

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:	(Select additional Airport) IAH <input type="checkbox"/> HOU <input type="checkbox"/> EFD <input type="checkbox"/>	ERT Seal:
Escort Privileges:	Badge Color:	New Card No.:		Old Card No.:	
NOTES:	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 FOR A TSA DISQUALIFYING CRIME OR DUI/DWI SINCE YOUR LAST ISSUED 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.

CHRC CASE#: _____ Date Submitted: _____ Date Received: _____

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

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

I understand that pursuant to federal and local 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, 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 restriction of my driving privilege on the AOA and other places on HAS property. 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. I also acknowledge that I have received SIDA training and I am aware of my security responsibilities. SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Privacy Act Notice

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into the US-VISIT 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 records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Furnishing this information is voluntary; however, if you do not provide the information requested, DHS may be unable to complete your application for a security threat assessment.

"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-10)/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)