

Omaha Airport Authority

FINGERPRINT REQUEST Criminal History Record Check



(Please Print Clearly)

Sponsoring C	ompany Name:							
Fingerprint request for: Sterile Area SIDA Contractor Submit to OAL SON initials								
have a fingerprint-ba	ased criminal history rec	nsoring Company identif cord check for the purpo nal sterile area, or as a	se of determining qualif					
	nowingly and deliberate f Title 18 United States	t ely making false state Code).	ments on this applicat	ion can result	in fine o	r impris	onment or both.	
Authorized Signer's:								
Printed Name:					C	Date:		
Applicant Info	rmation	(Full LEGAL	Name is required)					
Last Name:			Address:					
First Name:			City:					
Middle Name:		State:						
Date of Birth (mm/dd/yy	ууу):	Zip:						
Social Security#:			Home/Mobile Phone:					
Driver License #: State:			Work Phone:					
State ID Card #:	1	State:	Other Names Used:					
Race:	Sex:	Height:	Weight:	Hair Color:	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 Num	ber:		Expiration Date:					
Employer:		Job Position:						
Employer Address:			City:	State: Zip:				
		Act Notice		otator	I	<u> </u>		
		6, 114, 5103a, 40103(b)(3), 40113, FAA Reauthorization Act of 2018, §1	44903, 44935-44936, 44939, and 4					
amended. Purpose: The Department of H Bureau of Investigation (FBI) for fingerprint repositories. The FB fingerprints submitted to or retai DHS will also maintain a nation: requirements. DHS has establish who is listed in the centralized d Routine Uses: In addition to th a routine use pursuant to 5 U.S. necessary to obtain information 002, Transportation Security The consent as permitted by the Privi- Uses. Disclosure: Pursuant to § 1934 failure to provide this informatioc complete your security threat assess The information I hav	fomeland Security (DHS) will use t r the purpose of comparing your fin I may retain your fingerprints and as ned by NGI. DHS will also transmi al, centralized revocation database of ed a process to allow an individual v atabase wishes to pursue expungem ose disclosures generally permitted C. § 552a(b)(3) including with thir pertinent to the assessment, investig reat Assessment System. For as lor acy Act of 1974 and all applicable F (c) of the FAA Reauthorization Ac n may result in denial of a credentia sessment.	he information to conduct a security gerprints to other fingerprints in the sociated information in NGI after the t your fingerprints for enrollment int f individuals who have had airport-o whose name is mistakenly entered int ent due to mistaken identity, the indi under 5 U.S.C. § 552a(b) of the Priv d parties during the course of a sec gation, or adjudication of your applic ag as your fingerprints and associated Routine Uses as may be published at t of 2018, TSA is required to collec al. For other aviation credentials, alth	threat assessment. If applicable, y FBI's Next Generation Identificatio e completion of this application and, to US-VISIT Automated Biometrics or aircraft operator- issued identificat to the database to correct the record a vidual must send an email to TSA at acy Act, all or a portion of the recor- urity threat assessment, employmen- cation or in accordance with the rout d information are retained in NGI, y any time in the Federal Register, inc t your SSN on applications for Sect bough furnishing your SSN is volunt est of my knowledge and	our fingerprints and a n (NGI) system or its while retained, your f Identification System ion media revoked for and have the individua Aviation.workers@ts ds or information condit i nu uses identified in our information may luding the Routine Us are Identification Disp ary, if you do not prov belief and is p	ssociated infor successor syste ingerprints may (IDENT). r noncompliand It's name expun- sa.dhs.gov. ained in this sy judication of a the TSA systen be disclosed pu ses for the NGI olay Area (SID vide the inform rovided in	rmation will ems includin y continue to ce with avia nged from th ystem may b waiver or a m of records ursuant to yo I system and OA) credentia aation reques	I be provided to the Federa ng civil, criminal, and laten o be compared against other ation security he database. If an individual be disclosed outside DHS as appeal request to the exten s notice (SORN) DHS/TSA our consent or without your d the FBI's Blanket Routine als. For SIDA applications sted, DHS may be unable to maith. 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 Act Notice. Applicant Signature:								
Applicant Signatur	e		Date:					

Card#:

Date: Fingerprinted by:

Airport Badging Office use only:

SON Used: