

SECTION A – BADGEHOLDER INFORMATION (Must be completed by employee.)

Form with fields for Last Name, First Name, Middle Name, ALIAS, Current Home Address, City, State, Zip, Best Contact Phone Number, Email Address, Date of Birth, Country of Birth, State of Birth, Social Security Number, Height, Weight, Gender, Race, Eye Color, Hair Color.

Have you been convicted of a felony or been sentenced to one or more years in a penal institution? NO [] YES [] If yes, please explain:

Initial [] Background Release: By my signature below, I authorize all my former employers up to ten years preceding the date below and any other person or agency, including law enforcement, to furnish to my present employer and the Port of Pasco or its contracted agent, written and oral information pertaining to my former employment.

Initial [] Display: I promise to display my badge properly while on duty in restricted areas and to support my co-workers in doing the same. I will fully engage myself in my role as an important element of airport safety and security.

Initial [] Challenge: I promise to challenge (when in restricted areas) anyone not displaying a valid Tri-Cities Airport ID (badge) or displaying a valid badge without the color authorization appropriate for that area.

Initial [] Accountability: I promise to take all reasonable and prudent steps to prevent my badge from becoming lost or stolen. I promise to immediately notify Airport Management if I lose possession of my badge, so it can be locked out of the Access Control System.

Initial [] Information: I promise to immediately notify Airport Management or my supervisor, if I become aware of any problem, deficiency, defect or broken item needing repair associated with the airport's security systems or safety features.

Initial [] Non-disclosure: I will never reveal my knowledge of the Access Control System or Tri-Cities Airport security procedures to anyone, including my family or friends. I promise to discuss my security concerns or knowledge of risks only with Airport Management, Airport Police or my supervisor.

Initial [] Return: I promise to return my Tri-Cities Airport ID badge to my employer immediately upon completion of my employment, or upon demand of the Port of Pasco. I acknowledge that my Tri-Cities Airport ID badge is the sole property of the Port of Pasco and failure to return it could result in prosecution for theft.

I certify I have read, understand, and will abide by the foregoing provisions. 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 on this application can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

Applicant's Signature: _____ Date: _____

AIRPORT BADGING OFFICE USE ONLY: [] PRINTS [] I.D. [] SIDA [] Basic Security Awareness [] Driver's Training [] Movement Area Driving [] FP REPORT [] APPROVED STA Training Complete: _____ Date: ____/____/____ Badge # _____ Issued by: _____ Issue Date: ____/____/____ YR EXP: _____ Payment Info: _____

Please read the following and initial each box:

Initials

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. The inspection/screening may extend to both the badge holder's person and property. I understand that I may be subject to such inspection/screening, acknowledge that my consent to such an inspection/screening is a condition for the Port of Pasco to issue me an ID Badge, and refusal to submit to an inspection/screening may result in the immediate suspension and revocation of my ID Badge.

Initials

Privacy Act Notice

The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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 the fingerprints for enrollment into the US-VISIT's 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's records to ensure the validity of your name and SSN.

Initials

Social Security Number Verification For Security Threat Assessment Purposes

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 fine or imprisonment or both.

Print Full Name: _____

SSN: _____

Signature: _____

Date of Birth: _____

SECTION B – EMPLOYER STATEMENT (To be completed by employer.)

- Allegiant Alaska Unifi G2 TSA Trego-Dugan Tailwind ABM
- City of Pasco Fire Port of Pasco Bergstrom FAA The Go Team Therapy Dogs
- Construction _____ Utility Worker _____
(Name of Company) (Name of Company)
- Temp Project _____ Other: _____

Employee Hire Date ____ / ____ / ____

A. Background: An employment background verification has been satisfactorily completed for the ten years preceding the date below. Therefore, it is my informed judgment that the badge holder is an acceptable security risk for the privileges defined above.

B. Training: I acknowledge the responsibility of the employer I represent to ensure that this badge holder completely understands his/her responsibilities under the Tri-Cities Airport Security Program, and **I certify** that he/she has received adequate training on the safety and security obligations of badge holders as defined by the Tri-Cities Airport Security Program and Federal Aviation Regulations.

C. Fines: I acknowledge responsibility for any fines levied against the Port of Pasco which result from the failure of this badge holder to adhere to the requirements of the Tri-Cities Airport Security Program and Federal Aviation Regulations.

D. Access Requirement: I will ensure that Airport Police are immediately notified if and when this access requirement is no longer valid. Monetary/criminal charges will be filed for a non-returned/non-reported badge.

Authorized Signature

Title

Date