

RAPID CITY REGIONAL AIRPORT ID MEDIA APPLICATION FOR SIDA/STERILE/AOA/PUBLIC BADGE RENEWAL/CHANGES/DAMAGED/LOST OR STOLEN

When renewing any Rapid City Regional Airport issued ID media or receiving a new one due to it becoming loss or stolen, please review your previous ID application in the Airport Administration Office to confirm that all of your biographical data and credentials are correct and current. If not, please update your information using this form.

ID MEDIA TYPE: <input type="checkbox"/> SIDA <input type="checkbox"/> STERILE <input type="checkbox"/> AOA <input type="checkbox"/> PUBLIC	STATUS: <input type="checkbox"/> RENEWAL <input type="checkbox"/> CHANGED <input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN
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Legal Last Name	Legal First Name	Legal Middle Name
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SECTION 1: APPLICANT INFORMATION CHANGES ***IF REQUIRED***

Other Names Used (Include Maiden, Nicknames, Aliases)				State Issued Driver's License Number	
Last Name	First Name	Middle Name			
			State	Expiration Date	
Mailing Address		City	State	Zip Code	
Primary Phone Number <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE		Work Phone Number		Are you an owner of an aircraft based at RAP? <input type="checkbox"/> Yes <input type="checkbox"/> No Aircraft Tail #(s)	
Employer's Name			E-mail Address		

I certify that there have not been any changes to my biographical data from my previous application. If there are any changes from my previous application, any updates are provided on this form.

Applicant's Signature **X** _____ Date: _____

SECTION 2: PRIVACY ACT NOTICE

The Privacy Act of 1974 5 U.S.C. 552a(e)(3)

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information 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 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 your fingerprints for enrollment into US-VISIT 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 records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information 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 a security threat assessment.

INITIALS **X** _____

SECTION 3: SOCIAL SECURITY NUMBER RELEASE

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 12th 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 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.

I do not authorize the release of my Social Security Number.

*****NOTICE***--If you do not disclose your SSN, your Security Threat Assessment (STA) will be delayed and your badge cannot be issued until an approval from TSA is submitted back to the Airport Operator.**

Printed Full Name _____ Date of Birth _____ / _____ / _____ SSN _____
MM DD YYYY

Applicant's Signature **X** _____

SECTION 4: EMPLOYER SIGNATURE ***ONLY REQUIRED FOR SIDA/STERILE/PUBLIC AREA ID MEDIA***

AUTHORIZING SIGNATORY / SUPERVISOR NAME	(print)	Date
AUTHORIZING SIGNATORY / SUPERVISOR SIGNATURE	X	

AIRPORT USE ONLY

Lost Badge # _____ Lost Badge Exp. _____	Lost Badge Returned <input type="checkbox"/> Date Returned _____
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