



FNL AOA BADGE APPLICATION

Badging Hours: Monday- Friday 8:00 AM – 4:00 PM

Badge #

HID #

PAID

PRINT CLEARLY. Fields with * are Required.

*Last Name	*First Name	Middle Name	
Social Security Number			
Aliases Last	First	Middle	
*Gender	*Date Of Birth (MM/DD/YYYY)		
*Place Of Birth (STATE & COUNTRY)	*Country of Citizenship		
*Mailing Address	*City	*State	*Zip
*Email Address			
*Contact Phone	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		
*Current Original Identification Documents (Form I-9). Bring with you when submitting application. https://www.flynoco.com/wp-content/uploads/2022/08/Form-I-9.pdf			

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
 - 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 _____