENANT OR PROJECT COMPLETION. I ACKNOWLEDGE MY RESPONSIBILITY TO IMMEDIATELY RETURN THE BADGE TO THE SJC BADGING OFFICE. FAILURE TO DO SO WILL DEEM THE BADGE AS LOST AND ALL APPLICABLE FEES WILL BE APPLIED.

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|-----------------------------------|------------------------------|------------------------------|
| AUTHORIZED SIGNATORY SIGNATURE | | DATE |
| | | |
| AUTHORIZED SIGNATORY PRINTED NAME | AUTHORIZED SIGNATORY PHONE # | AUTHORIZED SIGNATORY BADGE # |
| | | |

If Applicant is a Contractor/Vendor please provide the following information:

| | | |
|--|---------------------------|------------------------|
| Contract End Date (Note: Badge will only be issued to end of contract/or 2 years from issuance. Whichever comes first) | | |
| | | |
| Contractor/Vendor Company Name | | |
| | | |
| Contractor/Vendor Business Address | | |
| | | |
| Supervisor's First and Last Name | Supervisor's Phone Number | Supervisor's Job Title |
| | | |

Request To Fingerprint- Required for all applicants applying for SIDA-SECURED, SIDA-NON SECURED or STERILE Badges

AS AN AUTHORIZED SIGNATORY FOR THE ABOVE LISTED TENANT, I HEREBY AUTHORIZE SJC TO PROCESS THE FINGERPRINTS FOR THE APPLICANT NAMED ABOVE. MY COMPANY AGREES TO PAY ALL FEES ASSOCIATED WITH THE INITIAL AND ANY SUBSEQUENT FINGERPRINT SUBMISSIONS. SUBSEQUENT SUBMISSIONS MAY BE SUBMITTED AT THE AIRPORT'S AND/OR THE TENANT'S DISCRETION.

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| AUTHORIZED SIGNATORY SIGNATURE | AS BADGE # | DATE |
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