Gulfport-Biloxi International Airport

CHRC and STA EXEMPT

SECURITY BADGE APPLICATION PACKET

PRINT OR TYPE all information before returning this form to Airport Operations.

Last Name _____ First Name _____ Middle Name _____ Suffix ___

Social Security Number _____ Alias(es) _____

Gender _____ Date of Birth ____/____/_____ Phone _____

Mailing Address (Street, City, State, Zip) _____

Country of Birth _____Country of Citizenship _____

Alien Registration # _____Non-Immigrant Visa # _____

Passport Country _____ Passport # _____

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 United States Code).

I understand that the Airport Security Badge issued to me is the property of the Gulfport-Biloxi Regional Airport Authority and that I must return it upon termination of my employment or the completion of my job at Gulfport-Biloxi International Airport. I understand that I am responsible for this Airport Security Badge, that no one but myself may use it, and that in the event of its loss I will be fined up to $100.00 before a replacement will be issued.

Signature: _____ Date of Birth ____/____/_____

SSN and Full Name _____

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.

GBRAA USE ONLY

BADGE COLOR/TYPE:	**Blue**	**Red**	**Gold**	**Green**	**LEO**	**Parking**
BADGE #: _____						
DRIVERS TRAINING:	**I**	**II**	**N/A**		**Initial**	
ESCORTING AUTHORITY:		**Yes**	**No**		**Renewal**	

STA SUBMITTED BY:	**SECURITY TRAINING DATE:**
DATE CHRC RECEIVED:	**BADGE ISSUE DATE:**
DATE STA RECEIVED:	**EXPIRATION DATE:**
ISSUANCE AUTHORIZED BY:	**ISSUED BY:**

I understand that all Airport Security Badges from terminated employees must be returned to the Gulfport-Biloxi Regional Airport Authority within twenty-four hours of termination, or I will be subject to a $50.00 fine for the first loss and a $100.00 fine for losses thereafter. I understand that as the authorized issuer I am responsible for assuring that the ALL badges issued to my organization are returned to the Gulfport-Biloxi Regional Airport Authority promptly once expired or no longer needed. Failure to return the before mentioned ID's will result in disciplinary action taken against the authorized issuer in accordance with the Airport Security Program.

AUTHORIZED ISSUER SIGNATURE:_____DATE____/____/____

**IMPORTANT! THE DATE ABOVE MUST BE NO GREATER THAN 30 DAYS PRIOR TO THE DATE THE BADGE APPLICANT SITS FOR SECURITY CLASS. **

Privacy Act Statement

Authority: 49 U.S.C. §§ 114, 44936 authorized 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 pertinient to the assessment, inverstigation, 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 by unable to complete your application for identification media.