



RECURRENT CHRC BADGE HOLDER INFORMATION

Company Name : _____ PHL Badge # _____

Last Name: _____ Suffix: _____ First Name: _____ MI: _____

Aliases: _____

Social Security Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): _____ / _____ / _____

Country of Birth (country name): _____ City and State of Birth: _____

Current Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Contact Phone Number _____ - _____ - _____

Electronic Mail Address (e-mail) (Optional): _____ @ _____

Gender: Male Female Other Height: _____ ft. _____ in. Weight: _____ lbs.

Natural Hair Color: Brown Black Blonde Red Gray White Bald Natural Eye Color: Black Blue Brown Hazel Green Gray

Race: Caucasian Black Asian Hispanic/Latino Native American Unknown

The Privacy Act of 1974 5 U.S.C. 552a(e)(3)

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 City of Philadelphia and the Department of Homeland Security ("DHS"), will use the biographical information to conduct security threat assessment to evaluation 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-VISIT's Automated Biometrics Identification Systems (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administrations (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

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 systems may be disclosed outside DHS as a routine use pursuant to 5 U.S.C 522 a(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 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 Uses as may be published at any time in the Federal Register, including the Routine Uses for 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.

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, Office of Intelligence and Analysis (OIA): 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.

Country of Citizenship: _____ Alien Registration Number (if applicable): _____

Passport Country (optional): _____ Non-Immigrant Visa Number (if applicable): _____

Passport Number (optional): _____ Passport Expiration Date: _____ / _____ / _____

Print Name: _____ Social Security #: _____ - _____ - _____ DOB: _____ / _____ / _____

Signature: _____ Date: _____

MANDATORY CRIMINAL HISTORY QUESTIONNAIRE:

Have you ever been convicted of the crimes listed below in any jurisdiction on or after **December 6, 1991**?
Please mark each YES or NO....

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Rape or aggravated sexual abuse.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Interference with air navigation; 49 U.S.C. 46308	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Improper transportation of a hazardous material; 49 U.S.C. 46312	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Extortion.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Aircraft piracy; 49 U.S.C. 46502.	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Armed or felony unarmed robbery.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Interference with flight crewmembers or flight attendants; 49 U.S.C. 46504.	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Distribution of, or intent to distribute, a controlled substance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Felony arson.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Felony involving a threat.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Conveying false information and threats; 49 U.S.C. 46507.	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Felony involving-(i) Willful destruction of property;
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).	<input type="checkbox"/> Yes <input type="checkbox"/> No	(ii) Importation or manufacture of a controlled substance;
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(iii) Burglary;
<input type="checkbox"/> Yes <input type="checkbox"/> No	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(iv) Theft;
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(v) Dishonesty, fraud, or misrepresentation;
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Murder.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(vi) Possession or distribution of stolen property;
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Assault with intent to murder	<input type="checkbox"/> Yes <input type="checkbox"/> No	(vii) Aggravated assault;
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Espionage	<input type="checkbox"/> Yes <input type="checkbox"/> No	(viii) Bribery;
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Sedition.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year;
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Kidnapping or hostage taking.	<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Violence at international airports 18 U.S.C.37
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Treason	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.

By my signature below I certify that I have not been convicted or found not guilty by reason of insanity of any of the above disqualifying crimes on or after December 6, 1991. By signing below I acknowledge that, pursuant to 49 C.F.R 1544.229(l) and 49 C.F.R 1542.209(l), while I retain unescorted SIDA access I have a continuing obligation to report to the Division of Aviation within 24 hours of each instance when I have been convicted (including pleading no contest) or found not guilty by reason of insanity of any of the above crimes. I understand that, in accordance with TSA regulations, my Division of Aviation Security Badge will be temporarily suspended if a Criminal History Record Check reveals an arrest for any of the above crimes without indicating a disposition. I also understand that my Division of Aviation Security Badge will be permanently revoked if I am convicted (including pleading no contest) or found not guilty by reason of insanity of any of the above crimes.

By signing below I acknowledge that the, Division of Aviation has informed me, by this form, that the Airport Security Coordinator is the primary contact in the event I have any question about my Criminal History Records Check, and I will be provided with a copy of the results of my fingerprint-based criminal history record check, if I request so in writing by letter. This letter must also include a legible photocopy of one government issued photo-identification. I further acknowledge that the copy of my records will be sent to the address I have on file at the, Division of Aviation. I will send my request addressed to:

PHL Fingerprint Copy Request
ATTN: Airport Security Coordinator
Safety and Security Department
Philadelphia international Airport
Terminal E
Philadelphia, PA 19153

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.)

Badge Holder's Name (Printed) : _____

Badge Holder's Signature: _____ Date: ____ / ____ / ____



AIRPORT PROCESSED ID BADGE RENEWAL / REPLACEMENT FORM

EMPLOYEE

Name _____
LAST FIRST MI

Address (if changed) _____

Date of Birth ____ / ____ / ____ Contact (____) ____ - ____

Company: _____ Badge Number: _____

MY SIGNATURE BELOW ACKNOWLEDGES THE FOLLOWING:

I acknowledge receipt of a SIDA badge and will adhere to the "Airport Rules and Regulations" as required by the TSA and Division of Aviation. I understand that it is a violation of Airport Rules and Regulations to lend, alter, or change a SIDA badge in any way. The SIDA badge is the sole property of the Division of Aviation and must be returned upon separation from employment, or upon demand of the Division of Aviation. My signature acknowledges that I have successfully completed IET based SIDA Training for Philadelphia Int'l Airport, required under 49 CFR 1542.213.

- Lost/Stolen badges must be reported to DOA-SECURITY within 24hrs. Failure to do so is a violation of Airport Rules and Regulations. DOA-SECURITY can be reached 24/7 by calling 215-937-5452 or 4444 from a white phone.
- Fees for lost, stolen, and damaged badges are as follows:
 - 1st Occurrence - \$100. 2nd Occurrence - \$150. 3rd Occurrence - \$200. 4th Occurrence - Possible Revocation.
 - Fees for stolen badges will be waived upon receipt of official police report.
 - TWO forms of ID are ALWAYS required when obtaining a new badge

Signature _____ Date ____ / ____ / ____

EMPLOYER (TO BE COMPLETED BY AUTHORIZED SIGNER)

Employer: _____ Reason: () Expired\Renewal () Lost\Damaged\Stolen () Up/Downgrade*

*(Description of up/downgrade) _____

AUTHORIZED SIGNER (PRINTED): _____ CONTACT #: _____

AUTHORIZED SIGNATURE: _____ DATE: ____ / ____ / ____

DOA - CHRC CERTIFICATION (DOA USE ONLY)

CHRC APPLICATION SUBMISSION DATE : ____ / ____ / ____ TRUSTED AGENT: _____

CHRC CASE # : _____ CHRC CERTIFICATION DATE: ____ / ____ / ____

DOA-SECURITY Badge Type: () Access Blue () Access Red () Temporary () Parking

Company Code/Bill Class Code: ____ / ____ Issue Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____

TRUSTED AGENT: _____ DATE: ____ / ____ / ____