



**SIOUX FALLS REGIONAL AIRPORT
AOA BADGE AND ACCESS APPLICATION**

AOA Ver. 2.4

APPLICATION TYPE: AOA (non-employment) AOA (employment)	Prior Badge Holder: Y / N	Aircraft N # (if applicable) Hangar # (if applicable)	Eye Color: Black Blue Brown Hazel Green Gray Pink Multi	
Last Name: _____ First Name: _____ Middle Name: _____ Maiden Name: _____		Natural Hair Color: Black Blonde Brown Gray Red White Bald		
Aliases: Last Name: _____ First Name: _____ Middle Name: _____				
Home Address: City: _____ State: _____ Zip Code: _____		Daytime Phone: _____		
Email: _____		STATE of Birth: _____	Gender: M / F	
Country of Birth: _____		Country of Citizenship: _____	Weight: _____ lbs	Height: _____ ft in
Lost/ Stolen badge replacement certification: I certify that that my badge was <u>Lost</u> or <u>Stolen</u> : <u>L / S</u> Date: _____ Initials: _____ <u>L / S</u> Date: _____ Initials: _____ <u>L / S</u> Date: _____ Initials: _____				
Privacy Act Notice Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information. Refer to EXHIBIT A.				
CERTIFICATIONS I acknowledge that I am solely responsible for the control and use of my airport issued identification and access cards (badges). I acknowledge that the identification remains Airport property and must be returned to the Airport when no longer needed. <i>Failure to return badges may prevent my employer from providing my final paycheck.</i> I agree to notify the Airport Security Coordinator within 24 hours in the event either of my badges are lost or stolen and that I will be required to pay a re-badging fee. I acknowledge that I will not be allowed access to any AOA area without possession and appropriate use of my badges and that I will not knowingly allow another individual to possess or utilize my badges. By signing below, I certify that I have received and understand the information provided for in the Privacy Act Notice above. By providing my Social Security number below, I authorize the use of this information in accordance with the Privacy Act. 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 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 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.				
Signature: _____		Date: _____	Date of Birth: _____	
Full Name: _____		Social Security Number: _____ - _____ - _____		

Name:

Employer:

Badge Return Date:

Access Card Return Date:

CERTIFICATION OF APPLICANT
AUTHORIZED SIGNATORY USE ONLY

AOA Ver. 2.4

Applicant Name: _____

Association or Company Name: _____

Job Title: _____

Supervisor's Name (if applicable): _____

Supervisor's Work Phone: _____

Escort Privilege Requested: Y / N

Prior security violations is a basis for denial.

Operator's license matches equipment: Y / N

Vehicles to be Operated:

Driving Privileges Requested: Y / N

Ground Service/ Passenger/ Commercial Truck/ Other: _____

The Sioux Falls Regional Airport Authority retains the right to deny driving privileges to anyone.

Location of Driving Privileges: Aprons or Runway & Taxiways

AUTHORIZED SIGNATORY

I certify to the Sioux Falls Regional Airport Authority, in accordance with TSR Part 1540, and attest under penalty and perjury that the employee's information provided in this application 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 the Airport Authority when the applicant above no longer meets eligibility, including but not limited to, suspension, termination, or resignation, or if there has been a change in their identity and will confiscate his/her ID badge. Failure to notify the badging office of a terminated employee within 24 hours of the termination and failure to make reasonable efforts to collect airport issued badges on the date of termination shall be cause to deem the employer liable for civil penalties not to exceed \$10,000. *I will utilize all available means to retrieve airport issued badges, including the withholding of paychecks.*

If driving privileges are required for the employee:

I also certify that the employee above holds a valid driver's license and will receive appropriate training for the operation of a motor vehicle or equipment in the apron or movement areas.

Email: _____

Print Name: _____

Work Phone: _____

Signature: _____

Date: _____

NOTE: APPLICANTS MUST PRESENT APPROPRIATE CREDENTIALS WHEN SUBMITTING APPLICATION.

Individuals are required to present the identity and work authorization documents approved for use in the "Lists of Acceptable Documents" attached to the most current "Form 1-9, Employment Eligibility Verification," issued by the U.S. Citizenship and

AIRPORT USE ONLY

INITIAL TRAINING DATE: _____

SECURITY: _____

NON-MOVEMENT: _____

MOVEMENT: _____

STA SUB: _____

BY: _____

STA APPR: _____

BY: _____

ID ISSUED: _____

BY: _____

BADGE #: _____

PROX #: _____

UID#: _____