

3. Review of Eligibility and Identity Verification

Review of Eligibility and Identity Verification

Documents must be examined and recorded below by the airport security staff. Documents examined must be:
One document from List A OR one document from List B and one document from List C.

Applicant's Name: _____

<u>List A</u>	or	<u>List B</u>	and	<u>List C</u>
<p>Documents that Establish Both Identity & Employment Eligibility</p> <ol style="list-style-type: none"> U.S. Passport (unexpired or expired) Permanent Resident Card or Alien Registration Receipt Card (Form 1-551) An unexpired foreign passport with a temporary 1-551 stamp An unexpired Employment Authorization Document that contains a photograph (Form 1-766, 1-688, 1-688A, 1-688B) An unexpired foreign passport with an unexpired Arrival-Departure Record, Form 1-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer 		<p>Documents that Establish Identity</p> <ol style="list-style-type: none"> Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by Federal, state, or local government agency or entities provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Marine Card Native American tribal document Driver's license issued by a Canadian government authority For persons under the age of 18 who are unable to present a document listed above School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		<p>Documents that Establish Employment Eligibility</p> <ol style="list-style-type: none"> U.S. Social Security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) Certification of Birth Abroad Issued by the Department of State (<i>Form FS-545 or Form OS-1350</i>) Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (<i>Form 1-197</i>) ID Card for use of Resident Citizen in the United States (<i>Form 1-179</i>) Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

In Addition To The Above Documentation, The Following Must Be Provided for Non-US Citizens, US Citizen Born Abroad or Naturalized Citizens

<u>NON-U.S. CITIZENS</u>
Alien Registration # _____ or I-94 Arrival/Departure Form # _____ *Non-Immigrant Visa # _____ (*If issued, must provide #)

<u>U.S. CITIZEN BORN ABROAD OR NATURALIZED US CITIZEN</u>
US Passport # _____ or Certificate of Naturalization # _____ or DS-1350 (Certification of Birth Abroad) _____

This Section For Airport Security Use Only

<u>List A</u>	<u>List B</u>	<u>List C</u>
Document Type: _____	_____	_____
Issuing Authority: _____	_____	_____
Document #: _____	_____	_____
Expiration: _____	_____	_____
Airport's TA Initial: Verifying Documents _____	Submitting Bio Info. _____	Issuing Badge _____

Walla Walla Regional Airport Badge Application

BADGE APPLICATION-TO BE COMPLETED BY APPLICANT

PROVIDE ACCEPTABLE DOCUMENTS TO VERIFY ELIGIBILITY AND IDENTITY VERIFICATION TO RECEIVE A BADGE. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Type of Badge Requested: AOA____SIDA____AOA/SIDA____ (Fingerprints and SSN # required for SIDA and SIDA/AOA)

Status (Choose One): Lessee (Airport Tenant)____ Non-Tenant____ Vendor/Services____ Flight School____

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

Last Name:_____ First and Middle Name:_____

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

Alias Last Name:_____ Alias First Name:_____ Alias Middle Name:_____

Current Home Address:_____

City, State, Zip:_____

Date of Birth:_____ Country/ Place of Birth:_____

Month/ Day/Year

(City & State or City & Country)

Citizenship Country:_____

Gender: M F Drivers License #:_____ State/Expiration Date:_____

Company/Job Title/Position:_____

Airport Lessee - Hangar Number and N No.:_____

Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____

Home Phone No.:_____ Work Phone No.:_____ Cell Phone No.:_____

E-mail Address:_____

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.

Applicant's Signature:_____ Date:_____

Privacy Act Notice

Authority: 6 U.S.C. 1140, 46 U.S.C. 70105; 49 U.S.C. 106,11,5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, 1520 (121stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use any biographical 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's 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 of 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.

Applicant's Signature: _____ **Date:** _____

Social Security Number Verification For Security Threat Assessment Purposes

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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 a fine or imprisonment or both.

Signature: _____ **Date of Birth:** _____

SSN and Full Name: _____

TO BE COMPLETED BY APPLICANT WHEN BADGE IS RECEIVED

I have received my Walla Walla Regional Airport ID Badge and I am aware of the Airport's Administrative Citation for security violations.

Applicant's Signature: _____ **Date:** _____

BADGE# _____