



Step #2: Read Carefully and Sign the Appropriate Line

Privacy Act Notice

Certifications

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, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington , VA 22202.

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.

Privacy Act Notice

Authority: 49 U.S.C. ¶114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the a Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's 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's records to ensure the validity of your name and SSN.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

**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 identification media.

1. I certify that all details on this application as they apply to me are correct.
2. If I lose, damage, or have my security badge stolen, I will notify the PDX Security Badging Office immediately @ (503-460-4500) or (503-460-4747), and will apply through my Authorized Signatory for a replacement badge. (See current fee schedule.)
3. This security badge must be returned upon resignation, termination or the demand of an authorized Port of Portland representative, to the PDX Security Badging Office.
4. I understand that my security badge is non-transferable. Misuse of my security badge could result in civil penalties imposed by the Transportation Security Administration.
5. I understand that if I violate any laws or regulations, including Port, Federal Aviation Administration, and Transportation Security Administration regulations, pertaining to the use of my security badge, that my security badge may be immediately revoked and that I will be subject to disciplinary action, up to and including termination.
6. If given access to the Employee Parking Lot, I agree that by signing below, I have read and accepted the terms set forth in the Portland International Airport (PDX) Employee Lot Guidelines as provided at the time of this application or available in the PDX Rules @ www.portofportland.com.

Employee Printed Name: _____

Employee Signature: _____

Date: _____



Step #3: To Be Completed by Authorized Signatory (AS)

AS Signature Required on back page

**- AS Must Initial -
Badge Type**

_____ GA (Yellow)

_____ Sterile Area (Purple)

_____ AOA (Pink)

_____ Secured Area (Orange)

_____ Replacement

- AS Must Initial -

_____ **D** **Driver's Endorsement**

_____ Driver's License Number

_____ State _____ Exp Date

_____ **M** ***Movement Area Driver**

_____ ***Airfield Ops Approval**

- AS Must Initial -

_____ Employee Parking

_____ *Armed LEO _____ EMS

_____ ***Requires ASC / Police Initials**

**Applicant must present a document from list A or both B & C
All documents must be unexpired**

A

**Documents that Establish Both
Identity and Employment Authorization**

U.S. Passport or U.S. Passport Card

Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa

Employment Authorization Document that contains a photograph (Form I-766)

In the case of a non immigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's non immigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form

Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

Document # from List A:

Exp. Date (if applicable): _____

B

Documents that Establish Identity

Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

School ID card with a photograph

Voter's registration card

U.S. Military card or draft record

Military dependent's ID card

U.S. Coast Guard Merchant Mariner Card

Native American tribal document

Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

School record or report card

Clinic, doctor, or hospital record

Day-care or nursery school record

Document # from List B:

Exp. Date (if applicable): _____

C

**Documents that Establish
Employment Authorization**

Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States

Certification of Birth Abroad issued by the Department of State (Form FS-545)

Certification of Report of Birth issued by the Department of State (Form DS-1350)

Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal

Native American tribal document

U.S. Citizen ID Card (Form I-197)

Identification Card for Use of Resident Citizen in the United States (Form I-179)

Employment authorization document issued by the Department of Homeland Security

Document # from List C:

Exp. Date (if applicable): _____



Authorized Signatory (AS) Signature Required

1. As Authorized Signatory, my initials indicate the appropriate access and selections for the employee on page 3.
2. By signing below, the Authorized Signatory agrees that the Company will be fully responsible for the payment of the Port's Badging Fee for each badge issued, in accordance with the Badging Fee Schedule published in the badging office. The Badging Fee may be paid by the individual who is issued the badge, at the time service is provided, or it will be billed to the company. Any Badging Fee not paid within thirty (30) days of the date of the invoice, will be considered delinquent. This could result in your company not being billable. This may not apply to some construction projects.
3. By signing below, my signature indicates that I have seen the documents listed on page 3, and that they belong to the applicant.

AS Printed Name

Contact Number

AS Signature*

Date

*Do not sign unless page 1 is completed

**NOTE:
APPLICATION MUST BE SUBMITTED
WITHIN 30 DAYS OF THIS DATE**