

## BADGE APPLICATION

Airport Code: GRI

Central Nebraska Regional Airport

Airport Category: CAT-III

<b>This Section Must Be Completed By Applicant</b>		<b>Please Print</b>			
	Last	First	Middle	E-Mail Address	
<b>Full Legal Name:</b>					
<b>Previous Name(s):</b>			<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Home Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b> (    )	<b>Cell Phone:</b> (    )	<b>Social Security No.</b>			
<b>Country of Birth:</b>	<input type="checkbox"/> U.S. <input type="checkbox"/> Other _____		<b>Driver's License No.</b>		
<b>I attest, under penalty of perjury, that I am:</b>	<input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien# or Admission#) _____ until (expiration date _____)				
<b>Purpose for Gate Card Badge/Key:</b>	<input type="checkbox"/> Employment _____ <input type="checkbox"/> Hanger _____ <input type="checkbox"/> Farm Tract(s) _____ <input type="checkbox"/> Contractor/Subcontractor _____ <input type="checkbox"/> Other _____				
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 Section 1001 of Title 18 United States Code).					
<b>Applicant Signature:</b>				<b>Date:</b>	
<b>This Section must be Completed by Employer BEFORE a Badge will be Issued.</b>	<b>Signature of Signatory Authority Authorizing Issuance of Badge:</b>			<b>Date:</b>	
<b>Employer:</b>			<b>Applicant Job Title:</b>		
<b>Employer Address</b>				<b>Employer Phone:</b>	(    )
<b>City:</b>			<b>State:</b>	<b>Zip:</b>	
<input type="checkbox"/> Applicant requires Access Badge		<input type="checkbox"/> Applicant requires Criminal History Records Check (CHRC)-for Secure Area/SIDA and Sterile Area Badge		<input type="checkbox"/> Applicant requires Agricultural Badge	
Printed Name of Employer Witnessing Applicant Review Driver's Training :			Signature of Employer:		
<b>HCAA Administration Office Use Only</b>					
<b>CHRC Case No.</b>			<b>Date of CHRC Approval:</b>		
<b>Badge Fee Amount</b> <input type="checkbox"/> Paid at Issuance <input type="checkbox"/> Invoice Employer <input type="checkbox"/> No Charge		<b>Access Authorization</b> <input type="checkbox"/> Secure /Sida/Sterile Area <input type="checkbox"/> Movement Area <input type="checkbox"/> Non-movement Area <input type="checkbox"/> Farm Tract Lease Areas		<b>Gate Card Badge#:</b>	
Printed Name of Witness to Applicant Reviewing Training :		<b>TSA Vetting Spreadsheet</b> Added Date _____ Removed Date _____ <b>RapBack Subscription</b> Added Date _____ Removed Date _____ <b>STA</b> Added Date _____ Removed Date _____		<b>Badge Issue Date:</b>	
				<b>Badge Expiration Date:</b>	
Signature of Witness:		<b>TSA/FAA Employee Credential Number</b>		<b>Badge Return Date:</b>	
<b>Airport Security Coordinator Signature:</b>				<b>Date:</b>	

**WARNING:** This record contains Sensitive Security Information that is controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 U.S.C. 552 and 49 CFR parts 15 and 1520.

**PRIVACY ACT NOTICE**

**Authority:** 49 U.S.C. §§114, 44936 authorizes the collection of this information.

**Purpose:** The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 the fingerprints for enrollment into the US-VISITS's 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's records to ensure the validity of your name and SSN.

**Routine Uses:** This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. For as long as your fingerprints and associated information/biometrics 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 Users 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 identification media.

**CERTIFICATION**

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 Section 1001 of Title 18 of the United States Code). I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration.

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.

By signing below, I verify that I have read and understand the above referenced Privacy Act Notice for the Hall County Airport Authority at the Central Nebraska Regional Airport.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**RULES & REGULATIONS FOR ALL GATE CARD BADGE HOLDERS**

1. Badge is to be worn by badgeholder when on airport premises and is non-transferable.
2. Absolutely no tailgating or allowing unauthorized access onto airport. Gate must close completely before proceeding.
3. Any Badges that are not returned to the Hall County Airport Authority administration office, the employer/tenant will be assessed a \$25.00 fine for any lost or stolen gate card badges, and \$150.00 for any unreturned gate card badges. When terminating employment I will turn in by gate badge to my employer.
4. Immediately report an unaccounted (lost or stolen) badge to the Airport Security Coordinator (ASC). A letter from employer/tenant must be presented to the Airport Administration before a new gate card badge can be reissued. I will also notify the ASC immediately when I no longer have need for a badge.
5. Notify the Airport Security Coordinator (308) 390-5372 / (308) 380-8461 or Airport Administration (308) 385-5170 to report any suspicious individuals or activity on airside of airport property.
6. If Airport is found to be in violation of security regulations due to tenant neglect during a Transportation Security Administration (TSA) inspection, responsible party will be assessed any associated fines.
7. Failure to adhere to above referenced requirements may result in fines and suspension of driving privileges on the Airport.

By signing below I verify that I have read and understand the above referenced Rules & Regulations for Gate Card Badge/Key holders for the Hall County Airport Authority at the Central Nebraska Regional Airport.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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