



Texarkana Regional Airport SECURITY BADGE APPLICATION

Please read ALL instructions carefully.
Incomplete or incorrect applications will not be accepted.

- This document does not contain 551 Security Sensitive Information or PII Personally Identifiable Information until it is completed by the applicant.
- In order to start the application process, bring this completed application along with two acceptable ID's (see below) to the Airport Security Badging Office (Admin office bldg.# 24) during office hours. You will be instructed on the process of getting your fingerprints in order to obtain your Criminal History Records Check (CHRC) for secured areas of the AOA. All other areas of the AOA will require a Security Threat Assessment (STA) using this application.
- **Acceptable ID's** would in **MOST** cases be a valid Arkansas or Texas driver's license or State ID **AND** one of the following: social security card, birth certificate or US passport. Laminated or metal Social Security cards are not valid and will not be accepted. Please contact the Security Badging Office for a complete list of acceptable documents. The "List of Acceptable Documents" are also attached to the most current "Form 1-9, Employment Eligibility Verification," issued by the U.S. Citizenship and Immigration Service (see www.uscis.gov/files/form/1-9.pdf).
- If your duties require driving on the ramp, you must have a valid Arkansas or Texas State driver's license. Out of state licenses will only be accepted for those badge holders that are based out of state or for new hires who are transferring to Texarkana Airport.
- Once the results of your CHRC and STA are received, you will be called and instructed to report to the Security Badging Office to receive any required training. STA results normally take around 4 days to process and CHRCs can take up to 2 weeks to process.
- Applicants continue to the next page and complete Section 1 only.



SECTION 1-APPLICANT (Please type or print legibly)

Name (Last, First, Middle):

Date of Birth Social Security#

Sex. Race. Height. Weight. Eye Color Hair Color

Driver's License # DL State. Exp. Date

Street Address

City State Zip Telephone # { }

Place of Birth: City State Country

CITIZENSHIP COUNTRY CODE: (2-CHARACTER) *the code for a US citizen is US.*

FOR NON US CITIZENS

Alien Registration Number:

1-94 Arrival/Departure Form Number

Non-Immigrant Visa Number: (if applicable)

FOR US CITIZENS BORN ABROAD OR NATURALIZED US CITIZENS

Passport Country: Passport Number:

Certificate of Birth Abroad, Form DS-1350

Certificate of Naturalization Number

Include any alias you have used in the space(s) provided below.

Alias 1 (Last, First, Middle):

Alias 2 (Last, First, Middle):

Alias 3 (Last, First, Middle):

Please Read Carefully

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 knowing and willful false statements can be punished by fine or imprisonment or both. (See Title 18, of the United States Code Section 1001).

SIGNATURE

DATE

Section 1 continued on next page



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-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 understand If I make any representation I know is false, to obtain information from Social Security records, I can be punished by a fine or imprisonment or both.

SIGNATURE. _____ DATE OF BIRTH _____

SSNandFULLNAME. _____

I have received a copy of the "Privacy Act Notice." Initials: _____

I have received a copy of the "Centralized Database Notice." Initials: _____

SECTION 2-EMPLOYER or CLUB-DESIGNATED OFFICIAL

THIS SECTION MUST BE FILLED IN COMPLETELY OR IT WILL NOT BE ACCEPTED.

Company Name: _____ Sub-Company: _____

Telephone#: (_) _____ -

Street, City, State, ZIP _____

Employee or Club Member Title. _____ Hire/Joining Date _____

Driver: YES/NO (Non-Movement or Movement) Escort: YES/NO

I certify upon the employee's/member's termination or loss of the airport security badge; it is my company's or agency's responsibility to notify the Airport Operations immediately at (870)-774-2171. My company or agency will reimburse the Texarkana Regional Airport for any TSA fines levied against Texarkana Regional Airport which are caused by the failure of the applicant and/or this company to adhere to the Texarkana Regional Airport Security Badging Program. I certify my company is responsible to ensure the return of all badges and gate cards issued to our employees/members by the Airport.

Designated official MUST NOT sign a blank form. Signed blank forms will be considered fraudulent and COULD result in loss of Signatory Authority and MAY be turned over to TSA for further investigation.

Designated Official (Print): _____

Sign: _____ Date _____



SECTION 3-AIRPORT OPERATION'S DEPARTMENT

Badge ID#: _____ ID Color: _____ Issue Date: _____

Accesslevel:(Markallthatapply)AOA _____ Sterile _____ SIDA _____ Secured _____

Badge Status: Not Issued _____ New Issue _____ Renewal _____

Lost/Stolen _____ Disabled _____ Revoked _____ Reinstated _____

ID's Checked: 1) _____ 2) _____ Gate Card# _____ Hang Tag# _____

I certify I have examined the documents to determine whether they appear to be genuine and relate directly to the individual presenting them. ASC Initials _____

SECTION 4-SECURITY AND DRIVERS TRAINING

I certify the above named applicant has successfully completed SIDA and or ADA/Secured Area training in accordance with the TSA approved curriculum in the Texarkana Regional Airport Security Badging Program.

NO DRIVER _____ NON-MOVEMENT _____ MOVEMENT _____

I certify I have received Airport Operating Area (AOA) training and I agree to follow all applicable security and safety regulations when working at or a tenant of Texarkana Regional Airport (TXK).

I understand failure to comply with these regulations can result in suspension, termination, and/or civil penalties.

I understand the badge issued to me remains the property of the Airport and shall be relinquished upon demand from an authorized agent of TXK and MUST be returned to TXK in the event I am no longer employed or a tenant at TXK.

I understand it is my responsibility to **immediately notify** the Airport Administration Office during business hours or at the earliest time possible if my badge is lost or stolen.

SCREENING NOTICE: Any employee holding a credential granting access to a Secured/SIDA or Sterile area may be screened at any time while gaining access to, working, or leaving this Secured/SIDA or Sterile area.

I authorize the Texarkana Regional Airport Authority or its designated representative to release any or all of the above information and/or records to any law enforcement or other governmental agency which the Texarkana Regional Airport, at its discretion, believes has an authorized need to know.

I hereby release and discharge the Texarkana Regional Airport Authority, its officials, employees, and agents, from any and all liability, claims, damages, or cause of action which may arise from compliance with this request.

DO NOT SIGN THIS PART OF YOUR APPLICATION UNTIL INSTRUCTED TO DO SO BY AN AIRPORT REPRESENTATIVE. PLEASE ENSURE YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

I hereby validate this application for the individual listed in Section 1 to have unescorted access as assigned in Section 3.

ASC SIGNATURE: _____ DATE: _____
