



CHICAGO ROCKFORD INTERNATIONAL AIRPORT

Authorized Signatory Identification Badge Application

Please complete the entire form. Do not leave blanks. If a question does not apply, write "n/a". This application must be authorized by a Signatory on file with your company. **Incomplete applications will not be processed.** Print all responses. Contact the RFD Badging Office at (815) 969-4019 with questions.

Applicant's Personal Information – To be completed by the Applicant				
Last Name:		First Name:		Middle Name:
Maiden Name-If applicable:		Nicknames or aliases:		
Social Security Number:		Date of Birth:		
Residential Address				
Street Address:		City:	State:	Zip Code:
Current Mailing Address (if different from above)				
Street Address:		City:	State:	Zip Code:
Phone Numbers: H: C: W:	Email Address:	Height: _____ ft _____ in	Weight: _____ lbs	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian/Latino <input type="checkbox"/> Unknown <input type="checkbox"/>		
Natural Hair Color: Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> None <input type="checkbox"/>				
Natural Eye Color: Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/>				
Place of Birth/Citizenship (If place of birth is outside of the U.S., fill out the blue section below)				
City:		State:	County:	Country (name/code):
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, fill out the blue section below where applicable. U.S. citizens born abroad or naturalized U.S. citizens provide either passport number, certificate of naturalization number (ARN or INS #) or certificate of birth abroad, Form DS-1350. Individuals that are not U.S. citizens provide Alien Registration Number or I-94 arrival/departure form number.				
Country of Citizenship:		Are you authorized to work by the Government of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Alien Registration Number or Certificate of Naturalization Number (Referred as ARN or INS) (9 digits, no dashes, if applicable):				
Certificate of Birth Abroad, Form DS-1350, or 10 digit document number (no dashes):				
Non-Immigrant Visa Control Number (if applicable):		I-94 Arrival/Departure Form Number (11 digits, if applicable):		
Passport Information				
Passport Country:		Number:	Expiration Date:	

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 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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).
DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

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 system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 552a(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: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

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.

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 or 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.

CHICAGO ROCKFORD INTERNATIONAL AIRPORT IDENTIFICATION BADGE HOLDER AGREEMENT:

I will comply with all airport and federal rules and regulations to include:

- ID badges are not transferable and must be displayed on the outermost garment, above the waist and below the neck at all times.
- I understand that the badge is the property of the Greater Rockford Airport Authority and must be surrendered upon demand, resignation, dismissal or suspension.
- I must challenge and/or immediately report any individual I find in the SIDA without proper authorization or who is not displaying a proper ID to my supervisor, the RFD Airport Operations Department, or any other entity charged with security responsibilities.
- I must immediately report a lost/stolen RFD ID badge to RFD Operations.
- I will return my badge to RFD Operations when access privileges in excess of 30 days are no longer required.
- I agree to abide by the Greater Rockford Airport Authorities Ground Vehicle Operating Regulations. I understand that I am subject to fines and revocation of driving and/or badging privileges for violating regulations enforced by the Greater Rockford Airport Authority.

Signature: _____ **Date:** _____

Full Name: _____ **Date of Birth:** _____ **SSN:** _____

To be filled out by the Applicant				
Employer:		New Applicant: <input type="checkbox"/>		Renewal: <input type="checkbox"/>
Applicant's Last Name:		First Name:		Middle Name:
Authorized Signatory Completion Record				
I certify that I have received the Authorized Signatory training. I fully understand the requirements, responsibilities and duties of being an Authorized Signatory. I have been given the opportunity to ask questions and possess a copy of the Authorized Signatory Responsibilities and Duties document.				
Initial Training				
Trainee Signature:		Printed Name:		Date:
Recurrent Training				
Trainee Signature:		Printed Name:		Date:
GRAA USE ONLY				
Authorized Signatory Completion Record - Initial				
Trainer Signature:		Printed Name:		Date:
Authorized Signatory Completion Record - Recurrent				
Trainer Signature:		Printed Name:		Date:
Identification Verification				
State DL <input type="checkbox"/> State or Fed ID <input type="checkbox"/> US Passport <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Cert <input type="checkbox"/> Active Military/LEO <input type="checkbox"/> Other: _____				
Identification Badge Issuance				
ID #:	Type:	Issue Date:	Issued by:	Trained by:
Paperwork accepted by:	STA:	CHRC/RapBack:	Returned:	Lost:
Reissue/Retraining/Notes:				