



CHICAGO ROCKFORD INTERNATIONAL AIRPORT

Authorized Signatory Application

Please complete the entire form. Do not leave blanks. If a question does not apply, write "n/a". **Incomplete applications will not be processed.** Print all responses. Contact the RFD Badging Office at (815) 969-4019 with questions.

Employer: _____

New Applicant : Renewal:

Applicant's Personal Information – To be completed by the APPLICANT

Name:

(Last, First, Middle) *(Maiden Name-If applicable)*

Do you have any nicknames or aliases? NO YES ; List: _____

Social Security Number: (Submission is voluntary, although failure to provide it will prevent completion of the security threat assessment)	Date of Birth: <div style="text-align: center; font-size: 1.2em;">/ /</div>
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Residential Address Street Address: _____ City: _____ State: _____ Zip Code: _____	Telephone Numbers: Home: () - Work: () - Cell: () -
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Current Mailing Address (if different from residential address above) Address: _____ City: _____ State: _____ Zip Code: _____	E-mail address (if applicable): _____
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Gender: Male Female **Race:** Asian Black Native American Unknown Caucasian/Latino

Height: FEET INCHES	Weight: LBS
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Natural Hair Color: <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> None	Natural Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Green <input type="checkbox"/> Gray
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Place of Birth: City: _____ State: _____ County: _____ Country (country name and code): _____

(U.S. citizens born abroad or naturalized U.S. citizens provide either passport number, certificate of naturalization number (ARN or INS #) or certificate of birth abroad, Form DS-1350. Individuals that are not U.S. citizens provide Alien Registration Number or I-94 arrival/departure form number.)

Are you a US Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES	Are you authorized to work by the Government of the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES
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Country of Citizenship: _____	Certification of Birth Abroad, Form DS-1350, or 10 digit document number (no dashes): _____
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Alien Registration Number or Certificate of Naturalization No (Referred as ARN or INS No.) (9 digits, no dashes, if applicable): _____

Non-Immigrant Visa Control Number (if applicable): _____	I-94 Arrival/Departure Form Number (11 digits, if applicable): _____
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Passport Country: _____	Number: _____	Expiration Date: _____
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PRIVACY ACT NOTICE: Authority: 49 U.S.C. 114, 44936 authorizes the collection of this information:

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories). The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

Routine Uses: This information may be shared with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. For as long as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

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 or Title 18 of the United States Code).

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 (ITAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202. 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.

Signature: _____ **Date of Birth:** _____

SSN: _____ **Full Name:** _____

Chicago Rockford International Airport Identification Badge Holder Agreement

I will comply with all airport and federal rules and regulations to include:

- ID badges are not transferable and must be displayed on the outermost garment, above the waist and below the neck at all times.
- I understand that the badge is the property of the Greater Rockford Airport Authority and must be surrendered upon demand, resignation, dismissal or suspension.
- I must challenge and/or immediately report any individual I find in the SIDA without proper authorization or who is not displaying a proper ID to my supervisor, the RFD Airport Operations Department, or any other entity charged with security responsibilities.
- I must immediately report a lost/stolen RFD ID badge to RFD Operations.
- I will return my badge to RFD Operations when access privileges in excess of 30 days are no longer required.
- I agree to abide by the Greater Rockford Airport Authorities Ground Vehicle Operating Regulations. I understand that I am subject to fines and revocation of driving and/or badging privileges for violating regulations enforced by the Greater Rockford Airport Authority.

Applicant's Signature: _____ Date: _____

Applicant's Name (Printed): _____

Authorized Signatory Certification

I certify that I have received the Authorized Signatory Training. I fully understand the requirements, responsibilities and duties of being a Signatory Authority. I have been given the opportunity to ask questions and possess a copy of the Authorized Signatory Responsibilities and Duties document.

Initial Training

Trainer Signature: _____ Printed Name: _____ Date: _____

Trainee Signature: _____ Printed Name: _____ Date: _____

Recurrent Training

Trainer Signature: _____ Printed Name: _____ Date: _____

Trainee Signature: _____ Printed Name: _____ Date: _____

Recurrent Training

Trainer Signature: _____ Printed Name: _____ Date: _____

Trainee Signature: _____ Printed Name: _____ Date: _____

GRAA USE ONLY

Badge requested:

- AOA
- Cargo SIDA
- Sterile Area
- Secure Area

Endorsements:

- Ramp Driving
- Airfield Driving
- Contractor

Escort Privileges Required?

YES NO

Customs Approval: (if applicable)

Identification Verification:

Primary

- US Passport
- Permanent Resident Card
- Employment Auth Card
- Other _____

Secondary

- State Drivers License / State ID Card
- Social Security Card
- Birth Certificate
- Other _____

Original Badge:	Badge Type:	ID #:	Paperwork accepted by:	Returned:	Lost:
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Date Issued:	Issued By:	STA:	CHRC:	Trained By:	Badged By:	Form of Payment:
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Reissue:	Badge Type:	ID #:	Paperwork accepted by:	Returned:	Lost:
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Date Issued:	Issued By:	STA:	CHRC:	Trained By:	Badged By:	Form of Payment:
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Approval Notification:
(Date/Person Notified)