



**EMPLOYEE PERSONAL INFORMATION FORM  
FOR IDENTIFICATION AND ACCESS CARD  
AUTHORIZATION**

CARD HOLDER NAME: \_\_\_\_\_  
(LAST NAME, FIRST NAME, FULL MIDDLE NAME)

ALIAS NAMES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DAY TIME PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

CURRENT HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

“By execution of this form, I acknowledge that in the event of loss or theft of the identification/access card, I will be required to pay a refundable deposit in accordance with airport policy. I certify that my statements are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may disqualify me for an airport identification badge. I also agree that all statements made on this form may be investigated.”

**"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."**

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

"I attest that a specific need exists for providing the above applicant with unescorted access authority and the above applicant acknowledges their security responsibilities under 49 C.F.R. § 1540.105(a)."

AUTHORIZATION SIGNATURE: \_\_\_\_\_

FOR EPIA USE ONLY

BADGE TYPE:	ACCESS:	TWO (2) FORMS OF ID
DATE SUBMITTED:		
ISSUE DATE:		
CARD NUMBER:		
M / R DATE:	SIDA:	

APPROVAL AUTHORITY (ASC): \_\_\_\_\_



**EL PASO**  
INTERNATIONAL AIRPORT

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. 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](mailto: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 will 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.



**EL PASO**  
INTERNATIONAL AIRPORT

### **Social Security Number Certification**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Office of Intelligence and Analysis (OIA), 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, imprisonment or both."

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**Applicant/Badge holder Signature**

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**Date of Birth**

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**SSN**

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**Printed Full Name**



## Signatory Acknowledgment Form

**Statement of Understanding** : *The Purpose of this form is to acknowledge the responsibility associated with the fees that are incurred with the badging process. The Authorized Signatory is fully aware that they are responsible for the full payment of this process. The payment must be paid in full no later than 30 days from this process. If payment has not been received within 90 days, no more applicants will be processed until this issue has been resolved.*

**Employee Name:**

**Authorized Signatory  
Name:**

**Company Name:**


### Type of Badge: (Signatory initials by fee)

<b>Initial Application:</b>	<b>SIDA Badge</b>	<b>\$110.00</b>		
<b>Initial Application:</b>	<b>Sterile Badge</b>	<b>\$110.00</b>		
<b>Initial Application:</b>	<b>Cargo SIDA</b>	<b>\$110.00</b>		
<b>Initial Application:</b>	<b>AOA Badge</b>	<b>\$45.00</b>		
<b>Initial Application:</b>	<b>Parking Badge</b>	<b>\$45.00</b>		
<b>Renewal:</b>	<b>SIDA Badge</b>	<b>\$70.00</b>		
<b>Renewal:</b>	<b>Sterile Badge</b>	<b>\$70.00</b>		
<b>Renewal:</b>	<b>Cargo SIDA</b>	<b>\$70.00</b>		
<b>Renewal:</b>	<b>AOA Badge</b>	<b>\$35.00</b>		
<b>Renewal:</b>	<b>Parking Badge</b>	<b>\$35.00</b>		
<b>Cost of Lost Badge:</b>		<b>\$110.00</b>		

**Employee Signature:**

**Date:**

**Signatory Signature:**

**Date:**

**Badging Officer:**

**Date:**
