Omaha Airport Authority

ID BADGE APPLICATION

(Please Print Clearly)

Sponsoring Company Name:

Requesting Badging For:	☐ Sterile Area	☐ Terminal SIDA	☐ Cargo SIDA	☐ Contractor	☐ General Aviation

New ID ☐ Renewal ID ☐ Lost/Stolen ID Replacement ☐ and OAA is authorized to bill company - YES ☐ Initials:

As an authorized representative of the Sponsoring Company identified above, I confirm that the Applicant identified below is an employee, or an employee of a contractor of the Sponsoring Company, and has undergone an employment investigation consistent with reasonable employment practices and applicable Federal Law.

I further verify that the Applicant is authorized to work in the United States, and that the ID badge being requested is necessary in the performance of the Applicant's assigned duties at Eppley Airfield.

I understand that knowingly and deliberately making false statements on this application can result in fine or imprisonment or both. (See Section 1001 of Title 18 United States Code).

Authorized Signer's

Printed Name: **Signature:** **Date:**

Applicant Information

(Full LEGAL Name is required)

Last Name:			Address:		
First Name:			City:		
Middle Name:			State:		
Date of Birth (mm/dd/yyyy):			Zip:		
Social Security#:			Home Phone:		
Driver License #:		State:	Work Phone:		
State ID Card #:		State:	Other Names Used:		
Race:	Sex:	Height:	Weight:	Hair Color:	Eye Color:
Country of Birth:			State/Province/ Region of Birth:		
I am a United States Citizen: Yes ☐ No ☐ (If No) Indicate Country of Citizenship:					
Passport Country:		Passport Number:		Expiration Date:	
Alien Registration Number:				Expiration Date:	

Employer:	Job Position:		
Employer Address:	City:	State:	Zip:

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); 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 your fingerprints for enrollment into US-VISIT 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 records to ensure the validity of the 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 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 in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

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 a security threat assessment.

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 United States Code). I have reviewed the above Privacy Notice.

Applicant Signature: _____ **Date:** _____

Criminal History Record Check (CHRC) Certification

I certify that a fingerprint-based criminal history record check was conducted for the above named Applicant in accordance with applicable Federal law and/or TSA regulations and that the criminal history record check did **NOT** disclose a disqualifying criminal conviction.

☐ This Applicant is Exempt as an employee/contract employee of a Federal, State, or Local Government agency who has undergone a criminal history record check.

Fingerprint case #:	Date of CHRC:
Authorized Signer's Tenant/Company Name:	
Authorized Signer's Printed Name:	
Authorized Signer's Signature:	Date:

ID Badge Acceptance

Applicant must initial each statement to indicate they have read and understand it.

_____ I acknowledge that I have received training related to SIDA and AOA security requirements; or training relating to sterile area workers, as applicable.

_____ I understand that I have a personal responsibility under Federal regulation to comply with all security measures in place under the Airport Authority Security Program.

_____ By accepting this ID badge, I agree to abide by all Airport Authority Rules and Regulations.

_____ I understand that I must renew the ID badge prior to its expiration and that an expired badge is not valid.

_____ I understand this ID badge is the property of the Omaha Airport Authority and must be surrendered upon request; or upon termination of my employment.

_____ I understand that I must immediately report the loss, theft, or termination of the ID badge to the Badging Office; or after hours to the Airport Communications Center.

_____ I understand that I and my accessible property are subject to search while on Eppley Airfield.

Badge #: **Applicant Signature:** **Date:**

Badging Office Use Only

Training Provided:	Version Date:	Training Date:	Trainer Initial:	Training Provided:	Version Date:	Training Date:	Trainer Initial:
☐ SIDA/AOA				☐ West Side Driver Training (Non-Movement Area)			
☐ Sterile Area Worker				☐ East Side Driver Training (Non-Movement Area)			
☐ Other Training/Briefing				☐ Both Sides Driver Training (Non-Movement Area)			

OAA Approving Official as Applicable

Printed Name:	Signature:

TSA Security Threat Assessment

TSA Threat Assessment Approval	Date:	Badge Type:

Record Audit/Review History

Record Audited/Reviewed By:	Date Audited/Reviewed:
Record Audited/Reviewed By:	Date Audited/Reviewed:
Comments/Notes:	