



EL PASO
INTERNATIONAL AIRPORT

**EMPLOYEE PERSONAL INFORMATION FORM
FOR IDENTIFICATION AND ACCESS CARD
AUTHORIZATION**

CARD HOLDER NAME: _____
(LAST NAME, FIRST NAME, FULL MIDDLE NAME)

EMPLOYER: _____ DAY TIME PHONE: _____

JOB TITLE: _____

CURRENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

BIRTH DATE: _____ BIRTH PLACE: _____

HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____

“By execution of this form, I acknowledge that in the event of loss or theft of the identification/access card, I will be required to pay a refundable deposit in accordance with airport policy. I certify that my statements are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me for an airport identification badge. I also agree that all statements made on this form may be investigated.”

SIGNATURE OF CARD HOLDER: _____

AUTHORIZATION SIGNATURE: _____

FOR EPIA USE ONLY

| | | |
|-----------------|---------|---------------------|
| BADGE TYPE: | ACCESS: | TWO (2) FORMS OF ID |
| DATE SUBMITTED: | | |
| ISSUE DATE: | | |
| CARD NUMBER: | | |
| M / R DATE: | SIDA: | |

APPROVAL AUTHORITY (ASC): _____



The Privacy Act of 1974
5 U.S.C. 552a(e)(3)
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 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic 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 US-VISIT Automated Biometrics Identification System (!DENT). 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 (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 a security threat assessment.

Date

Name of Applicant

Signature of Applicant



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Social Security Number Certification

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Office of Intelligence and Analysis (OIA), Attention: 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, imprisonment or both."

Applicant/Badge holder Signature

Date of Birth

SSN

Printed Full Name



Signatory Acknowledgment Form

Statement of Understanding : The Purpose of this form is to acknowledge the responsibility associated with the fees that are incurred with the badging process. The Authorized Signatory is fully aware that they are responsible for the full payment of this process. The payment must be paid in full no later than 30 days from this process. If payment has not been recieved within 90 days no more applicates will be processed until this issue has been resolved.

| | |
|-----------------------------------|--|
| Employee Name: | |
| Authorized Signatory Name: | |
| Company Name: | |

Type of Badge: (Signatory initials by fee)

| | | | |
|-----------------------------|----------------------|-----------------|--|
| Initial Application: | SIDA Badge | \$110.00 | |
| Initial Application: | Sterile Badge | \$110.00 | |
| Initial Application: | AOA Badge | \$45.00 | |
| Initial Application: | Parking Badge | \$45.00 | |
| Renewal: | SIDA Badge | \$70.00 | |
| Renewal: | Sterile Badge | \$70.00 | |
| Renewal: | AOA Badge | \$35.00 | |
| Renewal: | Parking Badge | \$35.00 | |

| | |
|-----------------------------|--|
| Employee Signature: | |
| Signatory Signature: | |
| Badging Officer: | |

| | |
|--------------|--|
| Date: | |
| Date: | |
| Date: | |