



Sacramento International Airport

Access Control Only	
Original Issue Date: _____	
Badge Expiration Date: _____	
Badge# _____	Initials: _____

2022 "Best Mid-sized Airport in America"
-Wall Street Journal-

Airport Security Badge Application

ALL AREAS MUST BE FILLED AND COMPLETED UPON SUBMISSION. Sacramento International Airport (SMF) will not accept this form if it is altered (use of correction fluid, torn, folded, bent, or otherwise defaced) in any way.

Section I – Applicant Information									
1. Name (Last)			(First)				(Middle)		
1A. LEGAL ALIASES INCLUDING MAIDEN NAME									
Last Name			First Name				Middle Name		
2. Mailing Address			3. City			4. State		5. Zip	
2A. Residential Address (If Different)			3A. City			4A. State		5A. Zip	
6. Home Phone #		7. Social Security Number		8. Driver License or State Issued ID#:		9. State		10. EXP. Date	
6A. Work Phone#									
11. Date of Birth (MM-DD-YYYY)		12. Height	13. Weight		14. Gender		15. Hair Color		16. Eye Color
			lbs						
17. Identification <input type="checkbox"/> Passport <input type="checkbox"/> Alien Registration <input type="checkbox"/> Non-Immigrant Visa <input type="checkbox"/> I-94 Arrival/Departure Form		18. Identification #		19. Country of Origin		20. ID Exp. Date		21. Race	
22. Country of Citizenship		23. State and Country of Birth		24. Employer		25. Job Title		26. Hire Date	
NOTE: APPLICANT MUST UPDATE THE ID BADGING OFFICE WITH ANY CHANGES TO THE INFORMATION IN SECTION 1.									
IMPORTANT – APPLICANT MUST READ THIS SECTION CAREFULLY BEFORE SIGNING AS YOU IRREVOCABLY REPRESENT AND AGREE TO FOLLOWING:									
<p>TRUTHFUL AND ABIDING BY RULES: I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION MAY BE CAUSE FOR THIS APPLICATION TO BE DISAPPROVED OR FOR ANY PERMIT OR ID BADGE ISSUED AS A RESULT TO BE REVOKED. I AGREE TO ABIDE BY SACRAMENTO INTERNATIONAL AIRPORT (SMF), FEDERAL AVIATION ADMINISTRATION (FAA), AND TRANSPORTATION SECURITY ADMINISTRATION (TSA) SECURITY REGULATIONS, POLICIES OR PROCEDURES AT ALL TIMES. I UNDERSTAND THAT FAILURE ON MY PART TO FOLLOW ANY SUCH SECURITY REQUIREMENTS MAY RESULT IN THE REVOCATION OF MY ID BADGE, IMPOSITION OF APPLICABLE FINES, OR BOTH.</p> <p>CRIMINAL RECORDS CHECK: I UNDERSTAND THAT UNDER TRANSPORTATION SECURITY REGULATION (49 CFR) PART 1542.209 AND/OR 1544.229, A FINGERPRINT BASED CRIMINAL HISTORY RECORD CHECK (CHRC) MAY BE CONDUCTED THROUGH APPROPRIATE LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCIES, AND I AUTHORIZE THE SAME. I UNDERSTAND THAT I WILL BE SUBJECTED TO A CHRC. THROUGH THIS FORM I AM SIMULTANEOUSLY PROVIDING A FINGERPRINT APPLICATION TO SMF. 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 UNDERSTAND THAT IF I HAVE QUESTIONS ABOUT A DISQUALIFYING CRIMINAL OFFENSE, I WILL REQUEST CLARIFICATION FROM SMF'S AIRPORT SECURITY COORDINATOR OR MY OWN ATTORNEY.</p> <p>BACKGROUND CHECK: I SPECIFICALLY AUTHORIZE SMF AND ITS DESIGNATED REPRESENTATIVES TO INVESTIGATE ME, MY BACKGROUND, AND MY ACTIVITIES IN ANY LAWFUL MANNER AND TO ANY EXTENT THAT SMF, IN ITS SOLE AND ABSOLUTE DISCRETION, DEEMS FROM TIME TO TIME ADVISABLE. THIS MAY INCLUDE, BUT IS NOT LIMITED TO, CONTACT WITH FORMER EMPLOYERS, CONTACT WITH MY PRESENT EMPLOYER, AND/OR MY CO-WORKERS, AND ADDITIONAL CRIMINAL HISTORY CHECKS, INCLUDING, BUT NOT LIMITED TO NON-FINGERPRINT BASED STATE AND LOCAL RECORDS AND LITIGATION CHECKS. I UNDERSTAND THAT THESE INVESTIGATIONS ARE FOR SECURITY PURPOSES AND HAD I NOT CONSENTED TO AND AUTHORIZED THE SAME, I WOULD NOT BE GRANTED AN SMF IDENTIFICATION BADGE AND THE PRIVILEGES ASSOCIATED THEREWITH NOR WOULD MY APPLICATION FOR THE SAME BE PROCESSED AND/OR CONSIDERED. I UNDERSTAND THAT THE PROCESSING AND/OR CONSIDERATION OF MY APPLICATION FOR AN SMF IDENTIFICATION BADGE IS BARGAINED FOR CONSIDERATION, THE RECEIPT AND SUFFICIENCY, OF WHICH IS HEREBY ACKNOWLEDGED.</p> <p>RELEASE OF INFORMATION TO LAW ENFORCEMENT: SMF OR ITS DESIGNATED REPRESENTATIVES MAY RELEASE ANY OR ALL OF THE ABOVE INFORMATION AND/OR RECORDS, OR ANY OTHER RECORDS OR INFORMATION IT MAY HAVE ABOUT ME, TO ANY LAW ENFORCEMENT OR OTHER GOVERNMENTAL AGENCY, WHICH SMF, IN ITS SOLE AND ABSOLUTE DISCRETION BELIEVES, HAS A NEED TO KNOW. I HEREBY RELEASE AND DISCHARGE SMF, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, CLIENTS, CUSTOMERS AND REPRESENTATIVES FROM ANY AND ALL LIABILITY, CLAIM, DAMAGE OR CAUSE OF ACTION WHICH MAY ARISE DIRECTLY FROM OR OUT OF THEIR COMPLIANCE WITH THE REQUESTS AND AUTHORIZATIONS STATED HEREIN.</p> <p>SOCIAL SECURITY NUMBER: I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER (SSN) AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, OFFICE OF INTELLIGENCE AND ANALYSIS (IA), 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 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.</p> <p>CENTRALIZED REVOCATION DATABASE FOR INDIVIDUALS WITH REVOKED IDENTIFICATION BADGES: IN ACCORDANCE WITH THE TSA PRIVACY ACT STATEMENT, I UNDERSTAND THAT SMF WILL PROMPTLY LIST INDIVIDUALS IN THE TRANSPORTATION SECURITY ADMINISTRATION'S CENTRALIZED REVOCATION DATABASE (CRD) WHEN SMF PERMANENTLY REVOKES A BADGE FOR NON-COMPLIANCE WITH AVIATION SECURITY REQUIREMENTS. INDIVIDUALS REMAIN LISTED IN THE TSA'S CRD FOR FIVE (5) YEARS FROM THE DATE THE VIOLATION OCCURRED. [TSA-NA-21-01, V.A]. INDIVIDUALS WHO HAVE BEEN LISTED IN THE TSA'S CRD WHO WISH TO PURSUE EXPUNGEMENT DUE TO MISTAKEN IDENTITY MAY SEND AN EMAIL TO TSA AT AVIATION.WORKERS@TSA.DHS.GOV. [TSA-NA-21-01, IX.A].</p>									

Company Name: _____
Last Name: _____
First Name: _____



Section 1 – Applicant Information cont.

I hereby submit this application to SMF Access Control and Badging and agree to the following:

1. To comply at all times with the security rules and policies of SMF, including the provisions of the Chapter 25 and the Transportation Security Administration (TSA), an agency of the United States, including the provisions of 49 CFR Part 1500.
2. My SIDA Badge cannot be transferred to another individual or used for any purposes by another individual; I will visibly display my SIDA Badge outside my garments on my upper body whenever I am in any SIDA area of SMF. Proper Badge Display: The badge must be continuously displayed in accordance with the Airport Security Program, on your outer most garments above your waist.
3. I will not use my SIDA Badge nor attempt to gain access to restricted areas of SMF outside of my official employer assigned work hours and duties; I will not participate in "piggybacking" (allowing unauthorized access to secure or sterile areas). I will not breach, disobey or disregard any security directive, plan or program at SMF; I will challenge any person who enters a secure or non-public sterile area if the person does not properly display a SIDA Badge. If a person cannot produce a valid SIDA Badge, I will immediately notify the SMF Communication Center at (916) 874-0456.
4. I will immediately notify SMF Communication Center or Supervisor of any unattended bag and/or suspicious activity.
5. The SIDA Badge is property of SMF. SMF reserves the right to revoke authorization for the SIDA Badge where such action is determined to be in the best interest of airport security. SIDA Badge must be returned immediately to SMF Access Control and ID Badging office or employer at the end of employment or upon notification that authorization has been revoked.
6. I will notify my employer if my SIDA Badge is lost or stolen. A non-refundable fee of \$60.00 will be assessed for the first replacement and \$80.00 for the second replacement within 24 months of the initial replacement. There will not be a replacement issued for a third time within 24 months of initial replacement. The Access Control and ID Badging office will collect the fee before a replacement SIDA badge is issued. Replacement SIDA Badge may only be issued if I declare in writing that the SIDA Badge has been lost, stolen, or destroyed.
7. If I am issued multiple badges for different employers, I cannot use those badges interchangeably and doing so would result in a security violation. I understand that it is a security violation to use or attempt to use my Airport Security Badge while serving a badge violation suspension, to include the employee parking lots.
8. I understand I cannot be escorted if I have been issued a badge but do not physically have it in my possession, or if my badge is expired.
9. Use of my SIDA badge constitutes consent to search and monitoring at any area of SMF. Screening Notice: any employee holding a credential granting access to a Security Identification Display Area (SIDA) may be screened at any time while gaining access to, working in, or leaving a SIDA. Any employee will follow the directions by TSA, SMF Operations staff, and SMF Sheriff's office.
10. I understand the use of my badge allows me one (1) parking spot in a designated area, parking not transferable. Parking is only allowed for vehicles, no dwelling in vehicle is allowed. I am allowed to park for personal vacation at employee parking lot for up to 30 days, if I will be parking for longer than 30 days I must get written permission from SMF Landside operations to park in the lot. All parking is at owner's sole risk.
11. All individuals who are flying out as passengers on a flight must submit to TSA passenger screening – there are NO exceptions. When flying out, you may enter the sterile area only after your person and property have been screened by the TSA. Once you have submitted to TSA passenger screening you must remain in the Sterile Area. If you leave the Sterile Area for any reason, you must resubmit to the screening process. It is strictly prohibited to use your SIDA Badge to allow yourself or other personnel departing on a flight access to a sterile area without them or their belongings being properly screened at a passenger-screening checkpoint. This requirement applies when traveling for all purposes (business, leisure, etc.) unless exempt by federal regulation.
12. I further understand and acknowledge that the publication or online dissemination (including posting on any type of unauthorized personal social media) of security codes, passwords, security procedures, images of my or any other person's Airport Security Badge and/or any areas of SMF inaccessible to the general public is strictly forbidden and grounds for badge revocation.

Applicants Name	Social Security #	Date of Birth
Applicant Signature		Date



Access Control Only	
Original Issue Date: _____	
Badge Expiration Date: _____	
Badge# _____	Initials: _____

Section II – Authorized Signatory

Authorized Signatory Use Only (Incomplete Applications or missing fields will not be accepted)

1.Applicant Name (LAST) (First) (Middle)

27. Authorizing Company Name: 28. Authorized Signer:

29. Company Address: 30. City: 31. State: 32. Zip

33. Applicant's CHRC Approval date: 34. Applicant's Case Number TELOS: 35. Job Title 36. Work Phone:

Check all that apply:

37. Badge Issuing Type: <input type="checkbox"/> 37a. New Applicant <input type="checkbox"/> 37b. Renewal/Replacement <input type="checkbox"/> 37c. Lost Badge	38. Driving Authority: <input type="checkbox"/> 38a. Non-Movement <input type="checkbox"/> 38b. Movement <input type="checkbox"/> 38c. No Driving
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39. Badge Access Type: <input type="checkbox"/> 39a. Secure <input type="checkbox"/> 39b. Sterile	40. Loading Bridge Training: <input type="checkbox"/> 40a. Yes <input type="checkbox"/> 40b. No
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41. Escort- If escort is needed for employee contact with the Access Control Office **MUST** be made to verify that the company has not exceeded the allowed allocation prior to sending employee for badge.
 41.a Yes 41.b No

COMPANY CERTIFICATION:
THE APPLICANT IS AN EMPLOYEE OR CONTRACTOR OF THE AUTHORIZING COMPANY SET FORTH ABOVE. MY COMPANY WILL REIMBURSE SACRAMENTO INTERNATIONAL AIRPORT (SMF) FOR ANY COSTS OR EXPENSES INCURRED BY SMF AND/OR ANY FINES LEVIED AGAINST SMF WHICH RESULT FROM THE FAILURE OF THE ABOVE NAMED APPLICANT TO ADHERE TO SACRAMENTO INTERNATIONAL AIRPORT (SMF), FEDERAL AVIATION ADMINISTRATION (FAA), OR TRANSPORTATION SECURITY ADMINISTRATION (TSA) SECURITY REGULATIONS, POLICIES OR PROCEDURES, INCLUDING WITHOUT LIMITATION THE AIRPORT RULES AND REGULATIONS AND THE AIRPORT SECURITY PROGRAM. ON BEHALF OF THE COMPANY, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE APPLICANT PRESENTS NO SECURITY THREAT TO SMF OR THE PUBLIC. ON BEHALF OF THE COMPANY, I REQUEST THAT THE ABOVE NAMED APPLICANT BE GRANTED ACCESS AS MARKED ABOVE. AIRPORT ID BADGES MUST BE RETURNED UPON REQUEST, TERMINATION, OR WHEN ACCESS IS NO LONGER REQUIRED. I WILL IMMEDIATELY NOTIFY THE AIRPORT OF LOST, STOLEN AND/OR TERMINATED AIRPORT ID BADGES. ON BEHALF OF THE COMPANY, I ACKNOWLEDGE THAT ANY INVESTIGATIONS MADE BY SMF, DHS, TSA OR OTHER GOVERNMENTAL AGENCIES IS NOT IN LIEU OF ANY EMPLOYER'S OBLIGATION TO VERIFY AN APPLICANT'S WORK AUTHORIZATION AS REQUIRED BY LAW. I REPRESENT AND WARRANT THAT I AM AUTHORIZED AND HAVE LEGAL AUTHORITY TO BIND MY COMPANY AS DESCRIBED IN THIS CERTIFICATION. AUTHORIZED SIGNER ACKNOWLEDGEMENT- PLEASE INITIAL IN THE BOXES BELOW

1. I ATTEST THAT THIS INDIVIDUAL APPLICANT HAS AN OPERATIONAL NEED FOR UNESCORTED ACCESS AUTHORITY; AND	1.
2. I ATTEST THAT THIS INDIVIDUAL APPLICANT ACKNOWLEDGES HIS/HER RESPONSIBILITIES UNDER 49 CFR 1540.105 (a), WHICH PROVIDES; AND	2.
3. I ATTEST THAT THIS INDIVIDUAL APPLICANT HAS RECEIVED A COPY OF THE TSA PRIVACY ACT STATEMENT	3.

(a) NO PERSON MAY:
(1) TAMPER OR INTERFERE WITH, COMPROMISE, MODIFY, ATTEMPT TO CIRCUMVENT, OR CAUSE A PERSON TO TAMPER OR INTERFERE WITH, COMPROMISE, MODIFY, OR ATTEMPT TO CIRCUMVENT ANY SECURITY SYSTEM, MEASURE, OR PROCEDURE IMPLEMENTED UNDER THIS SUBCHAPTER.
(2) ENTER, OR BE PRESENT WITHIN, A SECURED AREA, AOA, SIDA OR STERILE AREA WITHOUT COMPLYING WITH THE SYSTEMS, MEASURES, OR PROCEDURES BEING APPLIED TO CONTROL ACCESS TO, OR PRESENCE OR MOVEMENT IN, SUCH AREAS.
(3) USE, ALLOW TO BE USED, OR CAUSE TO BE USED, ANY AIRPORT-ISSUED OR AIRPORT-APPROVED ACCESS MEDIUM OR IDENTIFICATION MEDIUM THAT AUTHORIZES THE ACCESS, PRESENCE, OR MOVEMENT OF PERSONS OR VEHICLES IN SECURED AREAS, AOA'S, OR SIDA'S IN ANY OTHER MANNER THAN THAT FOR WHICH IT WAS ISSUED BY THE APPROPRIATE AUTHORITY UNDER THIS SUBCHAPTER.

Signature of Authorized Signer: Badge # of Authorized Signer: Date:

Airside Operations Only

If you checked 38b. Movement (CFR Part 139 Movement Area Training), the below information must be filled out before going to the Access Control Office.

Date Trained:	Trainer:	Printed Name of Coordinator or Airside Manager:	Coordinator or Airside Manager Signature:
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Applicant

Name: Last	First	Middle
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List of Disqualifying Criminal Offenses

<p>LIST OF DISQUALIFYING CRIMINAL OFFENSES:</p> <p>(1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306. (2) Interference with air navigation; 49 U.S.C. 46308. (3) Improper transportation of a hazardous material; 49 U.S.C. 46312. (4) Aircraft piracy; 49 U.S.C. 46502. (5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504. (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506. (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505. (8) Conveying false information and threats; 49 U.S.C. 46507. (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b). (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315. (11) Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314. (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32. (13) Murder. (14) Assault with intent to murder.</p>	<p>(15) Espionage. (16) Sedition. (17) Kidnapping or hostage taking. (18) Treason. (19) Rape or aggravated sexual abuse. (20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon. (21) Extortion. (22) Armed or felony unarmed robbery. (23) Distribution of, or intent to distribute, a controlled substance. (24) Felony arson. (25) Felony involving a threat. (26) Felony involving— (i) Willful destruction of property; (ii) Importation or manufacture of a controlled substance; (iii) Burglary; (iv) Theft; (v) Dishonesty, fraud, or misrepresentation; (vi) Possession or distribution of stolen property; (vii) Aggravated assault; (viii) Bribery; or (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. (27) Violence at international airports; 18 U.S.C. 37. (28) Conspiracy or attempt to commit any of the criminal acts listed in (1) through (27) above.</p>
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Certifications and Signature

BY SIGNING WHERE INDICATED BELOW, I CERTIFY THAT I HAVE REVIEWED THE LIST OF DISQUALIFYING CRIMINAL OFFENSES LISTED IN SECTION II ON THIS APPLICATION, AND I CERTIFY THAT I HAVE NOT BEEN CONVICTED OF OR FOUND NOT GUILTY BY REASON OF INSANITY OF ANY OF THE DISQUALIFYING CRIMINAL OFFENSES LISTED IN SECTION II.

I ACKNOWLEDGE THAT FEDERAL REGULATIONS UNDER 49 CFR 1542.209(I) IMPOSE A CONTINUING OBLIGATION TO DISCLOSE TO SMF WITHIN 24 HOURS IF I AM CONVICTED OF ANY DISQUALIFYING CRIMINAL OFFENSE THAT OCCURS WHILE I HAVE UNESCORTED ACCESS AUTHORITY.

THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION 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).

Applicant Signature:	Date:
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THE APPLICANT IS HEREBY ADVISED THAT A COPY OF THE CRIMINAL RECORD RECEIVED FROM THE FBI AS A RESULT OF THIS CRIMINAL HISTORY RECORDS CHECK (CHRC) WILL BE PROVIDED TO THE APPLICANT IF REQUESTED IN WRITING BY THE APPLICANT, AND SMF'S AIRPORT SECURITY COORDINATOR IS THE APPLICANT'S POINT OF CONTACT IF APPLICANT HAS ANY QUESTIONS ABOUT THE RESULTS OF THE CHRC.



TSA PRIVACY ACT STATEMENT

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 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for 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 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).

DHS will also maintain a national, centralized revocation database of individuals who have had airport or aircraft operator-issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested; DHS may be unable to complete your security threat assessment.