

**CONFIDENTIAL
INFORMATION**

**CITY OF HOUSTON
Houston Airport System
Security Clearance Request and
ID Badge Application**

**LOST / STOLEN
BADGE FEE
\$ 100.00+**

Please PRINT form; must be completed in black or blue ink only, no correction fluid; mark one line through the error and make correction.

AIRPORT: IAH HOU EFD

TO BE COMPLETED BY SIGNATURE AUTHORITY OR AIRPORT BADGING OFFICE ONLY

New _____ Additional Employer _____ Finger Print Only _____

Escort Privileges: Yes _____ No _____ Requested Badge Color: _____

ID Confirmation:	1.	2.	Customs Seal:	Drivers Seal: (Select additional Airport) IAH <input type="checkbox"/> HOU <input type="checkbox"/> EFD <input type="checkbox"/>	ERT Seal:
Badge Color:	New Card No.	Old Card No.	Collected <input type="checkbox"/> Billed <input type="checkbox"/>	Fee: \$	Project No. (PDC):
Issue Date: / /	Expiration Date: / /		Issued By:		
Initial Review:	Fingerprinted by:		Data input:		
NOTES:	Access:			Entered By	Date

THIS DOCUMENT IS A GOVERNMENT RECORD. IF YOU NEED ASSISTANCE COMPLETING THIS FORM CONTACT YOUR SIGNATURE AUTHORITY, PERMIT HOLDER OR EMPLOYER.

Part 1 TO BE FILLED OUT BY APPLICANT

1. HAVE YOU EVER HAD A BADGE AT ANY H.A.S. AIRPORT? No Yes _____
(If yes, list date and which airport)

2. LEGAL NAME: LAST _____ FIRST _____ MIDDLE _____

3. ALIAS AND/OR MAIDEN NAME: _____

4. HOME ADDRESS: _____ APT. _____ 5. HOME PHONE: _____
No P.O. Box, physical address required

6. CITY: _____ 7. STATE: _____ 8. ZIP CODE: _____

9. SSN: _____ 10. DL NO. & STATE: _____ 11. BIRTHDAY: _____
MM/DD/YYYY

12. PLACE OF BIRTH: _____ 13. CITIZENSHIP COUNTRY: _____
(City / State & Country) *(NCIC 2 LTR ID)*

14. PASSPORT #: _____ 15. COUNTRY: _____ 16. REG #: _____ 17. VISA#: _____
PASSPORT ALIEN NON-IMMIGRANT

18. JOB TITLE: _____ 19. HEIGHT: _____ 20. WEIGHT: _____

21. GENDER: MALE FEMALE

22. HAIR: BLACK BLONDE BROWN GRAY BALD OTHER _____

23. EYES: BLUE BROWN GREEN HAZEL OTHER _____

24. ETHNICITY: CAUCASIAN AFRICAN-AMERICAN HISPANIC ASIAN OTHER _____

25. EMPLOYER: _____ 26. WORK PHONE: _____

Part 2 AGREEMENTS, AUTHORIZATIONS AND REPRESENTATIONS

27. Have you been convicted in the last 10 years (under Federal Law "deferred adjudication" or similar outcome is considered a conviction), or found not guilty by reason of insanity, of any of the crimes listed in Attachment 1?

Initial the appropriate box No Yes (If yes, provide disposition documents upon request)

28. IMPORTANT – APPLICANT MUST READ THIS SECTION CAREFULLY BEFORE SIGNING AS YOU IRREVOCABLY REPRESENT AND AGREE TO THE FOLLOWING:

The information I have provided on this application is true, complete, and correct and to the best of my knowledge and belief and is provided in good faith. I understand that making a knowing and willful false statement anywhere on this application and/or its attachments can be punished by fine, imprisonment or both in accordance with federal law (18 USC 1001) and various Texas statutes. Various Federal laws, rules and regulations and/or Houston Airport System "HAS" rules and regulations, provide that falsification of, or providing incomplete, misleading or inaccurate information on this document, the attachments, or otherwise in connection with this application, may cause this application to be rejected and/or my badge revoked and may be grounds for future revocation and permanent denial of any access and/or badging privileges.

I understand under 49 CFR 1542.209 and HAS rules and regulations, I have a continuing obligation to disclose and advise, without need for a demand or request from HAS, to the Airport Security Manager within 24 hours of my arrest and/or conviction for any disqualifying criminal offense listed on Attachment 1 hereto, that occurs while I have an HAS badge. I further understand that pursuant to HAS rules and regulations that I have a continuing obligation to make the foregoing notification if I am arrested for a DWI and/or DUI, although they are not disqualifying criminal offenses, but may result in the restricting of my privilege of driving on the AOA and other places on HAS property.

I understand that I must notify the Houston Airport System of any changes to the information provided in Part 1 of this document not later than thirty (30) days from the date of said change.

I understand that it is an offense subject to administrative and/or criminal sanctions, to lend or borrow any airport badge. I will advise the appropriate Houston Airport System Badging Office (EFD, HOU, or IAH) immediately if the badge is lost or stolen.

I understand that it is my obligation, and no one else's, to obtain copies of and know and strictly obey the rules and regulations of HAS prior to starting to work at an HAS airport.

I understand that the badge is, and always remains, the property of HAS and I will surrender it to the Houston Airport System immediately upon demand, or its designated representatives.

I specifically authorize the Houston Airport System, or its designated representatives, to investigate me and my background and my activities in any lawful manner and to any extent, that HAS, in its sole discretion, deems from time to time advisable. This may include, but is not limited to, contact with former employers, contact with my present employer, my co-workers, surveillance, including technical surveillance, additional criminal history checks, including, but not limited to non-fingerprint based state and local records and litigation checks. I understand that the reason for these investigations is for security purposes and that had I not consented to and authorized the same, I would not be granted an HAS I.D. Badge and the privileges associated therewith nor would my application for the same be processed and/or considered.

HAS, or its designated representatives may release any or all of the above information and/or records, or any other records or information it may have about me, to any law enforcement or other governmental agency which the Houston Airport System, in its sole discretion, believes has a need to know. I hereby release and discharge the Houston Airport System, its employees, agents and contractors from any and all liability, claim, damage or cause of action which may arise indirectly or directly from or out of release of the information contained herein.

All sanctions, including replacement cost sanctions, are the sole responsibility of the badge holder, not the sponsor, permit holder or employer.

29. _____ / /
Legibly Printed Name of Applicant *Signature of Applicant* *Date*

Part 3 ADDITIONAL AGREEMENTS, AUTHORIZATIONS AND NOTICES

30. As an applicant requesting a security clearance for an HAS I.D. Badge, I do hereby warrant, represent and affirm, under penalty of perjury, that all statements made by me on this application and any attachments hereto are true, correct and complete to the best of my knowledge and belief and are provided in good faith. I understand that making a knowing and willful false statement on this application can be punished by fine, imprisonment or both (18 USC 1001).

I hereby authorize the Houston Airport System or its designated representatives to investigate all matters contained in the records of any past employers of the undersigned. I hereby release the Houston Airport System, its employees, agents and contractors from any and all liability or claim based upon such request for information.

I have been informed that under Transportation Security Regulation (49 CFR) Part 1542.209 and/or 1544.229, that a fingerprint based criminal history record check may be conducted through appropriate local, state, or federal law enforcement agencies and I authorize the same.

That said fingerprints may be obtained and processed electronically, or recorded on fingerprint cards approved by the FBI and distributed for that purpose. That HAS is required to collect, control and process one set of legible and classifiable fingerprints under the direct observation of the airport operator or a law enforcement officer. The fingerprint submission must be forwarded to the appropriate federal authority in the manner specified by the federal agency designated to carry out the provisions of 49 USC 1500, et seq.

A copy of your criminal record, if any, received from the FBI will be provided to you, if you request the same in writing. The Airport Security Coordinator ("ASC") for the airport at which you had your fingerprints taken, as is from time to time designated as the ASC for that airport to the federal agency designated to carry out the provisions of 49 USC 1500, et seq., is your point of contact if you have any questions about the result of your fingerprint based Criminal History Records Check.

I do not have a disqualifying criminal offense listed on Attachment 1 hereto, which is incorporated herein by reference for all purposes the same as if recited verbatim herein.

I have been informed that the provisions of 49 CFR 1542.209(l) and HAS rules and regulations impose a continuing obligation upon me to disclose to HAS within 24 hours of my conviction of any disqualifying criminal offense that occurs while I have unescorted access authority.

31. _____ / /
Legibly Printed Name of Applicant Signature of Applicant 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 and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. 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/STA002.

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.

"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), Attn: 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 of Birth: ____ / ____ / ____ SSN & Full Name: ____ / ____ / ____ _____
(Print)

Part 4 Security Identification Display Area & Airport Operations Area

DRIVER CERTIFICATIONS

32. SIDA VIDEO TRAINING (to be completed by Badging Office or authorized sponsoring companies only)

I certify that the individual for whom this badge is requested has successfully completed TSA approved SIDA training in accordance with 49 CFR Part 1542.213 and has had an opportunity to ask questions concerning the presentation.

Printed Instructor's Name _____ _____ _____
Instructor's Signature *Date*

33. AOA DRIVER TRAINING (to be completed by IAH Badging Office or HOU Operations only)

I certify that the individual for whom this badge is requested has successfully completed HAS AOA Driver training and has had an opportunity to ask questions concerning the presentation.

Print Instructor's Name _____ _____ _____
Instructor's Signature *Date*

Part 5 SIGNATURE AUTHORITY / EMPLOYER / SPONSOR CERTIFICATIONS

34. As an authorized representative of the Employer identified in Part 1 Item 25, I certify that this applicant is an independent contractor that has an independent contractor agreement with the permit holder or is an employee of the company or Employer. I understand that in accordance with HAS rules and regulations, should the applicant cease to be employed by the Employer or cease to have an independent contractor agreement with the permit holder the Employer or permit holder is responsible for taking custody of the employee's or independent contractor's HAS I.D. Badge and immediately returning it to the airport ID Badging Office from which it was issued. You should obtain a written receipt from the ID Badging Office for your own protection as failure to make the return promptly is a sanctionable offense against the Employer, permit holder, and their Authorized Signatories.

35. _____
Company Name
Sponsor or Delegated Authority

Authorized Signature
HAS Approved Authorized Signatory

36. _____

Date

Printed Name
HAS Approved Authorized Signatory

37. _____ / _____

Phone Number Fax Number

E-Mail Address

38. _____

Sponsoring Company Name (if applicable)

(Sponsoring company's Authorized Signatory will initial the appropriate choice below)

AIRCRAFT OPERATORS SUBJECT TO 49 CFR Part 1544 AND GOVERNMENTAL AGENCIES EXEMPT UNDER 49 CFR 1542.209 (m)(1)

(Please initial appropriate box)

39. I certify that a criminal history record check has been completed on this applicant by the appropriate Federal agency and does not disclose a disqualifying conviction as described in 49 CFR Part 1542.209/1544.229. (for Government and Regulated entities) CHRC Case # _____

NEW BADGE APPLICANTS

40. I am requesting that a criminal history record check be conducted by the appropriate Federal Agency as required in 49 CFR Part 1542.209/1544.229. **Do NOT issue any badge at this time.**

41. Does employee require Movement Area Driver training? (Please check appropriate box) Yes No

42. _____

Applicant Signature Date

CONTACT INFORMATION

Houston Airport System
I.D. Badging Offices

IAH (281) 230-3032

HOU (713) 845-6500

EFD (713) 847-4200