



Receipt #:

# AIRPORT SECURITY IDENTIFICATION BADGE RENEWAL APPLICATION

**THIS FORM MUST BE LEGIBLE. PLEASE DO NOT BEND OR FOLD.**

**APPLICANT INFORMATION**

Last Name:	First Name:	Middle Name:
Date of Birth:	SSN:	Gender:
Current Address:		
City:	State:	ZIP Code:
Address Change: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:	Phone:	Cell:
Emergency Contact Change: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Opt-in for Airport Security and Information Alerts (Check all that apply): <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Voice		

**BADGE HOLDER RESPONSIBILITIES**

1. Security Identification Badges remain the property of the Tallahassee International Airport (TLH) and must be visibly displayed above the waist and on the outermost garment at all times.
2. Security Identification Badges must be presented for inspection if requested and must not be loaned or given to anyone else.
3. IMMEDIATELY NOTIFY AIRPORT OPERATIONS OF LOSS OR THEFT OF A SECURITY IDENTIFICATION BADGE.
4. If lost or unreturned, a charge for a replacement Security Identification Badge will be assessed against the Security Identification Badge Holder and/or the Authorized Signatory's company in the amount indicated in the approved Airport Schedule of Rates and Charges.
5. Security Identification Badge-holders shall comply with Airport Rules & Regulations available at: <http://www.TLHAirport.com/>
6. When accessing security doors and perimeter gates that provide access to restricted areas, individuals must present their Security Identification Badge, enter PIN code/Fingerprint and then pass through each security door/gate individually. **The door/gate must close completely and if a door, be verified secured using the "push/pull procedure" before leaving and the next person attempts to enter.**

**APPLICANT AGREEMENT**

- I have read and understand the above responsibilities, and my security responsibilities as listed under 49 CFR 1540.105(a).
- 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)
- 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.
- 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.
- 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.

Full Name (Print):	Date:
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Signature:	TLH Badge No.:
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**COMPANY AUTHORIZATION (AUTHORIZED SIGNATORY ENDORSEMENT)**

I have read and understand the responsibilities governing Airport Security Identification Badges, authorize TLH to issue the above employee a TLH Security Identification Badge, and attest that the above individual understands the above responsibilities, their security responsibilities as listed under 49 CFR 1540.105(a), and has a documented need for unescorted access authority to the AOA, SIDA, Sterile, or Public Areas of the TLH Airport.

Name (Print):	Date:
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Signature:	TLH Badge No.:
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Company:

Escort Authorization Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Privileges Requested: <input type="checkbox"/> Non-Movement Area <input type="checkbox"/> Movement Area <input type="checkbox"/> None
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**AIRPORT OPERATIONS AUTHORIZATION**

Escort Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Privileges: <input type="checkbox"/> Non-Movement Area <input type="checkbox"/> Movement Area <input type="checkbox"/> None	Subscribed in Rap Back or completed 5-Year Employment History Verification?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Badge #:	Badge Type:	Badge Issue Date:	ASC Approval:
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