



**DES MOINES AIRPORT AUTHORITY BADGE APPLICATION FORM**

(Must complete all fields that apply)

**DO NOT FOLD APPLICATION | PRINT CLEARLY OR APPLICATION WILL NOT BE ACCEPTED**

**Application MUST be entered by your Authorized Signatory**

|   |  |               |                  |   |           |                 |             |          |
|---|--|---------------|------------------|---|-----------|-----------------|-------------|----------|
| 1. NAME (First, Middle, Last)                                     |  |               |                  | 1A. ALIASES OR OTHER NAMES USED   |           |                 |             |          |
| 2. MAILING ADDRESS  |  |               | 3. CITY          |   | 4. STATE  |                 | 5. ZIP CODE |          |
| 6. HOME/CELL PHONE #<br>6A. WORK PHONE #                          |  |               | 7. DATE OF BIRTH |   | 8. HEIGHT | 9. WEIGHT       | 10. SEX     |          |
| 11. HAIR COLOR  |  | 12. EYE COLOR |                  | 13. STATE & COUNTRY OF BIRTH  |           | 14. CITIZENSHIP |             | 15. RACE |
| Email Address:  |  |               |                  |   |           |                 |             |          |
| 17. EMPLOYER (HANGAR TENANTS PLEASE LIST HANGAR # OR FLYING CLUB) |  |               |                  | 18. AUTHORIZED SPONSORING COMPANY NAME<br>(AUTHORIZED REPRESENTATIVE SIGNATURE MUST APPEAR BELOW) |           |                 |             |          |

**IMPORTANT – PLEASE READ CAREFULLY**

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). UNDER PENALTY OF LAW, I AGREE TO RETURN IDENTIFICATION AND/OR ACCESS MEDIA THAT I AM ISSUED BY THE DES MOINES INTERNATIONAL AIRPORT WHEN USE OF THESE ITEMS IS NO LONGER REQUIRED FOR THE PURPOSE FOR WHICH THEY WERE ISSUED; OR THEIR USE IS NO LONGER PERMITTED BY THE EXECUTIVE DIRECTOR; OR WHEN I AM NO LONGER EMPLOYED WITH THE REQUESTING TENANT/AGENCY; OR WHEN ANY OF THESE ITEMS ARE LOST OR STOLEN AND LATER RECOVERED; OR WHEN ANY OF THESE ITEMS HAVE EXPIRED; OR WITHIN 24 HOURS OF AN ARREST OR CONVICTION OF A DISQUALIFYING CRIME. I AGREE TO PAY ALL FEES, PENALTIES OR CHARGES SET FORTH IN AIRPORT REGULATIONS WHEN IDENTIFICATION AND/OR ACCESS MEDIA I HAVE BEEN ISSUED ARE NO LONGER REQUIRED FOR THE PURPOSE FOR WHICH THEY WERE ISSUED; OR THEIR USE IS NO LONGER PERMITTED BY THE EXECUTIVE DIRECTOR; OR WHEN I AM NO LONGER EMPLOYED WITH THE REQUESTING TENANT/AGENCY; OR WHEN ANY OF THESE ITEMS HAVE EXPIRED AND HAVE NOT BEEN RETURNED TO THE EXECUTIVE DIRECTOR. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AGREE TO COMPLY WITH ALL PROCEDURES, RULES, AND REGULATIONS PERTAINING TO THE USE AND RETURN OF ALL IDENTIFICATION AND/OR ACCESS MEDIA. I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE A PERSONAL RESPONSIBILITY TO COMPLY WITH THE AIRPORT SECURITY PROGRAM, TO INCLUDE ACCESS CONTROL PROCEDURES, AND THAT NON-COMPLIANCE MAY RESULT IN FINES, IMPRISONMENT, SUSPENSION, OR REVOCATION OF MY ACCESS AND ACCESS MEDIA TO THOSE AREAS OF THE AIRPORT WHERE ACCESS IS RESTRICTED FOR REASONS OF SECURITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER (SSN) AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, OFFICE OF TRANSPORTATION THREAT ASSESSMENT AND CREDENTIALING (TTAC), ATTENTION: AVIATION PROGRAMS (TSA-19)/AVIATION WORKER PROGRAM, 601 SOUTH 12<sup>TH</sup> 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.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Signatory Authority Authorization:**

AUTHORIZED REPRESENTATIVE SIGNATURE: \_\_\_\_\_

Badge Type Requested:

Yellow
  Red (Sterile)
  Green (South Cargo)
  Orange (GA hangars/ramps)

Will the individual need access to operate a vehicle on runways/taxiways?  Yes  No

Will the individual need access to fuel vehicles on airport property?  Yes  No