



FINGERPRINT REQUEST

Criminal History Record Check



(Please Print Clearly)

| | | | |
|---|-------------------------------|---------------------------------------|-------------------------------------|
| Sponsoring Company Name: | | | |
| Requesting Fingerprinting for: | <input type="checkbox"/> SIDA | <input type="checkbox"/> Sterile Area | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Submit to OAL SON Initials: | | | |
| As an authorized representative of the Sponsoring Company identified above, I confirm the need for the Applicant identified below to have a fingerprint-based criminal history record check for the purpose of determining qualification for unescorted access to a Security Identification Display Area (SIDA), or terminal sterile area, or as a contractor. I understand that making knowing and willful false statements on this application is a punishable offense. | | | |
| 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/Mobile 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 <input type="checkbox"/> No <input type="checkbox"/> (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 on this application 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: _____

Badging Office Use Only

| | | | | |
|---------|-------------------|-------------------|-----------|----------------|
| Badge # | Fingerprint Date: | Fingerprinted by: | SON used: | Questionnaire: |
|---------|-------------------|-------------------|-----------|----------------|