



## Renewal Form

Date: \_\_\_\_\_

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

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Social Security Number \_\_\_\_\_ Alias(es) \_\_\_\_\_

Mailing Address (Street, City, State, Zip) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_

City, State, and Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Alien Registration # \_\_\_\_\_ Non-Immigrant Visa # \_\_\_\_\_

Passport # \_\_\_\_\_ Passport Country \_\_\_\_\_ DS-1350/I-94 # \_\_\_\_\_

*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 authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis (OIA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12<sup>th</sup> Street, Arlington, VA 20598.*

*I am the individual to whom the information applies and want this information released to verify my SSN is correct. I know that if I make and representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.*

*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.*

*Under 49 CFR 1542.209(1), the badge holder will be responsible for disclosing to the Gulfport-Biloxi-Regional Airport Authority Operations Department within 24 hours if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority.*

Signature: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Company \_\_\_\_\_

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      Purple      Green      LEO      Parking

**BADGE #:** \_\_\_\_\_      ☐ Billed/ Payment

**DRIVERS TRAINING:**      I      II      N/A      Initial

**ESCORTING AUTHORITY:**      Yes      No      Renewal

<b>CHRC SUBMITTED BY:</b>	<b>SECURITY TRAINING DATE:</b>
<b>DATE CHRC SUBMITTED:</b>	<b>BADGE ISSUE DATE:</b>
<b>DATE CHRC RECEIVED:</b>	<b>EXPIRATION DATE:</b>
	<b>ISSUED BY:</b>

## 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 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.