



### FNL AOA BADGE APPLICATION

<b>Badge #</b>	<b>HID #</b>	<b>PAID</b>
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**PRINT CLEARLY. Fields with \* are Required.**

<b>*Last Name</b>		<b>*First Name</b>		Middle Name	
Social Security Number					
Aliases Last		First		Middle	
<b>*Gender</b>			<b>*Date Of Birth (MM/DD/YYYY)</b>		
<b>*Place Of Birth ( STATE &amp; COUNTRY )</b>			<b>*Country of Citizenship</b>		
<b>*Mailing Address</b>		<b>*City</b>	<b>*State</b>	<b>*Zip</b>	
<b>*Email Address</b>					
<b>*Contact Phone</b>			Passport Number		
Alien Registration, I-94 Form, OR Non-Immigrant Visa Number (Required if Not U.S Citizen)					
Hangar Address			On-Airport Employer		
Condo Association			Aircraft Registration Number		
<b>*Current Original Identification Documents (Form I-9)</b> . Bring with you when submitting application. <a href="https://www.flynoco.com/wp-content/uploads/2022/08/Form-I-9.pdf">https://www.flynoco.com/wp-content/uploads/2022/08/Form-I-9.pdf</a>					

**Authorized Representative (NOT APPLICANT)**  
**of ON AIRPORT EMPLOYER or FLIGHT SCHOOL**

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:** \_\_\_\_\_

**The applicant is:**

**On-Airport Company:** \_\_\_\_\_  Employee  Client  Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Certificates**

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

- 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).
- 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.
- Upon signing below, I swear and/or affirm that I have read and understand the following:
  - Required AOA training information found at [www.flynoco.com/badging](http://www.flynoco.com/badging)
  - The Privacy Act of 1974. <https://www.flynoco.com/wp-content/uploads/2022/12/TSA-Privacy-Act-Statement-3.pdf>

**\*Signature:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SSN and Full Name:** \_\_\_\_\_

**AIRPORT ADMINISTRATION**  
**Signatory Certification (NOT APPLICANT)**

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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**BADGE TYPE:**  AOA \_\_\_\_\_