



OFFICE USE ONLY

AOA - EMP \_\_\_\_\_

AOA - INT \_\_\_\_\_

AOA - UST \_\_\_\_\_

Access Media \_\_\_\_\_

**UND Alternative Security Measure  
Flight Operations ID Badge Application**

*This application must be completed and signed in ink before it can be processed.*

**Applicant Information:(Full Legal Name)****UND ID#** \_\_\_\_\_**Last(family):** \_\_\_\_\_ **First(Given):** \_\_\_\_\_ **Middle:** \_\_\_\_\_**Nicknames, aliases, and/or maiden name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

(If None Leave Blank)

**Current Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_**Daytime Telephone Number:** \_\_\_\_\_**Email Address** \_\_\_\_\_

(Primary UND)

(Secondary)

**Height:** Feet \_\_\_\_\_ Inches \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_**Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

(MM/DD/YYYY)

(Country)

**State of Birth (if born in the US):** \_\_\_\_\_ **City of Birth (If born outside the U.S.):** \_\_\_\_\_**Social Security Number Certification Form For Verification**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Enrollment 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

**Signature:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_**SSN:** \_\_\_\_\_ **Full Name:** \_\_\_\_\_

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 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 accept responsibility for safeguarding the UND Aerospace Flight Operations Badge issued to me and agree to pay UND a **\$75.00 fee (for each occurrence) if it is damaged, lost, stolen, or unreturned**. I certify that I have received a copy of the airport safety/security agreement and will receive training via on-line training or through a security briefing on my role and responsibilities as a holder of a UND Aerospace Flight Operations badge and will comply with all UND Aerospace, Grand Forks Regional Airport Authority, and Federal regulation 49 CFR § 1540.105(a) and regulations governing my access privileges to the air operations area (AOA).

Individuals who possess an airport issued or approved ID media who are **traveling as passengers** must:

1. Access the Sterile Area through a TSA screening checkpoint (including KCM checkpoints) with any accessible property they intend to carry onboard the aircraft; and
2. Remain in the Sterile Area after entering.

**Applicant Signature****Date**

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.