NORTHERN COLORADO REGIONAL AIRPORT

# FNL AOA BADGE APPLICATION

*Badging Hours: Monday- Thursday 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**