

**BADGING OFFICE**

2850 Mercer Loop

Helena, MT 59602

Phone: 406-442-2842 Fax: 406-449-2340

Operations Phone: 406-439-2821

**SECURITY/IDENTIFICATION BADGE APPLICATION
(NON-SIDA)****NAME:** _____ **ID NO.:** _____**BUSINESS/AGENCY:** _____**NOTICE**

All identification badges issued by the Helena Regional Airport ("Airport") are the property of the Airport and must be returned upon expiration, separation of employment (for any reason), when job function no longer requires an Airport-issued identification badge, or upon demand of the Helena Regional Airport. Any misuse of or willful failure to return an Airport-issued identification badge is subject to criminal misdemeanor prosecution. All lost, stolen, or misplaced badges must be immediately reported to the Helena Regional Airport Operations Office at (406) 442-2842 or (406) 439-2821. The Helena Regional Airport will assess the badge-holder a \$100 processing fee for identification media not returned in accordance with the provisions of this paragraph.

IDENTIFICATION DISPLAY AND CHALLENGE RESPONSIBILITIES

The Transportation Security Administration ("TSA") approved security program for the Helena Regional Airport requires that each person issued a restricted area identification badge be made aware of his or her responsibilities for access to restricted areas of the Airport. All persons within the restricted air operations area of the Airport must have an Airport-issued or approved identification badge in their possession, unless they are specifically exempt for safety reasons. Each Airport tenant or employee who has been issued an Airport Operations Area identification badge is required to challenge any individual perceived to be acting in a suspicious manner. The challenger may ask the individual to show a valid Airport-issued identification badge or must immediately contact the Helena Regional Airport Operations Office for proper handling. Notification to HRA Operations Office can be accomplished by calling (406) 442-2842 or (406) 439-2821.

Security Clearance Authorized by: _____

Jeff Wadekamper, Airport Director Date: _____

Identification Documents: Driver License: _____ Social Security Card: _____ Other (Specify): _____

Driver License No.: _____ **State Issued:** _____ **Expiration Date:** _____

AOA Course Completion Date: _____ Certified by: _____

Trusted Agent**PLEASE READ AND SIGN THE CERTIFICATION AND THE SSN VERIFICATION SECTIONS ON THE BACK.****PLEASE SEE THE PRIVACY ACT NOTICE ON THE REVERSE SIDE**

CERTIFICATION

I have read and understand the security responsibilities and agree to comply with all TSA regulations.

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 §1001 of Title 18 of the United States Code).

ID Badge Applicant Signature: _____ **Date:** _____

SSN VERIFICATION

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, 601 South 12th Street, Arlington, VA 22202.

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.

Signature: _____ **Date of Birth:** _____

SSN and Full Name: _____

A specific need exists for providing this individual applicant with unescorted access authority and this individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).

Authorized Signatory Signature: _____
(Authorized Supervisor)

PRIVACY ACT NOTICE

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 the 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.

HELENA REGIONAL AIRPORT

NON-SIDA BADGE

Badge Number Assigned: _____

Pending- Entry Date: _____

STA Results Returned _____ ☐

Last Name:	First Name:	Middle Name:
Any Other Name Previously Used:		
Mailing Address:		
City:	State:	Zip:
*Social Security Number:	Telephone Number:	Email Address:

*Providing SSN is voluntary; failure to provide may delay or prevent completion of the security threat assessment.

Reason for Obtaining Airport Badge (fill out all sections that apply):

Employer:	Position:	Hire Date:
Tenant: ☐ Private Hangar ☐ Airport-Owned Hangar	Airport Property Address or Area:	Other:

Gender: ☐ Male ☐ Female	Date of Birth:
Country and State of Birth:	Citizenship Country:

Alien Registration Number: OR I-94 Form Number:	Non-Immigrant Visa Control Number:
Passport Number:	Passport Country:
Naturalized Citizens or Citizens Abroad: Provide Passport Number, Certificate of Naturalization Number, or Certification of Birth Abroad:	

