



AIRPORT SECURITY IDENTIFICATION BADGE APPLICATION



PRINT all information in the box below before returning this form to the Airport Operations Control Center.

NAME (LAST, FIRST, MIDDLE) _____

ALIAS(ES) _____ SOCIAL SECURITY NUMBER _____

COUNTRY AND STATE OF BIRTH _____

ARE YOU A U.S. CITIZEN? YES NO If you are not a U.S. Citizen, complete the information in fields 1 and 2

1. Alien Registration No. _____, or I-94 Arrival/Departure Form No. _____

2. Country of Citizenship _____

ORGANIZATION _____ POSITION _____

DATE OF BIRTH _____ GENDER _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____ HEIGHT _____ Ft. _____ In.

ADDITIONAL ID's (if required) _____ TYPE _____ NUMBER _____

I, the undersigned, acknowledge that 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 of Title 18 of the United States Code). I understand that Federal regulations under 49 CFR 1542.209 imposes a continuing obligation for me to disclose to the Midland International Airport within 24 hours if I am convicted of any disqualifying criminal offenses that occurs while I have unescorted access authority. I understand that the ID badge must be displayed, on the outer-most garment at waist level or above, at all times while located in the Secured Area. I understand that there is a \$50.00 application fee associated with this badge (which includes the cost for fingerprinting), \$5.00 of which will be refunded upon the return of this badge to the Airport Operations Control Center (AOCC). **I also understand that a penalty of \$100.00 will be assessed against me if my ID badge is lost or stolen.** This badge shall be returned to the AOCC upon my termination or transfer to another airport. I understand that unauthorized use of this badge and/or intentional falsification of required information will subject me to possible criminal prosecution. Failure to observe any of the rules or regulations set forth by the Airport Security Program will result in the forfeiture of this identification badge. By signing this document, I also understand that I must adhere to the rules and regulations of the Midland International Airport Minimum Standards adopted by the Midland City Council on May 10, 2005. Furthermore, 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 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.

APPLICANTS SIGNATURE _____ DATE _____
AUTHORIZATION FOR BADGE ISSUANCE (FROM THE SECURITY AGREEMENT):

I hereby certify the above-named applicant is authorized to obtain a Midland International Airport Security Identification Badge for use in entering the Secured Area. I hereby state by signing this document that I have undergone said criminal history records check required by the Transportation Security Administration (TSA). **I agree to ensure that the ID badge issued to this applicant shall be returned to the AOCC upon termination of the applicant's involvement or transfer to another airport within ten (10) days or a penalty of \$100.00 will be assessed against the Company of which he/she was employed.**

NAME (PRINTED) _____ TITLE _____
SIGNATURE _____ DATE _____
CONTACT # _____

FOR AOCC USE ONLY

TYPE: BLUE RED GREEN YELLOW PINK WHITE VOLUNTEER

BADGE NUMBER _____ ISSUE DATE _____ EXPIRATION DATE _____

NEW BADGE RENEWAL LOST ID REPLACEMENT

TWO FORMS OF IDENTIFICATION VERIFIED

CHRC COMPLETE N/A

STA COMPLETE N/A

Bill Company: _____ Amount \$ _____

ENTERED BY: _____ VERIFIED BY: _____ No Charge RECEIPT # _____

Personal Contact Information/Emergency Contact Information

PRINT all information in the box below before returning this form to the Airport Operations Control Center.

NAME (LAST, FIRST, MIDDLE) _____		
MAILING ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
PHONE # _____		
EMERGENCY CONTACT PERSON _____		
ADDRESS, CITY, STATE, ZIP _____		
RELATIONSHIP _____	PHONE NUMBER _____	

**MIDLAND INTERNATIONAL AIRPORT, DEPARTMENT OF AIRPORTS
SECURITY ID BADGE APPROVAL FORM
(FOR DEPARTMENTAL USE ONLY)**

BADGE NUMBER: _____	PIN NUMBER: _____	
AXS LEVEL(S): _____	TOD SCHEDULE: _____	ACCESS CODE EXPIRATION: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
DEPARTMENT OF AIRPORTS AUTHORIZATION: _____		
Marv Esterly, Director of Airports		

BADGE PRINTED BY: _____ **DATE PRINTED:** _____

COMMENTS/ADDITIONAL INFORMATION:
