



DETROIT METROPOLITAN WAYNE COUNTY AIRPORT AIRPORT ID BADGE APPLICATION

SECTION I - APPLICANT (PRINT LEGIBLY / USE BLACK OR BLUE INK / ORIGINALS ONLY)

Company Name: _____ Soc. Sec #: _____

Name _____ Date of Birth: _____
Last First Middle month / day / year

Date of Hire: _____ Dept.: _____ Job Title: _____

Home Address _____
Number Street City State ZIP Country

Length of time at address above (years and months) _____

Cell/Personal Phone: _____ Work: _____ Citizenship (indicate Country): _____ Race: _____

Place of Birth: _____ Sex _____ Eye Color _____ Hair Color _____ Height _____ Weight _____
State/Prov/Country M/F Ft/In Lbs.

Email _____

List any other name(s) known by (Maiden Names, Aliases, etc.):

First _____ Middle _____ Last _____

First _____ Middle _____ Last _____

First _____ Middle _____ Last _____

Two (2) Pieces of Valid (Unexpired) Documentation are required for Badge Processing. At least one ID must have been issued by a Government authority and at least one must include a photo. Applicant must provide documentation that establishes both identity (Table A) as well as employment eligibility (Table B). You must provide a document from both Table A and B. Please select the Table B document that reflects your citizenship status. For a complete list of acceptable documents please refer to www.uscis.gov/files/form/I-9.pdf. Copies will not be accepted.

TABLE A AND TABLE B1 OR TABLE B2 OR TABLE B3
U.S. Citizens born in U.S. U.S. Citizens born outside U.S. Non U.S. Citizens

Driver's License or State ID #: _____ State of Issue: _____ Expiration: _____		U.S. Social Security Card		U.S. Passport Passport #: _____		Foreign Passport with I-551 stamp or attached INS form I-94. Passport #: _____ Country of Issue: _____ Expiration: _____ I-94 #: _____
Resident Alien Card Alien Registration Number (ARN) #: _____		U.S. Passport Passport #: _____		Certification of Birth Abroad issued by the Dept. of State (Form FS-240, FS-545)		Resident Alien Card Alien Registration Number (ARN) #: _____
Passport Passport #: _____ Country of Issue: _____		Original or Certified copy of U.S. Birth Certificate		Certification of Report of Birth issued by the Dept. of State. (Form DS-1350) #: _____ DS _____		Non-Immigrant Visa Number #: _____ Expiration: _____
Federal, State, Local Government ID (i.e. Military)						
School ID with Photo						

I have reviewed the above documents for the applicant and verified that they are valid.

AUTHORIZING SIGNATURE

DATE

SECTION II - AIRPORT USE ONLY

Date Application Received: _____

CT: _____ P: _____ S: _____ CC: _____ Ramp: _____ Escort: _____ Customs: _____ LEO: _____

STA Return Date: _____ Crime Ck: Disq Crime Yes/No Auth: _____ Date Returned: _____ Case #: _____

SIDA Training Date Passed: _____ Ramp Course Date Passed: _____ Processed By: _____ Issued By: _____ Auth: _____



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SECTION III – Privacy Statement

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 (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 records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, all or a portion of the records or information contained in this systems 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.

I understand that any unanswered questions or incomplete information on this application will cause it to be rejected. 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 knowing and willful false statement can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 if the United States Code). I agree to the taking of fingerprints and the conducting of a Criminal History Records Check. I understand the Airport will suspend the unescorted access privileges of anyone with an outstanding arrest warrant.

I understand the Airport will collect and store biographical/biometric data for Airport security internal use only. WCAA will never share, sell, or rent individual personal information with anyone without your advance permission or unless ordered by a court of law. Information submitted to us is only available to employees managing this information for purposes of contacting you or sending you emails for information related to your employment at the Airport.

I agree to adhere to all Airport Security rules and procedures and not violate any Federal Regulation or local Ordinances. I understand that failure to comply with any of these rules is a security violation and may result in an Administrative Penalty and/or TSA civil penalty.

PRINT NAME: _____ **APPLICANTS SIGNATURE** _____ **Date** _____

NOTE: Badge Applications are held for processing and pick up of badges for 30 days only. Forms not processed, or badges not picked up within 30 days will be destroyed and re-application will be required

SECTION IV - EMPLOYER SECTION - BADGE ISSUANCE AUTHORIZATION

I understand this application must be completed and reviewed prior to authorizing it. I affirm that all information on this application is correct and that sufficient administrative records are available for inspection by the TSA (Transportation Security Administration) or the Airport Authority and are maintained by my company as a matter of record. I have made my employees aware of the security rules and procedures at DTW and acknowledge responsibility for any TSA fines levied against Detroit Metropolitan Wayne County Airport which are caused by the failure of any of my employees to adhere to the DTW Security Program. I understand that failure to comply with the requirements of this section will result in the termination of my authorizing authority, administrative penalties and possible TSA Civil Penalties. Airport ID Badges must be returned upon request, termination, or when access is no longer required. I will immediately notify the Airport of lost, stolen and/or terminated Airport ID Badges.

AUTHORIZING SIGNATURE

PRINT NAME

DATE

DTW BADGE

OFFICE PHONE #

ADDITIONAL EMPLOYEE CERTIFICATIONS:

Please check the box that applies:

- AOA Ramp Driving Certification (Certification is needed to be eligible to drive on the ramp.)
- Escort Authority Certification (Certification is needed to be eligible to escort into Security Sensitive Areas. Provide detailed justification below in order to be considered for Escort Authority. Failure to mark this certification and provide proper justification will disqualify applicant for consideration.)

Justification for Escort Authority: _____

Employee Parking: None South Employee Lot North Terminal Employee Lot Both Employee Lots