



**SIOUX FALLS REGIONAL AIRPORT  
AOA BADGE AND ACCESS APPLICATION**

AOA Ver. 3.0

Last Name:		First Name:		Middle Name:		Maiden Name:		<b>Height:</b>		<b>Weight:</b>		Name:
								ft	in	lbs		
Aliases: Last Name:		First Name:		Middle Name:		<b>Eye Color:</b>						
						Black Blue Brown Hazel Green Gray Pink Multi						
<b>Mailing Address:</b>												
City:		State:		Zip Code:		<b>Natural Hair Color:</b>						
						Black Blonde Brown Gray Red White Bald						
Daytime Phone:				Work Phone:				<b>Race:</b>				
Email:												
Country of Birth:				Country of Citizenship:				Asian / Black / Caucasian Native American/ Unknown				
Hangar # (if applicable)				Aircraft N # (if applicable)				<b>STATE</b> of Birth:		<b>Gender:</b>		
										M / F		

<b>Privacy Act Notice</b> Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information. <b>Refer to EXHIBIT A.</b>												Employer:
<p><b>Certifications</b></p> <p>I acknowledge that I am solely responsible for the control and use of my airport issued identification and access cards (badges). I acknowledge that the identification remains Airport property and must be returned to the Airport Administration when no longer needed. <b><i>Failure to return badges may prevent my employer from providing my final paycheck.</i></b> I agree to notify the Airport Administration or Airport Operations immediately in the event either of my badges are lost or stolen and that I will be required to pay a re-badging fee. I acknowledge that I will not be allowed access to any restricted area without possession and appropriate use of my badges and that I will not knowingly allow another individual to possess or utilize my badges. I acknowledge security responsibilities under 49 CFR 1540.105(a).</p> <p>By signing below, I certify that I have received and understand the Privacy Act Notice above. By providing my Social Security number below, I authorize the use of this information in accordance with the Privacy Act.</p> <p>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 United States Code.)</p> <p>"I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010."</p> <p>"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.</p> <p><b>SCREENING NOTICE: Any individual holding a credential granting access to a Security Area may be screened at any time while gaining access to, working in, or leaving a Security Area.</b></p>												
Full Name: _____						Signature: _____						Badge Return Date:
Birth Date: _____		Social Security #: _____ - _____				Date: _____						
Renewal: _____												

CERTIFICATION OF APPLICANT  
**AUTHORIZED SIGNATORY USE ONLY**

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Applicant Name:		Request for: <input type="checkbox"/> AOA (non-employment) <input type="checkbox"/> AOA (employment) Prior Badge Holder: Y / N
Association or Company Name:	Job Title:	
Supervisor's Name (if applicable):		Supervisor's Work Phone:
Escort Privilege Requested: Y / N Prior security violations is a basis for denial.	Driving Privileges Requested: Y / N Operator's license matches equipment: Y / N Vehicles to be Operated: Ground Service/ Passenger/ Commercial Truck/ Other: _____ Location of Driving Privileges: Aprons or Runway & Taxiways	
The Sioux Falls Regional Airport Authority retains the right to deny driving privileges to anyone.		

**AUTHORIZED SIGNATORY**

I certify to the Sioux Falls Regional Airport Authority, in accordance with TSR Part 1540, and attest under penalty and perjury that the employee's information provided in this application is true and complete to the best of my knowledge. Further, I certify that documents of identification, employment eligibility and citizenship pertaining to the applicant have been verified and appear genuine. I also certify that the individual has been hired as an employee of the company and, except for the receipt of an ID badge, has met all of the company's hiring qualifications. A specific need exists for unescorted access authority.

I will immediately notify the Airport Administration when the applicant above no longer meets eligibility, including but not limited to, suspension, termination, or resignation, or if there has been a change in their identity and will confiscate his/her ID badge. Failure to immediately notify Airport Administration or Airport Operations of a terminated employee and failure to make reasonable efforts to collect airport issued badges on the date of termination shall be cause to deem the employer liable for civil penalties not to exceed \$10,000. *I will utilize all available means to retrieve airport issued badges, including the withholding of paychecks.*

If driving privileges are required for the employee:  
 I also certify that the employee above holds a valid driver's license and will receive appropriate training for the operation of a motor vehicle or equipment in the apron or movement areas.

	Email: _____
Print Name: _____	Work Phone: _____
Signature: _____	Date: _____

**NOTE: APPLICANTS MUST PRESENT APPROPRIATE CREDENTIALS WHEN SUBMITTING APPLICATION.**

Individuals are required to present the identity and work authorization documents approved for use in the "Lists of Acceptable Documents" attached to the most current "Form 1-9, Employment Eligibility Verification," issued by the U.S. Citizenship and Immigration Service. See - <http://www.uscis.gov/files/form/i-9.pdf> -

**AIRPORT USE ONLY**

**INITIAL TRAINING DATE:**

NON-MOVEMENT: \_\_\_\_\_

MOVEMENT: \_\_\_\_\_

STA SUB: \_\_\_\_\_

BY: \_\_\_\_\_

STA APPR: \_\_\_\_\_

BY: \_\_\_\_\_

ID ISSUED: \_\_\_\_\_

BY: \_\_\_\_\_

BADGE #: \_\_\_\_\_

**ATTACHMENT A**

**The Privacy Act of 1974  
5 U.S.C. § 552a(e)(3)**

**Privacy Act Notice**

**Privacy Act Notice on the TSA web board (on HSIN)**