



Office Use Only

Badging Office: _____

UPID: _____

Pin #: _____

PDX Security Badge Application

Step #1: Applicant's Information - To Be Completed by Applicant

Legal Name _____
Last First Middle

Company _____ Job Title _____

Do you have any previous legal names or aliases? #1: _____
Last First Middle

Contact # (_____) #2: _____
Last First Middle

Residence Mailing Address _____
Street City State Zip

Gender
☐ Male ☐ Female
Height
____ Ft. ____ In.
Weight
____ Lb.

Race
☐ Asian
Includes Chinese, Japanese, Korean, Indian, Polynesian, Filipino, Indonesian, Samoan, Asian Indian
☐ Black
Includes persons having origins in any of the black racial groups of Africa
☐ Native American
Includes American Indian, Eskimo, or Alaskan Native
☐ Caucasian
Includes Mexican, Puerto Rican, Cuban, Central or South American

Eye Color
☐ Black
☐ Blue
☐ Brown
☐ Gray
☐ Green
☐ Hazel

Hair Color
☐ Bald ☐ Black
☐ White ☐ Sandy
☐ Red or Auburn ☐ Brown
☐ Blonde or Strawberry
☐ Gray or Partially Gray

Applicant must present these documents in addition to those on Page 3

ALL Applicants
***Required**
* Date of Birth _____
* Place of Birth (Country or State if in U.S.) _____
* Country of Citizenship _____
** Social Security # _____
(See disclosure on reverse page)

Non-US Citizens
Alien Registration # _____
or
I-94 Arrival/Departure Form # _____
*Non-Immigrant Visa # _____
(*If Issued, must provide #)

**US Citizen Born Abroad
or
Naturalized US Citizen**
US Passport # _____
or
Certificate of Naturalization # _____
or
DS-1350 (Certification of Birth Abroad) _____
FS-545 / FS-240

Step #2: Read Carefully and Sign the Appropriate Line

Certifications and Privacy Act Notice

Certifications

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, Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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.

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 110-53, 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 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 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. Any individual who appears in this database will be listed for 5 years from the date the violation occurred. 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 may 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.

1. I certify that all details on this application as they apply to me are correct.
2. If I lose, damage, or have my security badge stolen, I will notify the PDX Security Badging Office immediately @ (503-460-4500) or (503-460-4747), and will apply through my Authorized Signatory for a replacement badge. (See current fee schedule.)
3. This security badge must be returned upon resignation, termination or the demand of an authorized Port of Portland representative, to the PDX Security Badging Office.
4. I understand that my security badge is non-transferable. Misuse of my security badge could result in civil penalties imposed by the Transportation Security Administration.
5. I understand that if I violate any laws or regulations, including Port, Federal Aviation Administration, and Transportation Security Administration regulations, pertaining to the use of my security badge, that my security badge may be immediately revoked and that I will be subject to disciplinary action, up to and including termination.
6. If given access to the Employee Parking Lot, I agree that by signing below, I have read and accepted the terms set forth in the Portland International Airport (PDX) Employee Lot Guidelines as provided at the time of this application or available in the PDX Rules @ www.portofportland.com.

****SCREENING NOTICE:** Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Employee Printed Name: _____

Employee Signature: _____ Date: _____

Step #3: To Be Completed by Authorized Signatory (AS)

Badge Types and Privileges *** AS Must Initial ***

Badge Type		Privileges	
_____	GA (Blue)	_____	Non-Movement Area Driver - (D)
_____	Sterile Area (Gray)	_____	Movement Area Driver - (M)
_____	AOA (Purple)	_____	Escort Endorsement - (E)
_____	Secured Area (Red)	_____	Armed LEO

Applicant must present a document from list A or both B & C All applicants must present original and unexpired documents

(A)

Documents that Establish Both Identity and Employment Authorization

- U.S. Passport or U.S. Passport Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
- Employment Authorization Document that contains a photograph (Form I-766)
- In the case of a non immigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's non immigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
- Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI

(B)

Documents that Establish Identity

- Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.
- ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.
- School ID card with a photograph
- Voter's registration card
- U.S. Military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

- School record or report card
- Clinic, doctor, or hospital record
- Day-care or nursery school record

(C)

Documents that Establish Employment Authorization

- A Social Security Account Number card, unless the card includes one of the following restrictions:
 - (1) NOT VALID FOR EMPLOYMENT
 - (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
 - (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
- Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
- Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
- Native American tribal document
- U.S. Citizen ID Card (Form I-197)
- Identification Card for Use of Resident Citizen in the United States (Form I-179)
- Employment authorization document issued by the Department of Homeland Security

Authorized Signatory (AS) Signature Required

1. By signing below as the Authorized Signatory, I attest that: 1. A specific need exists for providing the individual applicant with unescorted access authority; and 2. The individual applicant acknowledges their security responsibilities under 49 CRF 1540.105(a).
2. As Authorized Signatory, my initials indicate the appropriate access and selections for the employee on page 3.
3. By signing below, the Authorized Signatory agrees that the Company will be fully responsible for the payment of the Port's Badging Fee for each badge issued, in accordance with the Badging Fee Schedule published in the badging office. The Badging Fee may be paid by the individual who is issued the badge, at the time service is provided, or it will be billed to the company. Any Badging Fee not paid within thirty (30) days of the date of the invoice, will be considered delinquent. This could result in your company not being billable. This may not apply to some construction projects.
4. By signing below, my signature indicates that I have seen the documents listed on page 3, and that they belong to the applicant.

AS Printed Name

Contact Number

Company Email

AS Signature*

Date

**NOTE:
APPLICATION MUST BE SUBMITTED
WITHIN 30 DAYS OF THIS DATE**

*Do not sign unless page 1 is completed