



Office Use Only

Badge Staff Initials _____
UPID # _____
Pin # _____
Approval Date _____
AS <input type="checkbox"/>

**PDX Security Badge Application**

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

Legal Name \_\_\_\_\_  
Last First Middle

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Do you have any previous legal names or aliases? #1: \_\_\_\_\_  
Last First Middle

Contact # ( \_\_\_\_\_ ) \_\_\_\_\_ #2: \_\_\_\_\_  
Last First Middle

Residence Mailing Address \_\_\_\_\_  
Street City State Zip

**Gender**  
 Male  Female  
**Height**  
 \_\_\_\_\_  
Ft. In.  
**Weight**  
 \_\_\_\_\_  
Lb.

**Race**

Asian  
Includes Chinese, Japanese, Korean, Indian, Polynesian, Filipino, Indonesian, Samoan, Asian Indian

Black  
Includes persons having origins in any of the black racial groups of Africa

Native American  
Includes American Indian, Eskimo, or Alaskan Native

Caucasian  
Includes Mexican, Puerto Rican, Cuban, Central or South American

**Eye Color**

Black

Blue

Brown

Gray

Green

Hazel

**Hair Color**

Bald  Black

White  Sandy

Red or Auburn  Brown

Blonde or Strawberry

Gray or Partially Gray

**Applicant must present these documents in addition to those on Page 3**

**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 # \_\_\_\_\_  
 or  
 DS-1350 (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 Transportation Threat Assessment and Credentialing (TTAC), 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.

**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 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.

**Disclosure:** Furnishing this information (including your SSN) is voluntary; 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.

1. I certify that all details on this application as they apply to me are correct.
2. If I lose, damage, or have my security badge stolen, I will notify the PDX Security Badging Office immediately @ (503-460-4500) or (503-460-4747), and will apply through my Authorized Signatory for a replacement badge. (See current fee schedule.)
3. This security badge must be returned upon resignation, termination or the demand of an authorized Port of Portland representative, to the PDX Security Badging Office.
4. I understand that my security badge is non-transferable. Misuse of my security badge could result in civil penalties imposed by the Transportation Security Administration.
5. I understand that if I violate any laws or regulations, including Port, Federal Aviation Administration, and Transportation Security Administration regulations, pertaining to the use of my security badge, that my security badge may be immediately revoked and that I will be subject to disciplinary action, up to and including termination.
6. If given access to the Employee Parking Lot, I agree that by signing below, I have read and accepted the terms set forth in the Portland International Airport (PDX) Employee Lot Guidelines as provided at the time of this application or available in the PDX Rules @ [www.portofportland.com](http://www.portofportland.com).

Employee Printed Name: \_\_\_\_\_

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

**Step #3: To Be Completed by Authorized Signatory (AS)**

**AS Signature Required on back page**

**- AS Must Initial -  
Badge Type**

\_\_\_\_\_ GA (Yellow/Blue)

\_\_\_\_\_ Sterile Area (Purple/Gray)

\_\_\_\_\_ AOA (Pink/Green)

\_\_\_\_\_ Secured Area (Orange/Red)

\_\_\_\_\_ Replacement

**- AS Must Initial -**

\_\_\_\_\_ **D** **Driver's Endorsement**

\_\_\_\_\_ Driver's License Number

\_\_\_\_\_ State \_\_\_\_\_ Exp Date

\_\_\_\_\_ **M** **\*Movement Area Driver**

\_\_\_\_\_ **\*Airfield Ops Approval**

**- AS Must Initial -**

\_\_\_\_\_ Employee Parking

\_\_\_\_\_ **\*Armed LEO** \_\_\_\_\_ **EMS**

\_\_\_\_\_ **\*Requires ASC / Police Initials**

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

**A**

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

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 nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

**Document # from List A:**

\_\_\_\_\_

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

**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 agencies or entities 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

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): \_\_\_\_\_

**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): \_\_\_\_\_

**Authorized Signatory (AS) Signature Required**

1. As Authorized Signatory, my initials indicate the appropriate access and selections for the employee on page 3.
2. By signing below, the Authorized Signatory agrees that the Company will be fully responsible for the payment of the Port's Badging Fee for each badge issued, in accordance with the Badging Fee Schedule published in the badging office. The Badging Fee may be paid by the individual who is issued the badge, at the time service is provided, or it will be billed to the company. Any Badging Fee not paid within thirty (30) days of the date of the invoice, will be considered delinquent. This could result in your company not being billable. This may not apply to some construction projects.
3. By signing below, my signature indicates that I have seen the documents listed on page 3, and that they belong to the applicant.

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

\_\_\_\_\_  
Contact Number

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

\_\_\_\_\_  
Date

\*Do not sign unless page 1 is completed

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