



CHICAGO ROCKFORD INTERNATIONAL AIRPORT

Fingerprint Application

Please complete the entire form and do not leave blanks. If a question does not apply, write "n/a."
Incomplete applications will not be returned or processed. Print all responses. If you have questions, contact the badging office at (815) 969-4019.

Date:

PERSONAL INFORMATION

Last Name:		First Name:		Middle:
Nicknames or Aliases:		Date of Birth:	SSN:	
Height:	Weight:	Hair Color:	Eye Color:	
Address:		City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	Email:	
Please Circle One: Sex: Male Female		Please Circle One: Race: Asian Caucasian/Latino Black Unknown Native American		

PLACE OF BIRTH

U.S. citizens born abroad or naturalized U.S. citizens must 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.		
Place of Birth (City, State, Country):	Country of Citizenship:	
Alien Registration Number or Certificate of Naturalization Number (ARN or INS) (if applicable):		
Certification of Birth Abroad, Form DS-1350 or 10 digit documentation number (if applicable):		
Non-Immigrant Visa Control Number (if applicable):	I-94 Arrival/Departure Form Number (if applicable):	
Passport Country:	Number:	Expiration Date:

EMPLOYER INFORMATION

Employer:			
Employer Address:	City:	State:	Zip Code:

*See Reverse - Additional information needed

GRAA USE ONLY			
Paperwork Accepted By:	Fingerprinted By:	STA Submitted By:	Form of Payment:

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 to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 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. For as long as your fingerprints and associated information/biometrics 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 identification media.

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.

Signature: _____ **Date of Birth:** _____

SSN: _____ **Full Name:** _____