



# AIRPORT PHOTO IDENTIFICATION BADGE APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Aliases or Nicknames \_\_\_\_\_ Social Security No. \_\_\_\_\_

Physical Address \_\_\_\_\_

If different than above

Mailing Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Sex  Male  Female Race  Asian  Black  Caucasian/Latino  Native American  Other/Unknown

Employer \_\_\_\_\_ Country of Birth \_\_\_\_\_

Employer No. \_\_\_\_\_ Position \_\_\_\_\_ Citizenship Country \_\_\_\_\_

**U.S. citizens born abroad or naturalized U.S. Citizens** need a **US Passport number**  
**OR** one of the documents from Appendix A of this application: \_\_\_\_\_

**NON U.S. citizens** need **Alien Reg. No.** or **I-94 No.** \_\_\_\_\_ **Non-Immigrant Visa Control No.** \_\_\_\_\_

**Identity Verification:** The Airport Operator must verify the identity of an individual applying for or holding a personnel identification badge by reviewing document(s) on TSA's current "List of Acceptable Documents" (see [www.uscis.gov/files/form/I-9.pdf](http://www.uscis.gov/files/form/I-9.pdf)).

	List A	OR	List B	AND	List C
ID Type	_____		_____	_____	_____
ID Number	_____		_____	_____	_____
ID Expiration	_____		_____	_____	_____

**Applicant Agreement:** 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 agree to return the airport PIB to Airport Management upon termination of Access privileges.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Airport Management Signature \_\_\_\_\_ Date Access Granted \_\_\_\_\_

**BADGE NO:** \_\_\_\_\_

**LEVEL OF ACCESS**

Public Area  AOA

**Need CHRC for below access**

Sterile Area  SIDA

Secured Area

**Date Access Terminated:** \_\_\_\_\_ **PIB Returned**  Yes  No  Not Issued  
**Reason**  Termination  Disciplinary Action  Other/Explain \_\_\_\_\_  
 This form must be retained for 180 days after date of access termination – Purge Date: \_\_\_\_\_