



(APPENDIX 10 PAGE 3)
KERN COUNTY DEPARTMENT OF AIRPORTS
AOA APPLICATION INFORMATION

*****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 Investigations (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 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 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 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.

(PLEASE PRINT OR TYPE)

Email Address

Legal Last Name

Legal First Name

Legal Middle Name

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List all other used names, aliases and/or nicknames (include given and surnames)

Daytime Telephone Number

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Current Mailing Address (include Street Number, Street, Unit Number, City, State, Zip Code and Country)

Gender	Date of Birth (mmddyyyy)	Country of Birth (NCIC 2-Character abbreviation)	State of Birth (2-Character abbreviation)	Citizenship Country Code (NCIC 2-Character abbreviation)
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*Social Security Number	Drivers License / ID Number (Include State)	Hair Color	Eye Color	Height	Weight
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Alien Registration #

I-94 Arrival/Departure Form #

Non-Immigrant Visa Control #

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U.S. Passport #

Certificate of Naturalization # (ARN or INS) **or** DS1350 Certification of Birth Abroad

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Employer

Job Title

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Authorized Signer Name / Company

Authorized Signer Signature

Date

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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 on this application can be punished by fine or imprisonment or both. (See section 1001 of Title 18 United States Code).

Print Full Name of Applicant

Signature of Applicant

Date

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***SSN Release**

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, 6595 Springfield Center Drive, Arlington, VA. 20598-6010. 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.

Full Name

Signature

SSN

Date of Birth

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(Office use only)

Airport Code: _____ Airport Category: _____

Drivers License (State _____) and one of the following:
 Passport INS Card Social Security Card Birth Certificate Other _____
 Identification presented and verified by _____:

Media Number	Access Level	Media Type	Media Status	Status Date

If Revoked; Reason: (circle) LOST / STOLEN / DESTROYED / TERMINATED / EXPIRED / NOT RETURNED / OTHERWISE UNACCOUNTED FOR