



**Gary/Chicago International Airport  
Fingerprinting and Badge Application**

Please Type or Print Application in Ink  
Two Forms of ID Are Required to Receive an ID Badge  
List of Acceptable Documents Page 4  
Incomplete Applications Will Be Returned

**IN ORDER TO ACCESS THE NON-MOVEMENT AREA APPLICANTS  
MUST ENROLL IN DRIVER'S TRAINING. PLEASE PROVIDE AN EMAIL.**

**Driver's Training            YES            NO            Job Title \_\_\_\_\_**



**Email: \_\_\_\_\_**

**Section 1 Applicant Information**

		Social Security Number:	
First Name:		Middle Name:	
Last Name:		Alias or Nicknames:	
Date of Birth: (MM/DD/YYYY)	Height: (Feet/Inches)	Hair Color:	Sex:        M        F
	Weight: (lbs)	Eye Color:	Race:
Home Address:		City/State/Zip:	Phone Number:
Driver License Number:		Country of Birth: (If in the U.S., specify city/state)	Citizen of What Country:
Expiration Date:	State Issued:		
U.S. Citizen:    Yes        No	U.S. Passport #		
Naturalization # (if applicable)			
U.S. Resident:    Yes        No	Alien Resident #	Expiration Date:	
Non-Immigrant Authorized to Work:		Employment Authorization #	
Authorized to Work Until:		Type of Visa:	Visa #
U.S. Citizen Born Abroad:	DS-1350	FS-545	Certification # (if applicable)

**Section 2 Company Information**

This section **MUST** be filled out by an authorized signer from the sponsoring company.  
Type or print legibly in ink or application will be rejected.

Employer	
<b>Authorizing Agent Certification</b>	
I certify that I have reviewed this application for accuracy and verified the employment eligibility of the applicant I hereby agree that my company, as the applicant's sponsor, will timely pay for all fees and charges related to the issuance of a badge to applicant, including without limitation applicable fees for fingerprinting and processing applicant (if applicable) and issuing a badge. I specifically agree that if this badge is not returned upon termination of applicant's employment, my company, as sponsor, will timely pay applicable non-returned badge fees. I understand that my company's agreement, as sponsor, to be responsible for such charges and fees is a material condition to the Airport's issuance of the badge and that without such an agreement from the sponsor, the Airport would not issue a badge to the applicant.	
Authorizing Agent Name: (Print) 	
Authorizing Agent Signature: 	
Phone Number:	Date:

**Section 3 Hangar Tenant or Pilot Information**

Hangar Number:
Aircraft Tail Number:

**Section 4 Security Responsibility Agreement**

- I will not allow anyone else to use my ID badge.
- I will properly display my ID badge at all times and wear my ID badge on my outermost garment when entering the ADA/Secured Area or SIDA.
- I will challenge any individual who fails to display an ID badge.
- I understand that Orange and Brown ID badges are allowed AOA/Secured Area/SIDA access only.
- I understand I must have the word "**ESCORT**" on my badge to conduct an escort.
- I will ensure proper closing and locking of any AOA doors or gates used.
- I will not allow any individual to follow me or my vehicle through any AOA door or gate.
- I will report the theft or loss of my ID badge to the Airport Security Coordinator.
- I will report immediately any security violation I witness to the Airport Security Coordinator or the Airport Security Police.
- I have read and understand that failure to comply with any or all the above security procedures shall result in the revocation of my ID badge and possible banning from the AOA/Secured Area/SIDA.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 5 Security Threat Agreement**

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).

Signature: \_\_\_\_\_

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 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 or imprisonment or both.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Full Name: \_\_\_\_\_

**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 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. OHS will also transmit the fingerprints for enrollment into the US-VISJT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), OHS 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), DHSITSA 002.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, OHS may be unable to complete your application for identification media.

## **Section 6 List of Acceptable Documents**

List A- Documents that establish both identity and employment eligibility:

- o U.S. Passport (unexpired)
- o Certificate of U.S. Citizenship (USCIS Form N-560 or N-561)
- o Certificate of Naturalization (USCIS Form N-550 or N-570)
- o Unexpired foreign passport, with 1-551 stamp or attached Form 1-94 indicating unexpired employment authorization
- o Permanent Resident Card or Alien Registration Receipt Card with photograph (USCIS Form 1-151 or 1-551)
- o Unexpired Temporary Resident Card (USCIS Form 1-688)
- o Unexpired Employment Authorization Card (USCIS Form I-688A)
- o Unexpired Reentry Permit (USCIS Form 1-327)
- o Unexpired Refugee Travel Document (USCIS Form 1-571)
- o Unexpired Employment Authorization Document issued by USCIS that contains a photograph (USCIS Form 1-6888) or USCIS Form 1-766

**OR**

List B- Documents that establish identity:

- o 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
- o ID card Issued by Federal, State, or local government agency or entity provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
- o School ID card with a photograph
- o Voter's registration card
- o U.S. Military card or draft record
- o Military dependent's ID card
- o U.S. Coast Guard Merchant Mariner Card
- o Native American tribal document
- o Driver's license issued by a Canadian government authority

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

- o School record or report card
- o Clinic, doctor, or hospital record
- o Day-care or nursery school record

**And**

List C- Documents that establish employment eligibility:

- o Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- o Certification of Birth Abroad Issued by the Department of State (Form FS-545 or Form DS-1350)
- o Original or certified copy of a birth certificate issued by a State, county, municipal authority, or outlying possession of the United States bearing an official seal
- o Native American tribal document
- o U.S. Citizen ID Card (USCIS Form 1-197)
- o ID Card for use of Resident Citizen in the United States (USCIS Form 1-179)
- o Unexpired employment authorization document issued by USCIS (other than those listed under List A)

## **Section 7 Criminal History**

Have you been convicted or found not guilty by reason of insanity of any of the following criminal offenses in the past ten (10) years? Check either Yes or No for each item listed.

	Yes	No		Yes	No
Forgery of certificates, false marking of aircraft, and other aircraft registration violations, 49 U.S.C. 46306.			Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.		
Interference with air navigation, 49 U.S.C. 46308.			Extortion.		
Improper transportation of a hazardous material, 49 U.S.C. 46312.			Armed or felony armed robbery.		
Aircraft piracy, 49 U.S.C. 46502.			Distribution of, or intent to distribute, a controlled substance.		
Interference with flight crewmembers or flight attendants, 49 U.S.C. 46504.			Felony arson.		
Commission of certain Crimes aboard aircraft in flight, 49 U.S.C. 46506.			Felony involving a threat.		
Carrying a weapon or explosive aboard aircraft, 49 U.S.C. 46505.			Felony involving--		
Conveying false information and threats, 49 U.S.C. 46507.			Willful destruction of property;		
Aircraft piracy outside the special aircraft Jurisdiction of the United States, 49 U.S.C. 46502(b).			Importation or manufacture of a controlled substance.		
Lighting violations involving transporting controlled substances, 49 U.S.C. 46315.			Burglary.		
Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements, 49 U.S.C. 46314			Theft.		
Destruction of an aircraft or aircraft facility, 18 U.S.C. 32.			Dishonesty, fraud, or misrepresentation.		
Murder.			Possession or distribution of stolen property.		
Assault with intent to murder.			Aggravated assault.		
Espionage.			Bribery.		
Sedition.			Illegal possession of a controlled substance punishable by a maximum term of Imprisonment of more than one year.		
Kidnapping or hostage taking.			Violence at international airports; 18 U.S.C. 37.		
Treason.			Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d).		
Rape or aggravated sexual abuse.					

*The information I have provided on this application 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 on this application can be punished by a fine or imprisonment or both (See section 1001 of Title 18 United States Code).*

*Furthermore, I understand that I am obligated under 49 CFR 1542.209 to report, within 24 hours, any conviction of or found not guilty by reason of insanity to the issuer any SIDA identification media.*

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 8 Federal, State or Local Government**

This section is to be completed by an authorized federal, state, or local government employer/sponsor representative.

I certify that \_\_\_\_\_ is an employee of the federal, state, or local government who, as a condition of employment, has been subjected to an employment investigation that includes a criminal records check in accordance with TSR 1542.209(m).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 9 Air Carrier Criminal History Record Check (CHRC) Certification**

Name of Air Carrier: \_\_\_\_\_

I certify that an FBI CHRC has been conducted for \_\_\_\_\_ on \_\_\_\_\_ (Applicant's Name) in accordance with FAR Part 1544.229. (Date)

The fingerprint case number is \_\_\_\_\_

Certification Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Certification Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 10 Lost/Stolen Badge Report**

**Contact the Airport Security Coordinator Immediately to Report Your Lost or Stolen Badge**

**Office Number 219-949-4920**

Please complete this form and have it signed by an authorized representative of your organization. Bring this form and the \$43.65 lost badge/replacement fee to the badging office during badging hours to receive your replacement badge.

Name \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Details/Circumstances:

\_\_\_\_\_

Should the above badge come into my possession at a later date, I will return it immediately to the Airport Security Coordinator.

Signature: \_\_\_\_\_

**Section 11 Additional Information (To be completed upon receipt of badge)**

Applicant's Initials X_____	Date_____ (Circle received) AOA Contractor Escort Signer
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**Access Control Office Only**

- New Applicant
- Renewal
- Lost Badge
- Damaged Badge
- Federal & Local Law Enforcement

Date ID Activated	
Issued By	
Date ID Deactivated	
Received By	
Reason for Deactivation	
SIDA Training Date	
Signatory Training Date	
Badge Number	Card Stock Number:
Date Fingerprinted	
Security Threat Assessment	Case Number:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied      Date	

**Access Level**

- SIDA
- Sterile
- Full (Determined by Airport)
- AOA
- Construction (Area determined by Airport)
- Escort