

BADGE#

AIRPORT IDENTIFICATION BADGE APPLICATION

**TWO FORMS OF VALID ID (ONE GOVERNMENT ISSUED PICTURE ID) ARE REQUIRED TO RECEIVE AN ID BADGE.
 PLEASE PRINT OR TYPE IN INK. INCOMPLETE APPLICATIONS WILL BE RETURNED**

TO BE COMPLETED BY APPLICANT

Last Name																													
First Name														Middle Name															
Alias (Maiden/Other) Last Name:																													
Alias (Maiden/Other) First Name																													
Current Home Address:																													
City														State				Zip Code:											
Date of Birth						Place of Birth														Citizenship Country									
MONTH		DAY		YEAR		(City & State or City & Country)																							
Sex		Drivers License#												State		Expiration Date				Job Title/Position									
M F																													
Height		Weight		Hair Color		Eye Color		Home Telephone Number				Business Telephone Number				Project (For contractors/vendors only)													
Feet	Inches																												

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 understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both. I also understand the Federal regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offence. If my employer is unavailable, I will return my airport ID immediately to the Badging Office or Airport Police. I acknowledge that I have received instructions for the use of the security access badge and that it is my responsibility to notify the airport immediately if the badge is lost, stolen or destroyed. I will notify the Badging Office within 24 hours if my government issued drivers license becomes suspended or revoked at any time.

Applicant's Signature: _____ **Date:** _____

Privacy Act Notice

Signature required for new applicants and expired badges over 30 days ONLY-Not required for renewals

Authority: 49 U.S.C. 114 authorizes the collection of this information

Purpose: DHS will use this information to conduct a security threat assessment on airport employees and other personnel or applicants who work in or have unescorted access to the **AOA**, secured area, sterile area, SIDA, or any area for which the airport has issued a personnel identification media.

Routine Uses: The information will be used by and disclosed to DHS personnel and contractor or other agents who need the information to assist in activities related to aviation security. Additionally, DHS may share the information with facility operators, law enforcement or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system of records notice.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the completion of security threat assessment, which may prevent your access to the AOA, secured, cargo, sterile or other areas or purpose for which personnel identification media are issued.

Applicant's Signature: _____ **Date:** _____

TO BE COMPLETED BY APPLICANT WHEN BADGE IS RECEIVED

I have received my San José International Airport ID Badge and I am aware of the Airport's Administrative Citation for violations of the San José Municipal Code.

Applicant's Signature: _____ **Date:** _____

