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.		sed starting with the most recent. If you have additional alias plo	ease
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 Bir	th(City & State or City & Country)	
Citizenship Country		(Only & State of Only & Country)	
Gender M F Drivers Lice	ense#	State/Expiration Date	
Company/Job Title/Position/Har	ngar Number		
Height	Weight Hair Color	Eye Color	
Telephone Number	E-mail Ad	ddress:	
knowing and willful false statem Code). I also understand the Fe	nent on this application can be punished by fi	my knowledge and belief and is provided in good faith. I understand t ne or imprisonment or both (see Section 1001 of Title 18 of the United 544.229 impose a continuing obligation to disclose to the airport opera	d State
	, , , ,		
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 Imber and full name to the Transportation Se n: Aviation Programs (TSA-19)/Aviation Work is and want this information released to verify om Social Security records, I could be punish	r Security Threat Assessment Purposes curity Administration, Office of Transportation Threat Assessment and er Program, 601 South 12th Street, Arlington, VA 20598. I am the indiv that my SSN is correct. I know that if I make any representation that I ed by fine or imprisonment or both. I understand the general risks of it associated with my voluntary release of my social security number. In	<i>r</i> idual I know dentity
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 Se a: Aviation Programs (TSA-19)/Aviation Work is and want this information released to verify im Social Security records, I could be punisher Port of Moses Lake harmless for any claims a	r Security Threat Assessment Purposes curity Administration, Office of Transportation Threat Assessment and er Program, 601 South 12th Street, Arlington, VA 20598. I am the indiv that my SSN is correct. I know that if I make any representation that I ed by fine or imprisonment or both. I understand the general risks of i	<i>r</i> idual I know dentity
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 Se a: Aviation Programs (TSA-19)/Aviation Work is and want this information released to verify im Social Security records, I could be punisher Port of Moses Lake harmless for any claims a	r Security Threat Assessment Purposes curity Administration, Office of Transportation Threat Assessment and er Program, 601 South 12th Street, Arlington, VA 20598. I am the indiv that my SSN is correct. I know that if I make any representation that I ed by fine or imprisonment or both. I understand the general risks of it associated with my voluntary release of my social security number. In	<i>r</i> idual I know dentity
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 Sent: Aviation Programs (TSA-19)/Aviation Works and want this information released to verify m Social Security records, I could be punisher of Moses Lake harmless for any claims at TO BE COMPLETED BY APPLIC	r Security Threat Assessment Purposes curity Administration, Office of Transportation Threat Assessment and er Program, 601 South 12th Street, Arlington, VA 20598. I am the indiv that my SSN is correct. I know that if I make any representation that I ed by fine or imprisonment or both. I understand the general risks of it associated with my voluntary release of my social security number. In	<i>r</i> idual I know dentity
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#	Docial Security Number Verification for Imber and full name to the Transportation Sent: Aviation Programs (TSA-19)/Aviation Works and want this information released to verify m Social Security records, I could be punisher ort of Moses Lake harmless for any claims a security records. To BE COMPLETED BY APPLICATE INTERNAL TO BE COMPLETED BY APPLICATE BY	r Security Threat Assessment Purposes curity Administration, Office of Transportation Threat Assessment and er Program, 601 South 12th Street, Arlington, VA 20598. I am the indivitation may see that my SSN is correct. I know that if I make any representation that I ed by fine or imprisonment or both. I understand the general risks of it associated with my voluntary release of my social security number. In	<i>r</i> idual I know dentity
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 Sent Aviation Programs (TSA-19)/Aviation Works and want this information released to verify Import of Moses Lake harmless for any claims and Moses Lake harmless for any claims and Tober Complete By APPLICATE International Airport ID Badge and I am aviate below obligates me for any charges incurred	r Security Threat Assessment Purposes curity Administration, Office of Transportation Threat Assessment and er Program, 601 South 12th Street, Arlington, VA 20598. I am the indivitation may see that my SSN is correct. I know that if I make any representation that I ed by fine or imprisonment or both. I understand the general risks of it associated with my voluntary release of my social security number. In	vidual I know dentity nitials:
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 Sent Aviation Programs (TSA-19)/Aviation Works and want this information released to verify Import of Moses Lake harmless for any claims and Moses Lake harmless for any claims and Tober Complete By APPLICATE International Airport ID Badge and I am aviate below obligates me for any charges incurred	r Security Threat Assessment Purposes curity Administration, Office of Transportation Threat Assessment and er Program, 601 South 12th Street, Arlington, VA 20598. I am the individual that my SSN is correct. I know that if I make any representation that I ed by fine or imprisonment or both. I understand the general risks of it associated with my voluntary release of my social security number. In	vidual I know dentity nitials:

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 SIDA \square MOVEM	ENT AREA □ RAMP □ EMERGENCY □ FAA
T-Hangar CONSTRUCTION New Ramp Badge (\$30) New SIDA/Movement	ON ARFF TRAINING FACILITY ent Badge (\$50) Signatory Authority (\$20) Renewal (\$15)
AUTHORIZED SIGNATORY CERTIFYING FOR:	
As an Authorized Signatory for the below listed company, I certify that the accept responsibility for retrieving the Badge at the time of project complebadge at termination or should he/she disclose any conviction of any disc	e of Applicant) e named applicant has a need for the requested type of Identification Badge. I etion or applicant's termination. Additionally, I will suspend the applicants qualifying criminal offenses or if the applicant no longer meets the requirements iecurity Office within 24 hours (or on the next business day) of suspension he badge.
Authorized Signatory (Please Sign)	
Please Print Name of Auth Signatory	Date
Authorized Signatory Contact Phone No	Company
Employer, Contractor/Vendor please provide the following information	ion for the above-named applicant:
Applicant's employer name	
Company Business Address	
City, State Zip Code	
Supervisor's Last Name	_ First Name
Supervisor's Phone Number	Supervisor's Job Title
responsibility for retrieving the ID Badge at the time of project completion termination, or should he/she disclose any conviction of any disqualifying	OR COMPANY: tify that the named applicant has a need for the requested ID badge. I accept or employees' termination. Additionally, I will suspend the applicant's badge at griminal offenses or if the applicant no longer meets the requirements for ext business day to the Security Office. I also understand and agree to pay all
Authorized Representative from Contractor/Vendor Company (Pleas	se Sign)
Please Print Name of Representative	Date
Representative Contact Phone Number	THE AIRPORT OPERATIONS AND SECURITY OFFICE.
Billing Information:	
Name:Address:	City:
State: Zip Code:	
Contact Person:	

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

Grant County International Airport

CRIMINAL HISTORY

Applicant's Signature:Dat	te:/	<i></i>
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 bot "(See section 1001 of Title 18 United States Code.)"		ided in good faith.
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.	1 24 hours, if you ha	ave been convicted o
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		
b. Importation or manufacture of a controlled substance		
a. Willful destruction of property		
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.		
15. Espionage. 16. Sedition.		
13. Murder. 14. Assault with intent to 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 establis	ned security require	ements.
10. Lighting violations involving transporting controlled substances.	had cacurity require	omonts
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.		
3. Improper transportation of a hazardous material.		
2. Interference with air navigation.		
1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation.		

Review of Eligibility and Identity Verification

Applicant Name:				
<u>List.A</u>	<u>or</u>	<u>List B</u>	and	<u>ListC</u>
Documents that Establish Both Identity & Employment E ligibility		Documents that Establish I	dentity	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 	1. 2. 3. 4. 5. 6. 7, 8. 9. 1. 2.	U.S. Military card or draft re Military dependent's ID card U.S. Coast Guard Merchan Card Native American tribal docu Driver's license issued by a Canadian government auth For persons under the age are unable to present a docu above School record or report care	ssion of it date of olor, and state, or rentities ograph ecord date t Marine ament ority of 18 who ument listed	 U.S. Social Security card issued by the Social Security Administration (other than a card stating 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)
tition. To The Above Documentation. Th	e Follov	wing Must Be Provided for	Non-US Citizens	s, US Citizen Born Abroad or Naturalized Citizer
NON-U.S. CITIZEN		ising wide be invided for		U.S. CITIZEN BORN ABROAD
Registration#				R NATURALIZED US CITIZEN
Arrival/Departure Form#		or		
i- immigrant Visa# issued, must provide #)		or		on of Birth Abroad
		This Section For Airport Sec	urity Use Only	
		The state of the s		List C

Do Issuing Authority: Document#: Expiration: Submitting Bio Info.____ Airport's Initial: Issuing Badge____ Updated: February 8, 2024 Verifying Documents _ _ _ _