



Sensitive Security Information (When Completed)

Office Use Only	
Original	Conversion
AOA-EMP _____	AOA-EMP _____
AOA-INT _____	AOA-INT _____
AOA-UST _____	AOA-UST _____
Denied _____	
Not Issued _____	

UND Alternative Security Measure Flight Operations ID Badge Application

This application must be typed or printed **legibly** in black or blue ink.

UND ID #: _____

Applicant Information: (Full Legal Name)

Last (Family): _____ First (Given): _____ Middle: _____

Nicknames, aliases, and/or maiden name: _____ Gender: M F

Height: Feet: _____ Inches: _____ Weight: _____ lbs. Eye Color: _____ Hair color: _____

Date of Birth: _____ Citizenship: _____ Country of Birth: _____
(MM/DD/YYYY) (Country)

State of Birth (If born in the U.S.): _____ City of Birth (If born outside the U.S.): _____

Residence Address: _____ City: _____ State: _____

Zip Code: _____ Daytime Telephone Number: _____ Cell: _____

Email Addresses: _____
Primary Secondary

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, 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.

Signature: _____ Date of Birth: _____

SSN and 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 **\$200.00 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 rules 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.

Sensitive Security Information (When Completed)

IDENTIFICATION (OFFICE USE ONLY)

U.S. Citizen

Non-U.S. Citizen

US Passport
Driver's License (State)
Other (State)
Number
Expiration Date

Social Security Card
Birth Certificate (State)
Other (State)
Number
Expiration Date

I-94 (Arrival/Departure Form #)
Expiration Date:
Visa # (Control #)
Expiration Date:
Alien Registration #
Expiration Date:
Passport #
Country:
Expiration Date:

I certify that the applicant has provided the required forms of identification.

Trusted Agent (Please Print) / Trusted Agent (Signature) Date

APPLICANT TRAINING (OFFICE USE ONLY)

100% On-Line Test and Training Security Briefing

Trusted Agent (Please Print) / Trusted Agent (Signature) Date

U CARD OFFICE USE ONLY

BADGE TYPE: [] AOA-EMP [] AOA-INT [] AOA-UST

Badge Number [01] [02] [03] [04] [05] Other Exp. Date:

Trusted Agent (Please Print) / Trusted Agent (Signature) Date

BADGE RETURN - AIRPORT USE ONLY

Badge Returned Yes No

By: Date:

Revoke Reason:

- Lost/Stolen
Destroyed
Termination
Expired
Returned
Not Returned
Otherwise unaccounted for

New Badge Issued (Check if yes)

See "Unreturned or Replacement Badge Report" form attached.

See "AOA Badge Conversion" form attached.

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