

Lost or Stolen
Badge Fee
100.00 +

CITY OF HOUSTON
Security Clearance Request and
ID Badge Application
RENEWAL/REPLACEMENT



AIRPORT: IAH HOU EFD

Renewal Change Damaged Stolen Lost

To Be Completed by Signature Authority or HAS Only

ID Confirmation:	1. _____	2. _____	Customs Seal:	Drivers Seal:	ERT Seal:
Escort Privileges:	Badge Color:	New Badge No.:		Old Badge No.:	
Group Code:	Fee: \$ _____	Collected Billed <input type="checkbox"/>	Project No. (PDC): _____		
Issue Date: / /	Issued By: _____				

To Be Completed by Applicant

1. LEGAL NAME: LAST: _____ FIRST: _____ MIDDLE: _____

2. ALIAS AND/OR MAIDEN NAME: _____

3. PHYSICAL ADDRESS: _____ APT. _____ 4. HOME PHONE: _____

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

8. SSN: _____ 9. DL # and STATE _____ 10. HEIGHT: _____ 11. WEIGHT: _____

12. HAIR: BLACK BLONDE BROWN GRAY BALD OTHER

13. EMPLOYER: _____ 14. WORK PHONE: _____

15. JOB TITLE: _____ 16. CITIZENSHIP COUNTRY: _____

17. PASSPORT # _____ 18. PASSPORT COUNTRY: _____ 19. NON-IMMIGRANT VISA # _____

20. HAVE YOU BEEN ARRESTED SINCE YOU LAST RECEIVED YOUR BADGE? YES NO
The information I have provided on this application 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 on this application can be punished by fine or imprisonment or both. In accordance with 49 CFR Part 1540.103, falsification of this document may cause this application to be rejected and may be grounds for future revocation of any access privileges granted. I have read and understand the Privacy Act Notice.

21. APPLICANT'S SIGNATURE _____

Authorization

_____	_____
Authorizing Company Name	Printed Authorized Name
_____	_____
Date	Authorized Signature
_____ / _____	_____
Phone Number / Fax Number	E-Mail Address

CONFIDENTIAL INFORMATION
THIS DOCUMENT IS A GOVERNMENT RECORD

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 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: _____ / _____