Grant County International Airport Badge Application

SECTION 1 - BADGE APPLICATION-TO BE COMPLETED BY APPLICANT

TWO FORMS OF ACCEPTABLE ID (see Review of Eligibility and Identity Verification) ARE REQUIRED WITH YOUR APPLICATION.
PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. INCOMPLETE APPLICATIONS WILL BE REJECTED.
Please Print Full Legal Name As Stated On Your Government Issued Identification

Last Name			
First Name, Middle Name_ List all possible legally used an additional sheet of paper.		used starting with the most recent. If you have additional a	lias please
List Alias Name: (Most Recent)			
Current Physical Address:			
Mailing Address if Different from	n above		
City State Zip Code:			
Date of Birth	Country/ Place of Bi	irth (City & State or City & Country)	
Citizenship Country		(City & State of City & Country)	
Gender M F Drivers Lice	ense#	State/Expiration Date	
Company/Job Title/Position/Har	ngar Number		
Height	WeightHair Color	Eye Color	
Telephone Number	E-mail <i>A</i>	Address:	
knowing and willful false statem Code). I also understand the Fe	nent on this application can be punished by	f my knowledge and belief and is provided in good faith. I under fine or imprisonment or both (see Section 1001 of Title 18 of the 1544.229 impose a continuing obligation to disclose to the airpo	United States
	, , , ,		
Applicant's Signature:	, , , ,	Date:	
Sc I release my Social Security Nu Credentialing (TTAC), Attention to whom the information applies is false to obtain information fro	ocial Security Number Verification for the Imber and full name to the Transportation Son: Aviation Programs (TSA-19)/Aviation Works and want this information released to verifiem Social Security records, I could be punish	Date:	ne individual on that I know sks of identity
I release my Social Security Nu Credentialing (TTAC), Attention to whom the information applies is false to obtain information fro theft and release and hold the F	ocial Security Number Verification for Imber and full name to the Transportation Son: Aviation Programs (TSA-19)/Aviation Works and want this information released to verifiem Social Security records, I could be punish Port of Moses Lake harmless for any claims	or Security Threat Assessment Purposes ecurity Administration, Office of Transportation Threat Assessmeker Program, 601 South 12₅ Street, Arlington, VA 20598. I am the y that my SSN is correct. I know that if I make any representation the deby fine or imprisonment or both. I understand the general rise	ne individual on that I know sks of identity ber. Initials
I release my Social Security Nu Credentialing (TTAC), Attention to whom the information applies is false to obtain information fro theft and release and hold the FApplicant's Signature:	ocial Security Number Verification for imber and full name to the Transportation Son: Aviation Programs (TSA-19)/Aviation Works and want this information released to verifiem Social Security records, I could be punish Port of Moses Lake harmless for any claims	or Security Threat Assessment Purposes ecurity Administration, Office of Transportation Threat Assessmeker Program, 601 South 12th Street, Arlington, VA 20598. I am the system of the security of the securit	ne individual on that I know sks of identity ber. Initials:
I release my Social Security Nu Credentialing (TTAC), Attention to whom the information applies is false to obtain information fro theft and release and hold the FApplicant's Signature: Print Name: I have received my Grant County	Docial Security Number Verification for Imber and full name to the Transportation Son: Aviation Programs (TSA-19)/Aviation Wors and want this information released to verifiem Social Security records, I could be punished Port of Moses Lake harmless for any claims	or Security Threat Assessment Purposes ecurity Administration, Office of Transportation Threat Assessmeker Program, 601 South 12th Street, Arlington, VA 20598. I am the synthesis of the security of the secu	ne individual on that I know sks of identity ber. Initials :
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I release my Social Security Nu Credentialing (TTAC), Attention to whom the information applies is false to obtain information fro theft and release and hold the FApplicant's Signature: Print Name: I have received my Grant Countapplicant's Signature: BADGE# Lost or Stolen Badge Charge I understand that my signature is	Decial Security Number Verification for Imber and full name to the Transportation Son: Aviation Programs (TSA-19)/Aviation Works and want this information released to verifiem Social Security records, I could be punish Port of Moses Lake harmless for any claims TO BE COMPLETED BY APPLICATE International Airport ID Badge and I am a security in the program of the p	or Security Threat Assessment Purposes ecurity Administration, Office of Transportation Threat Assessme ker Program, 601 South 12h Street, Arlington, VA 20598. I am the y that my SSN is correct. I know that if I make any representation ned by fine or imprisonment or both. I understand the general ric associated with my voluntary release of my social security num Date of Birth: SSN: CANT WHEN BADGE IS RECEIVED ware of the Airport's Administrative Policies for security violation	ne individual on that I know sks of identity ber. Initials:
I release my Social Security Nu Credentialing (TTAC), Attention to whom the information applies is false to obtain information fro theft and release and hold the FApplicant's Signature: Print Name: I have received my Grant Countapplicant's Signature: BADGE# Lost or Stolen Badge Charge I understand that my signature second. In any action to collect	Decial Security Number Verification for Imber and full name to the Transportation Son: Aviation Programs (TSA-19)/Aviation Works and want this information released to verifiem Social Security records, I could be punish Port of Moses Lake harmless for any claims TO BE COMPLETED BY APPLICATE International Airport ID Badge and I am a security in the program of the p	per Security Threat Assessment Purposes ecurity Administration, Office of Transportation Threat Assessme ker Program, 601 South 12th Street, Arlington, VA 20598. I am the yothat my SSN is correct. I know that if I make any representation and by fine or imprisonment or both. I understand the general rice associated with my voluntary release of my social security num	ne individual on that I know sks of identity ber. Initials:

SECTION 2 - TO BE COMPLETED BY AUTHORIZED SIGNATORY

SIGNATURE OF AUTHORIZED SIGNATORY MUST BE ON FILE WITH THE AIRPORT SECURITY OFFICE. PLEASE PRINT IN INK OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Check all	that apply): \square SIC	DA 🗌 MOVEMENT AREA 🗌 RAMP 🗌 EMERGENCY 🔲 F	AA
		CONSTRUCTION ARFF TRAINING FACILITY New SIDA/Movement Badge (\$50) Signatory Authority (\$20) Renewal (\$15)	
AUTHORIZED SIGNAT	ORY CERTIFYING FOR: _	(Print Name of Applicant)	
accept responsibility for badge at termination or for employment eligibilit	retrieving the Badge at the should he/she disclose any y. I will return the badge pro	(Print Name of Applicant) npany, I certify that the named applicant has a need for the requested type of Identification time of project completion or applicant's termination. Additionally, I will suspend the applicant of any disqualifying criminal offenses or if the applicant no longer meets the report to the Airport Security Office within 24 hours (or on the next business day) of suspenses associated with the badge.	plicants requirements
Authorized Signatory	(Please Sign)		
Please Print Name of	Auth Signatory	Date	
Authorized Signatory	Contact Phone No	Company	
Employer, Contractor/	Vendor please provide the	e following information for the above-named applicant:	
Applicant's employer na	me		
Company Business Add	lress		
City, State Zip Code			
Supervisor's Last Name		First Name	
Supervisor's Phone Nur	nber	Supervisor's Job Title	
As an Authorized Repr responsibility for retrievi termination, or should h	esentative from the above ng the ID Badge at the time e/she disclose any conviction will return the badge within	ONTRACTOR/VENDOR COMPANY: listed company, I certify that the named applicant has a need for the requested ID badge of project completion or employees' termination. Additionally, I will suspend the application of any disqualifying criminal offenses or if the applicant no longer meets the requirem 24 hours or on the next business day to the Security Office. I also understand and agree	ant's badge at ents for
Authorized Representa	ative from Contractor/Ven	dor Company (Please Sign)	
Please Print Name of R	epresentative	Date	
Representative Contact SIGNATURE OF AUTH	Phone Number	ST BE ON FILE WITH THE AIRPORT OPERATIONS AND SECURITY OFFICE.	
Billing Information:			
Name:		City.	
Address: State:		City: Zip Code:	
Contact Person:			

Return Completed Applications to Bonnie Petersen or email to badge@portofmoseslake.com. 7810 Andrews St. NE Ste. 200 Moses Lake, WA 98837 509-762-5363 Main

Grant County International Airport

CRIMINAL HISTORY

Applicant's Printed Name:			
The information I have provided on this application is true, complete, and correct to the best of my knowledge and 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.)"	-	vided in good faith	1. I
Federal Regulations under CFR Part 1542.209(e) impose a continuing obligation to disclose to the airport operator within any disqualifying criminal offense that occurs while you have unescorted access authority.	24 hours, if you h	nave been convicte	d of
During the past 10 years, have you been convicted of or found not guilty by reason of insanity of any of the above crimes?	Yes	No	_
28. Conspiracy or attempt to commit any of the criminal acts listed above.			
27. Violence at international airports.			
i. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than	1 year.		
h. Bribery			
g. Aggravated assault			
f. Possession or distribution of stolen property			
e. Dishonesty, fraud, or misrepresentation			
d. Theft			
c. Burglary			
a. Willful destruction of propertyb. Importation or manufacture of a controlled substance			
26. Felony involving—			
25. Felony involving a threat.			
24. Felony arson.			
23. Distribution of, or intent to distribute, a controlled substance.			
22. Armed or felony unarmed robbery.			
21. Extortion.			
20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.			
19. Rape or aggravated sexual abuse.			
18. Treason.			
17. Kidnapping or hostage taking.			
16. Sedition.			
15. Espionage.			
14. Assault with intent to murder.			
13. Murder.			
12. Destruction of an aircraft or aircraft facility.			
11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to establish	hed security requi	rements.	
10. Lighting violations involving transporting controlled substances.			
9. Aircraft piracy outside the special aircraft jurisdiction of the United States.			
8. Conveying false information and threats.			
7. Carrying a weapon or explosive aboard aircraft.			
6. Commission of certain crimes aboard aircraft in flight.			
5. Interference with flight crew members or flight attendants.			
4. Aircraft piracy.			
 Interference with air navigation. Improper transportation of a hazardous material. 			

Applicant's Signature:

Review of Eligibility and Identity Verification

Applicant Name:						
List.A		Liet D			Linto	
Documents that Establish Both Identity & Employment E ligibility	<u>or</u>	<u>List B</u> Documents that Establ		and <i>L</i>	<u>ListC</u> Documents that Establish Employment Eligibility	
 U.S. Passport (unexpired or expired) Permanent Resident Card or Alien Registration Receipt Card (Form 1-551) An unexpired foreign passport with a temporary 1-551 stamp An unexpired Employment Authorization Document that contains a photograph (Form 1-766, 1-688, 1-688A, 1-688B) An unexpired foreign passport with an unexpired Arrival-Departure Record, Form 1-94, bearing the same name as the passport and containing an endorsement of the alien's non-immigrant status, if that status authorizes the alien to work for the employer 	2. 3. 4. 5. 6. 7,	U.S. Military card or dra Military dependent's ID U.S. Coast Guard Merc Card Native American tribal Driver's license issued Canadian government For persons under the a are unable to present a above School record or report	ossession of ded it or me, date of ye color, and ral, state, or cy or entities shotograph name, date eye color, whotograph daft record card chant Marine document by a authority age of 18 who document listed that record card card card card dal record data record	2 3 4 5 6	U.S. Social Security card issued by the Social Security Administration (other than a card statinq it is not valid for employment) Certification of Birth Abroad Issued by the Department of State (Form FS-545 or Form OS-1350) Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form 1-197) ID Card for use of Resident Citizen in the United States (Form 1-179) Unexpired employment authorization document issued by OHS (other than those listed under List A)	
ddition To The Above Documentation, The		ring Must Be Provided	for Non-US Citiz			Citizens
NON-U.S. CITIZENS					<u>S. CITIZEN BORN ABROAD</u> NATURALIZED US CITIZEN	
en Registration#	_		US Passport#			
4 Arrival/Departure Form#			or			
on- immigrant Visa# If issued, must provide #)			or		ation# of Birth Abroad	
	I	his Section For Airport	Security Use C	Inly		
List A		List B		· <u>-</u>	List C	

Do Document#: Expiration: Airport's Initial: ___ Submitting Bio Info.____ Issuing Badge____ Verifying Documents _ _ _ _