



CHICAGO ROCKFORD INTERNATIONAL AIRPORT

Identification Badge Application

New Applicant : Renewal:

Please complete the entire form and do not leave blanks. If a question does not apply, write "n/a". **Incomplete applications will not be processed.** Print all responses. If you have questions, contact Airport Operations and Facilities at (815) 969-4011.

Applicant's Personal Information – To be complete be the APPLICANT			
Last Name:	First Name:	Middle Name:	Maiden Name (If not applicable, leave blank)
Do you have any nicknames or aliases? <input type="checkbox"/> NO <input type="checkbox"/> YES ; List:			
Social Security Number: (Submission is voluntary, although failure to provide it may delay or prevent completion of the security threat assessment)			Date of Birth: / /
Home Address: City: State: Zip Code:		Home Telephone Number: () - Work: Cell: () - () -	
Current Mailing Address (if different from home address above): City: State: Zip Code:		E-mail address (if applicable):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Caucasian/Latino	
Height: FEET INCHES		Weight: LBS	
Natural Hair Color: <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> None		Natural Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Green <input type="checkbox"/> Gray	
<p>PRIVACY ACT NOTICE: Authority: 49 U.S.C. 114, 44936 authorizes the collection of this information: Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's 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 your name and SSN. Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. 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 identification media.</p>			
City:		State:	
County:		Country of Birth (country name and code):	
(U.S. citizens born abroad or naturalized U.S. citizens provide either passport number, certificate of naturalization number (ARN or INS #) or certificate of birth abroad, Form DS-1350. Individuals that are not U.S. citizens provide Alien Registration Number or I-94 arrival/departure form number.			
Are you a US Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES		Are you authorized to work by the Government of the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Country of Citizenship:		Certification of Birth Abroad, Form DS-1350, or 10 digit document number (no dashes):	
Alien Registration Number or Certificate of Naturalization No (Referred as ARN or INS No.) (9 digits, no dashes, if applicable):			
Non-Immigrant Visa Control Number (if applicable):		I-94 Arrival/Departure Form Number (11 digits, if applicable):	
Passport Country:		Number:	
		Expiration Date:	
<p>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 or Title 18 of the United States Code).</p> <p>I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202. 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.</p>			
Signature: _____		Date of Birth: _____	
SSN: _____		Full Name: _____	
Chicago Rockford International Airport Identification Badge Holder Agreement			
<p>I will comply with all airport and federal rules and regulations to include:</p> <ul style="list-style-type: none"> ID badges are not transferable and must be displayed on the outermost garment, above the waist and below the neck at all times. I understand that the badge is the property of the Greater Rockford Airport Authority and must be surrendered upon demand, resignation, dismissal or suspension. 			

- I must challenge and/or immediately report any individual I find in the SIDA without proper authorization or who is not displaying a proper ID to my supervisor, the RFD Airport Operations Department, or any other entity charged with security responsibilities.
- I must immediately report a lost/stolen RFD ID badge to RFD Operations.
- I will return my badge to RFD Operations when access privileges in excess of 30 days are no longer required.
- I agree to abide by the Greater Rockford Airport Authorities Ground Vehicle Operating Regulations. I understand that I am subject to fines and revocation of driving and/or badging privileges for violating regulations enforced by the Greater Rockford Airport Authority.

X Applicant's Signature: _____ Date: _____

Applicant's Name (Printed): _____

Employer's Information – To be completed by the above applicant's EMPLOYER

Employer:	Employee's Job Title and Hire Date:
------------------	--

Supervisor's Full Name:	Work Telephone:
--------------------------------	------------------------

The employee's job duties require access to the following security areas:

- AOA (Blue)** – Allows non SIDA access only.
- AOA with SIDA endorsement (Blue with a White SIDA endorsement)** – Allows access to the AOA and _____ specified cargo ramps (all cargo ramps are SIDA).
- Sterile Area (Orange)** – Allows access to the Sterile Area (a defined section of the terminal where passengers are screened prior to boarding, this area includes jet bridges when gate door is open for boarding).
- Secure Area (Red)** – Located on the main terminal ramp within the red painted SIDA line, including the jet bridges when the gate doors are closed. Allows access to all areas of the airport needed for work purposes.

The employee's job duties require the following endorsements: <input type="checkbox"/> Ramp Driving <input type="checkbox"/> Airfield Driving <input type="checkbox"/> Contractor	Escort Privileges Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Request FIS Access? <input type="checkbox"/> US CUSTOMS Hologram <small>(requires separate US Customs authorization form)</small>
---	--	--

Employee's Driver's License Number:	State:	Expiration Date: / /
--	---------------	--------------------------------

To be filled out by authorized signatory authority	<p>I certify to the Greater Rockford Airport Authority, in accordance with TSAR Part 1540, and attest under penalty and perjury that the employee's information provided is true and complete to the best of my knowledge. Further, I certify that documents of identification, employment eligibility and citizenship pertaining to the applicant have been verified and appear genuine. I also certify that the individual has been hired as an employee of the company and, except for the receipt of an ID badge, has met all of the company's hiring qualifications.</p> <p>I will immediately notify RFD Operations when the employee above no longer meets employment eligibility, including but not limited to, suspension, termination, or resignation, or if there has been a change in the employee's identity and will confiscate his/her ID badge or be subject to fines and prosecution. If driving privileges are required for the employee:</p> <p>I also certify that the employee above holds a valid state of Illinois driver's license and will receive appropriate training for the operation of a motor vehicle or equipment in the Air Operations Area and Secured Area.</p> <p>Print Name: _____ Badge #: _____ Phone #: _____</p> <p>Signature: _____ Date: _____</p>
---	--

GRAA USE ONLY

Identification Verification:	Primary		Secondary	
	<input type="checkbox"/> State Drivers License	<input type="checkbox"/> State or Fed. ID	<input type="checkbox"/> Any ID from primary list, column C	
	<input type="checkbox"/> US Passport	<input type="checkbox"/> School ID	<input type="checkbox"/> Social Security Card	
	<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> Active Military ID	<input type="checkbox"/> Birth Certificate	
	<input type="checkbox"/> Unexpired Foreign Passport	<input type="checkbox"/> Voter reg. card	<input type="checkbox"/> Certification of Birth Abroad (DS 1350)	

Original Badge:	Type:	Form of Payment:
ID #:	Date Issued:	Returned:
	Issue By:	Lost:
		Stolen:

Paperwork accepted by:	Submitted (STA) by:	Fingerprinted by:	Trained by:	Badged by:
------------------------	---------------------	-------------------	-------------	------------

First Reissue:	Type:	Form of Payment:
ID #:	Date Issued:	Returned:
	Issue By:	Lost:
		Stolen:

Paperwork accepted by:	Submitted (STA) by:	Fingerprinted by:	Trained by:	Badged by:
------------------------	---------------------	-------------------	-------------	------------