

Lost or Stolen  
Badge Fee  
100.00 +

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



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

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 Card No.:	Old Card No.:	
Group Code:	Fee: \$	Collected <input type="checkbox"/> 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

**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*

**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 12<sup>th</sup> 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: \_\_\_\_\_ / \_\_\_\_\_