

## Peoria International Airport AOA/T-Hangar Badge Application Form

Please complete this application which will be used by the PIA Operations Department to conduct a Security Threat Assessment through the Transportation Security Administration.

Hangar:

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle (full)

Home Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Place of Birth (State): \_\_\_\_\_ Citizenship: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Non-Immigrant VISA #: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Organization:

### Social Security Number Verification

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12<sup>th</sup> 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.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand and accept my responsibilities as a PIA Badge Holder. I also 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 United States Code).

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorized Signatory:

As an authorized signatory, I request that an ID be issued to the above named individual.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:

### For Airport Operations Use Only:

STA Completion Date: \_\_\_\_\_ Date Notified to Take Training: \_\_\_\_\_

ID Num: _____ ID Color: _____ Endorsement: _____ Issued: ___/___/___ Expires: ___/___/___ Issued By: _____ Returned/Lost/Stolen: ___/___/___ Reported By: _____ Received By: _____ Destroyed: ___/___/___ Inactive: <input type="checkbox"/>
ID Num: _____ ID Color: _____ Endorsement: _____ Issued: ___/___/___ Expires: ___/___/___ Issued By: _____ Returned/Lost/Stolen: ___/___/___ Reported By: _____ Received By: _____ Destroyed: ___/___/___ Inactive: <input type="checkbox"/>
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