

IDENTIFICATION CARD DISPOSITION APPLICATION

PA 3253A /10-15

Current Front ID Card No. Replacement ID Card No.

Current PID Card No. Employer

Issue To: Last Name First Middle

Card Status Disposition (Check One)

PA Employee Number - PA Use Only Briefly describe circumstances for items #4 through #8 above.

Renewals Only - Enter all information and present original ID documents Exp. Date of New ID Card Day Time Phone Number Gender Social Security Card Number

Employee Mailing Address Apt # City State Zip Code Are you a U.S. citizen? Employee Home Address (if different from mailing address) Apt # City State Zip Code If no, are you lawfully present in the U.S. in accordance with the Immigration and Nationality Act?

Country of Citizenship Country of Birth Passport Country Passport Number Certificate of Birth Abroad

Certificate of Naturalization INS Registration No. Alien Registration Number Non-Immigrant Visa Control Number I-94 Number

Other Names: Have you ever been known by any other name(s)? Other names include nicknames, aliases, former married names, maiden names, or any part of the name of a relative, including for example a mother or father's last name or a grandparent's last name, or foster or adopted last name.

Last Name First Name Middle Name

Since the last issuance of your Airport ID Card, have you been convicted of a disqualifying crime listed in 49 C.F.R. 1542? If yes, you must notify immediately, the Airport Security Manager and your Issuing Officer in writing.

Airline Certification/Issuing Officer Fingerprint Resubmission/Request - Please read and select the appropriate statement (select only one) 1. I hereby certify that a Criminal History Records Check has been completed... 2. I hereby request that the above named individual be Re-Fingerprinted... 3. I hereby certify that a fingerprint has been conducted at this airport within the last 2 years.

Employee Issuing Officer/Signatory Authority Name: Telephone Number: Issuing Officer/Signatory Authority I.D. Card Number: Date (mm/dd/yyyy) Address: Authorized Signature on File Email:

EMPLOYEE ACKNOWLEDGEMENT (TO BE SIGNED BY EMPLOYEE WHEN I.D. CARD IS PICKED UP)

SOCIAL SECURITY ADMINISTRATION RELEASE, APPLICANT CERTIFICATION & SUBJECT TO SEARCH NOTIFICATION: I authorize the Social Security Administration to release my Social Security Number and full name to the Port Authority and Transportation Security Administration, 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. 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, 75:35 of the New York State Penal Law and Section 2C: 21-3(b) of the New Jersey Statutes).

By accepting an Airport Identification Card, you consent to the inspection and examination of any item in your possession for TSA issued "Prohibited Items List", and includes but is not limited to, inspection of handbags, tote bags, lunch bags, backpacks, electronic devices, etc. at the entry points of the SIDA/AOA or Sterile Area pursuant to Federal Regulations (Security Directive 1542.06-01).

Applicant's Full Name (print) Applicant's Signature Date (mm/dd/yyyy)

I HAVE RECEIVED A COPY, READ AND UNDERSTAND THE RULES AND REGULATIONS ASSOCIATED WITH THE ISSUANCE AND POSSESSION OF AN AIRPORT ID CARD, THE PROPER UTILIZATION OF THE AUTOMATED ACCESS CONTROL SYSTEM AND MY RESPONSIBILITIES UNDER TSA REGULATIONS WHILE ON 49 CFR PART 1542 SECURED AREAS. I ACCEPT THESE RESPONSIBILITIES AND UNDERSTAND THAT VIOLATIONS OF THESE REGULATIONS MAY RESULT IN THE SUSPENSION OR REVOCATION OF ALL ACCESS PRIVILEGES. ADDITIONALLY, I UNDERSTAND THAT ANY PERSON HOLDING UNSCORTED ACCESS AUTHORITY WHO IS CONVICTED OF ANY OF THE DISQUALIFYING CRIMES WITHIN THE TEN YEARS PRIOR TO SUBMISSION OF AN APPLICATION FOR UNSCORTED ACCESS PRIVILEGES PURSUANT TO 49 CFR PART 1542.209 OR OTHER APPLICABLE LAW OR REGULATION OR AT ANY TIME THEREAFTER MUST SURRENDER THE AIRPORT ID CARD TO THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY ("PORT AUTHORITY") WITHIN 24 HOURS OF LEARNING OF THE CONVICTION. MOREOVER, I UNDERSTAND THAT THE PORT AUTHORITY OR ITS AGENTS WILL CONDUCT AN INITIAL CRIMINAL HISTORY RECORD CHECK AND MAY CONDUCT ADDITIONAL RECORD CHECKS AT ANY TIME DURING THE TERM OF ANY ACCESS PRIVILEGE GRANTED TO ME BY THE PORT AUTHORITY AS THE AIRPORT OPERATOR. I HEREBY AUTHORIZE ALL SUCH CHECKS. I ALSO UNDERSTAND THAT SUBMITTING AN APPLICATION CONTAINING FRAUDULENT INFORMATION OR INTENTIONALLY FALSE STATEMENTS WILL SUBJECT ME TO FELONY CRIMINAL PROSECUTION PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH UNDER SECTION 1001 OF TITLE 18 UNITED STATES CODE AND TO A POSSIBLE CIVIL PENALTY FINE OF UP TO \$10,000 PER OFFENSE UNDER 49 CFR PARTS 1542 AND 1544.

For ID Office Use Only Was ID Card Returned With This Form? Entered on CACS by: Date:

**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 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. 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). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Use: In addition to those disclosures generally permitted under 5 U.S.C. 522a(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. 522a(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: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information request, DHS may be unable to complete your application for a security threat assessment.

Applicant's Full Name (print)	Applicant's Signature	Date (mm/dd/yyyy)