



FORT SMITH REGIONAL AIRPORT BADGE APPLICATION FORM

(Must complete all fields that apply)

DO NOT FOLD APPLICATION | PRINT CLEARLY OR APPLICATION WILL NOT BE ACCEPTED

BADGING OFFICE PERSONNEL USE ONLY				
Badge #: _____	Issue Date: _____	Issued By: _____	ID Verification _____	
(Attach photocopy of IDs presented – Refer to USCIS Form I-9 for acceptable forms of ID)				
1. NAME (First, Middle, Last)		1A. ALIASES OR OTHER NAMES USED		
2. MAILING ADDRESS		3. CITY	4. STATE	5. ZIP CODE
6. HOME/CELL PHONE # 6A. WORK PHONE #		7. DATE OF BIRTH	8. HEIGHT	9. WEIGHT
10. SEX	11. HAIR COLOR	12. EYE COLOR	13. STATE & COUNTRY OF BIRTH	14. CITIZENSHIP
15. RACE		16. DRIVER'S LICENSE OR STATE ISSUED ID #		
17. ISSUING STATE & EXPIRATION DATE: STATE _____/EXP.DT _____		18. ADD'L IDENTIFICATION		
<input type="checkbox"/> PASSPORT <input type="checkbox"/> ALIEN REGISTRATION (ARN) <input type="checkbox"/> CERT. OF NATURALIZATION/BIRTH ABROAD <input type="checkbox"/> I-94 ARRIVAL/DEPARTURE FORM <input type="checkbox"/> NON-IMMIGRANT VISA		19. IDENTIFICATION NUMBER		
20. EMPLOYER (HANGAR TENANTS PLEASE LIST HANGAR # OR TAC AIR)		20A. AUTHORIZED SPONSORING COMPANY NAME (AUTHORIZED REPRESENTATIVE SIGNATURE MUST APPEAR BELOW)		
<p align="center">IMPORTANT – PLEASE READ CAREFULLY</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 THE UNITED STATES CODE). UNDER PENALTY OF LAW, I AGREE TO RETURN IDENTIFICATION AND/OR ACCESS MEDIA THAT I AM ISSUED BY THE FORT SMITH REGIONAL AIRPORT WHEN USE IS NO LONGER REQUIRED FOR THE PURPOSE FOR WHICH THEY WERE ISSUED; OR THEIR USE IS NO LONGER PERMITTED BY THE AIRPORT DIRECTOR; OR WHEN I AM NO LONGER EMPLOYED WITH THE REQUESTING TENANT/AGENCY; OR WHEN ANY OF THESE ITEMS HAVE EXPIRED; OR WITHIN 24 HOURS OF AN ARREST OR CONVICTION OF A DISQUALIFYING CRIME. I AGREE TO PAY ALL FEES, PENALTIES OR CHARGES SET FORTH IN AIRPORT REGULATIONS AND UNDERSTAND THAT FINES OR PENALTIES IMPOSED UPON THE AIRPORT FOR SAFETY OR SECURITY VIOLATIONS DUE TO MY ACTIONS SHALL BE IMPOSED ON MY COMPANY AND/OR ME INDIVIDUALLY. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AGREE TO COMPLY WITH ALL PROCEDURES, RULES, AND REGULATIONS PERTAINING TO THE USE AND RETURN OF ALL IDENTIFICATION AND/OR ACCESS MEDIA. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE A PERSONAL RESPONSIBILITY TO COMPLY WITH THE AIRPORT SECURITY PROGRAM, TO INCLUDE ACCESS CONTROL PROCEDURES, AND THAT NON-COMPLIANCE MAY RESULT IN FINES, SUSPENSION, OR REVOCATION OF MY ACCESS AND ACCESS MEDIA TO THOSE AREAS OF THE AIRPORT WHERE ACCESS IS RESTRICTED FOR REASONS OF SECURITY.</p> <p>I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER (SSN) AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, OFFICE OF TRANSPORTATION THREAT ASSESSMENT AND CREDENTIALING (TTAC), ATTENTION: 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.</p> <p>APPLICANT SIGNATURE: _____ DATE: _____</p> <p>SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____</p>				
<p>Signatory Authority Authorization:</p> <p>AUTHORIZED REPRESENTATIVE SIGNATURE: _____</p> <p>Badge Type Requested:</p> <p style="text-align: center;"> <input type="checkbox"/> SIDA <input type="checkbox"/> GENERAL AVIATION <input type="checkbox"/> CORPORATE AVIATION <input type="checkbox"/> SIDA CONTRACTOR <input type="checkbox"/> AOA CONTRACTOR </p>				