



# PAE Security Badge Application

### Credentialing Office Use Only

Trusted Agent Initials \_\_\_\_\_

Badge # \_\_\_\_\_

Pin # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

AS

**Step #1: Applicant's Information - To Be Completed by Applicant**

Legal Name: \_\_\_\_\_

Last

First

Middle

Do you have any previous legal names or aliases?  No  Yes - If Yes, please list below:

#1: \_\_\_\_\_

Last

First

Middle

#2: \_\_\_\_\_

Last

First

Middle

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Contact # (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Residence Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Gender
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Height
Feet _____ Inches _____
Weight
Lbs _____

Ethnicity
<input type="checkbox"/> Asian <small>Includes Chinese, Japanese, Korean, Indian, Polynesian, Filipino, Indonesian, Samoan, Asian Indian</small>
<input type="checkbox"/> Black <small>Includes persons having origins in any of the black racial groups of Africa</small>
<input type="checkbox"/> Native American <small>Includes American Indian, Eskimo, or Alaskan Native</small>
<input type="checkbox"/> Caucasian <small>Includes Mexican, Puerto Rican, Cuban, Central or South American</small>

Eye Color
<input type="checkbox"/> Black
<input type="checkbox"/> Blue
<input type="checkbox"/> Brown
<input type="checkbox"/> Gray
<input type="checkbox"/> Green
<input type="checkbox"/> Hazel

Hair Color	
<input type="checkbox"/> Bald	<input type="checkbox"/> Brown
<input type="checkbox"/> Sandy	<input type="checkbox"/> Black
<input type="checkbox"/> Blonde/ Strawberry	<input type="checkbox"/> Gray/ Partially Gray
<input type="checkbox"/> Red/Auburn	<input type="checkbox"/> White

**Applicant must present these documents in addition to those from Form I-9**

**ALL Applicants**

\*Required

\* Date of Birth \_\_\_\_\_

\* Place of Birth (Country or State if in U.S.) \_\_\_\_\_

\* Country of Citizenship \_\_\_\_\_

\*\* Social Security # \_\_\_\_\_  
(See disclosure on reverse page)

**Non-US Citizens**

Alien Registration # \_\_\_\_\_

or

I-94 Arrival/Departure Form # \_\_\_\_\_

\*Non-Immigrant Visa # \_\_\_\_\_  
(\*If Issued, must provide #)

**US Citizen Born Abroad  
or  
Naturalized US Citizen**

US Passport # \_\_\_\_\_

or

Certificate of Naturalization # \_\_\_\_\_

Certification of Birth Abroad \_\_\_\_\_  
( FS-545/FS-240)

**Step #2: Read Carefully and Sign the Appropriate Line**

**Certifications and Privacy Act Notice**

**Certifications:** 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).

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis (OJA), 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.

**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); 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 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 Uses:** 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.

**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.

**Disclosure:** Furnishing this information (including your SSN) is voluntary for AOA & Sterile badges; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment. SSN is required for all SIDA badges.

1. I certify that all details on this application as they apply to me are correct.
2. If I lose, damage, or have my Airport ID Badge stolen, I will notify the PAE Credentialing Office immediately at (425) 388-5125, apply through my Authorized Signatory for a replacement Airport ID Badge, and pay associated costs. If lost or stolen, a police report must be filed before badge can be replaced.
3. This Airport ID Badge must be returned upon resignation, termination, or the demand of an authorized PAE representative to the PAE Credentialing Office.
4. I understand that my Airport ID Badge is non-transferable. Misuse of my Airport ID Badge could result in civil penalties imposed by the Transportation Security Administration, state or local law and other applicable laws.
5. I understand that if I violate any laws, rules, or regulations, including Airport, County, State, Federal Aviation Administration, and Transportation Security Administration regulations pertaining to the use of Airport ID Badges, that my Airport ID Badge may be immediately revoked and that I may be subject to disciplinary action.

<p><b>Applicant Printed Full Name:</b> _____</p> <p><b>Applicant Signature:</b> _____ <b>Date:</b> _____</p>
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**Step #3: To Be Completed by Authorized Signatory (AS)**

**Badge Type/Access**

\_\_\_\_\_ SIDA (red)  
 \_\_\_\_\_ Sterile (blue)  
 \_\_\_\_\_ AOA (green)  
 \_\_\_\_\_ Contractor \_\_\_\_\_  
 \_\_\_\_\_ Replacement

**AS Initials Required**

**FAA Driver Endorsement:** \_\_\_\_\_  
**Escort Endorsement:** \_\_\_\_\_  
**Driver's Lic#:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Exp Date:** \_\_\_/\_\_\_/\_\_\_

**LEO Endorsement:** \_\_\_\_\_

**LEO Approval:** \_\_\_\_\_

**Applicant must present a document from list A or both B & C. All documents must be original and unexpired.**

**LIST A**

**Documents that Establish Both Identity and Employment Eligibility**

U.S. Passport or U.S. Passport Card

Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa

Employment Authorization Document that contains a photograph (Form I-766)

In the case of a non immigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's non immigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form

Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating non immigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

**Document # from List A:**

Exp. Date (if applicable) \_\_\_\_\_

**OR**

**LIST B**

**Documents that Establish Identity**

Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

ID card issued by Federal, State, or local government agency or entity provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph

School ID card with a photograph

Voter's registration card

U.S. Military card or draft record

Military dependent's ID card

U.S. Coast Guard Merchant Mariner Card

Native American tribal document

Driver's license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above:**

School record or report card

Clinic, doctor, or hospital record

Day-care or nursery school record

**Document # from List B:**

Exp. Date (if applicable) \_\_\_\_\_

**AND**

**LIST C**

**Documents that Establish Employment Authorization**

Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States

Certification of Birth Abroad Issued by the Department of State (Form FS-545)

Certification of Report of Birth issued by the Department of State (Form DS-1350)

Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal

Native American tribal document

U.S. Citizen ID Card (Form I-197)

Identification Card for Use of Resident Citizen in the United States (Form I-179)

Employment authorization document issued by the Department of Homeland Security

**Document # from List C:**

Exp. Date (if applicable) \_\_\_\_\_

**Docs Verified by Badging Office** \_\_\_\_\_

**Authorized Signatory (AS) Signature Required**

1. As Authorized Signatory, my initials indicate the appropriate badge type and endorsement selections for the applicant.
2. By signing below, the Authorized Signatory agrees that the individual and/or company as applicable will be fully responsible for the payment of PAE's Badging Fee for each badge issued, in accordance with the Badging Fee Schedule published in the Credentialing Office.
3. Any Badging fee not paid within thirty (30) days of the date of the invoice may be considered delinquent. This could result in your company not being billable and could result in your badge not being issued for you, your hangar or your company's authorized users.
4. By signing below, my signature indicates that I have seen the applicants' documents (from Form I-9) and that they belong to the applicant.
5. By signing, I attest that a specific need exists for providing this applicant with unescorted access authority. I attest that the individual applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).

\_\_\_\_\_  
AS Printed Name

\_\_\_\_\_  
Contact #

\_\_\_\_\_  
AS Signature\*

\_\_\_\_\_  
Date

\*Do not sign unless Page 1 is completed

**NOTE:  
APPLICATION MUST BE SUBMITTED  
WITHIN 30 DAYS OF THIS DATE**



# Individual Security Responsibilities

## 1540.105 Security Responsibilities of employees and other persons

(a) No person may:

1. Tamper or interfere with, compromise, modify, attempt to circumvent, or cause a person to tamper or interfere with, compromise, modify, or attempt to circumvent any security system, measure, or procedure implemented under this subchapter.
2. Enter, or be present within, a secured area, AOA, SIDA or sterile area without complying with the systems, measures, or procedures being applied to control access to, or presence or movement in, such areas.
3. Use, allow to be used, or cause to be used, any airport-issued or airport approved access medium or identification medium that authorizes the access, presence, or movement of persons or vehicles in secured areas, AOA's, or SIDA's in any other manner than that for which it was issued by the appropriate authority under this subchapter.

(b) The provisions of paragraph (a) of this section do not apply to conducting inspections or tests to determine compliance with this part or 49 U.S.C. Subtitle VII authorized by:

1. TSA, or
2. The airport operator, aircraft operator, or foreign air carrier, when acting in accordance with the procedures described in a security program approved by TSA.

**Badging Applicant** – Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Signatory** – Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZED SIGNATORY SIGNATURE MUST BE ON FILE IN PAE CREDENTIALING OFFICE**

Return completed form to [SAR-Badging@snoco.org](mailto:SAR-Badging@snoco.org) or mail to:  
Paine Field Airport Attn: Airport Badging 3220 100th St SW, Suite A | Everett, WA 98204

**CREDENTIALING OFFICE USE ONLY**

**Trusted Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_