



CHICAGO ROCKFORD INTERNATIONAL AIRPORT

Identification Badge 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: _____ <i>(Last, First, Middle)</i> <i>(Maiden Name-If applicable)</i>	
Do you have any nicknames or aliases? <input type="checkbox"/> NO <input type="checkbox"/> YES ; List: _____	
Social Security Number: (Submission is voluntary, although failure to provide it will prevent completion of the security threat assessment)	Date of Birth: / /
Residential Address Street Address: _____ City: _____ State: _____ Zip Code: _____	Telephone Numbers: Home: () - Work: () - Cell: () -
Current Mailing Address (if different from residential address above) Address: _____ City: _____ State: _____ Zip Code: _____	E-mail address (if applicable): _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Caucasian/Latino
Height: _____ FEET INCHES	Weight: _____ LBS
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
Place of Birth: City: _____ State: _____ County: _____ Country (country name and code): _____ <small>(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.)</small>	
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
Country of Citizenship: _____	Certification of Birth Abroad, Form DS-1350, or 10 digit document number (no dashes): _____
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): _____
Passport Country: _____	Number: _____
Expiration Date: _____	

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 (TTAC), 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): _____

To be completed by the Authorized Signatory Authority – All sections must be filled out completely.

Employer:

Supervisor's Full Name:

Work Telephone:

The employee's job duties require access to the following security areas:

- AOA** – Allows non SIDA access only.
- Cargo SIDA** – Allows access to the AOA and specified cargo ramps (all cargo ramps are SIDA).
- Sterile Area** – Allows access to the Sterile Area (a defined section of the terminal where passengers are screened prior to boarding, this area includes jet bridges when gate door is open for boarding).
- Secure Area** – Located on the main terminal ramp within the red painted SIDA line, including the jet bridges when the gate doors are closed. Allows access to all areas of the airport needed for work purposes.

The employee's job duties require the following endorsements:

- Ramp Driving Airfield Driving Contractor

Escort Privileges Required?

- YES NO

Request FIS Access?

- US CUSTOMS Hologram
(requires separate US Customs authorization form)

Employee's Driver's License Number:

State:

Expiration Date:

/ /

**To be filled out by
Authorized
Signatory Authority**

I certify to the Greater Rockford Airport Authority, in accordance with TSAR Part 1540, and attest under penalty and perjury that the employee's information provided is true and complete to the best of my knowledge. Further, I certify that documents of identification, employment eligibility and citizenship pertaining to the applicant have been verified and appear genuine. I also certify that the individual has been hired as an employee of the company and, except for the receipt of an ID badge, has met all of the company's hiring qualifications.

I will immediately notify RFD Operations when the employee above no longer meets employment eligibility, including but not limited to, suspension, termination, or resignation, or if there has been a change in the employee's identity and will confiscate his/her ID badge or be subject to fines and prosecution. If driving privileges are required for the employee:

I also certify that the employee above holds a valid state of Illinois driver's license and will receive appropriate training for the operation of a motor vehicle or equipment in the Air Operations Area and Secured Area.

Print Name: _____ Badge #: _____ Phone #: _____

Signature: _____ Date: _____

GRAA USE ONLY

Identification Verification:

Primary

- State Drivers License State or Fed. ID
 US Passport Active Military ID
 Other _____

Secondary

- Social Security Card
 Birth Certificate
 Other _____

**Keys Issued:
(Type & ID)**

Original Badge:

Badge Type:

ID #:

Paperwork accepted by:

Returned:

Lost:

Date Issued:

Issued By:

STA:

CHRC:

Trained By:

Badged By:

Form of Payment:

Reissue:

Badge Type:

ID #:

Paperwork accepted by:

Returned:

Lost:

Date Issued:

Issued By:

STA:

CHRC:

Trained By:

Badged By:

Form of Payment:

Approval Notification:
(Date/Person Notified)