

NORTHERN COLORADO REGIONAL AIRPORT

AIR OPERATION AREA (AOA) BADGE APPLICATION



Please complete the following information and return to the Airport Office with Acceptable Documents per Attachment "B".
(PRINT CLEARLY)

Badge #	HID #
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*Last Name		*First Name	
Full Middle Name		Social Security Number	
*Gender		*Date Of Birth (MM/DD/YYYY)	
*Place Of Birth (*STATE & *COUNTRY)		*Country of Citizenship	
Alien Registration Number		Non-Immigrant Visa Number	
Passport (NUMBER)		Passport Issuing Country	
Alias		Alias	
*Residence Address		Alias	
*Residence City, State, Zip		*Contact Phone	
Hangar Address		On-Airport Employer	
Condo Association		Aircraft Registration Number	
*E-Mail Address			
Acceptable Identification Documents (International Applicants see Attachment B)			
Option 1 <input type="checkbox"/> US Passport or Passport Card	Option 2 <input type="checkbox"/> Drivers License/State ID <input type="checkbox"/> AND Social Security Card	Option 3 <input type="checkbox"/> Drivers License/State ID <input type="checkbox"/> AND Birth Certificate	

Authorized Representative
ON AIRPORT EMPLOYER or FLIGHT SCHOOL CLIENT

I hereby certify that the applicant is employed by my company OR an active student at my school. The applicant requires unescorted access to the AOA. I agree to collect their badge upon termination of relationship, and notify the airport administration immediately, and return the badge immediately.

Printed Name: _____ Employee Client

On-Airport Company: _____

Signature: _____ Date: _____

AOA Badge Applicant

Upon signing below, I swear and/or affirm that I have read and understand the information above. The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I acknowledge 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 acknowledge my responsibility to follow the security measures, protocols, and procedures at FNL as required under 49 CFR 1540.105(a).

Signature _____

Printed Name _____

Date _____

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 20598.

I am the individual to whom the information applies and want this information 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: _____

AIRPORT ADMINISTRATION

Signatory Certification

By signing below, I attest that I have reviewed this application, compared to the supporting identification documents, and declared need for unescorted access to the AOA. I attest the individual applicant acknowledged their security responsibilities under 49 CFR 1540.105(a). I approve Northern Colorado Regional Airport to complete a Security Threat Assessment (STA) for this applicant. .

Signature _____

Printed Name _____

Date _____

**NORTHERN COLORADO REGIONAL AIRPORT
AIRPORT SECURITY PROCEDURES**

The Undersigned, by accepting a Security ID Badge issued by the Northern Colorado Regional Airport, hereby acknowledges and agrees to the following:

- The Northern Colorado Regional Airport has an approved Airport Security Program established and approved by the Transportation Security Administration.
- The Airport issues security identification media for the purpose of allowing authorized individuals with unescorted access into the Secured, Sterile, Airport Operation Area and Display areas.
- The Airport Administration has the authority to cancel the airport-issued unescorted media at any time that an individual is found to be in violation of any Airport or TSA regulation or procedure at the discretion of the Airport Security Coordinator.
- The badge holder will not loan their badge or borrow another.
- The badge holder will always scan their badge as they enter an AOA gate and, after passing through the gate, stop and wait for the gate to fully close to monitor that no persons or vehicles follow them through.
- The badge holder will notify Law Enforcement (911) when they observe any suspicious or illegal activity including a person or vehicle entering the AOA without using proximity card readers at electronic lift gates.

SIGNED: _____

DATE: _____

PRINTED NAME: _____

ON-AIRPORT EMPLOYER: _____

BADGE TYPE: **SIDA** **STERILE** **AOA**
choose one

Attachment A
The Privacy Act of 1974
5 U.S.C. 552a(e)(3)

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) DHSITSA 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.

Signature _____

Print Name _____

Date _____

LISTS OF ACCEPTABLE DOCUMENTS**All documents must be UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. 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	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.