



Yuma International Airport

UNESCORTED AOA ACCESS APPLICATION

Official Use Only

SECTION I: APPLICANT INFORMATION

Last Name		First Name		Middle Name	
Maiden Name, Name Changes, or Aliases (if applicable)				Social Security Number	
Current Mailing Address			City	State	Zip Code
Phone Number		Alt. Phone Number	E-Mail Address		
Place of Birth (State/Country)	Citizenship Country	Driver's License Number		State	Expiration (MM/YY)
Date of Birth (MM/DD/YYYY)	Height (ft/in)	Weight (lbs)	Gender	Hair Color	Eye Color
Passport Country (if applicable)			Passport Number (if applicable)		
Alien Registration Number (if applicable)			Non-Immigrant VISA Number (if applicable)		
I-94 Arrival/Departure Number (if applicable)			Certificate of Naturalization Number (if applicable)		
Certification of Birth Abroad Form DS-1350 Number (if applicable)			Airport Tenant/Employer		

SECTION II: AIRCRAFT INFORMATION

Company/Flying Club	Aircraft Storage Location	N-Number
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SECTION III: ID RULES AND REQUIREMENTS

As a condition of obtaining/retaining the privilege of unescorted access to the Yuma International Airport AOA the undersigned agrees to the following:

1. I will comply with all the rules and regulations promulgated by the Yuma International Airport, the Transportation Security Administration, and the Federal Aviation Administration regarding airport access and use.
2. I will use my AOA access media each time I enter a restricted area and understand that once I am issued an AOA access media I will then be unescorted.
3. I will challenge those persons found in the AOA that seem suspicious or out of place and report those individuals to Airport Operations or the Yuma Police Department.
4. I will not permit persons to enter the AOA unless they are authorized to do so by the airport or are under my escort.
5. I will ensure that persons under my escort in the AOA remain within my sight and control at all times.
6. I will not escort any person who has been issued a Yuma International Airport badge.
7. I will not leave any open, unsecured gate or door unattended.
8. I will not leave any door or gate unsecured after use.
9. I will enter only those areas I am authorized to enter.
10. I will not permit other persons to use my AOA access media.
11. I will immediately report the loss or theft of my AOA access media to Airport Operations.
12. I understand that the AOA access media issued to me remains the property of the Yuma International Airport and I will surrender it on demand.
13. I will comply with the restrictions on divulging sensitive security information as described in part 1520
14. I will comply with provisions set forth in 1540.105
15. I understand that a violation of one or more of these rules may lead to fines, criminal charges, and suspension or revocation of my AOA access media.

The information I have provided is true, complete, and correct to the best of my knowledge and belief. I understand that the privilege of unescorted access to the AOA is not an entitlement and may be revoked at any time by the Yuma International Airport.

Applicant's Name (Printed): _____ Signature: _____ Date: _____

SECTION IV: AUTHORIZED SIGNATORY

Employer/Company	Authorized Signatory's Name (Printed)	Authorized Signatory's Phone Number
Employer/Company Address (Street, City, State, Zip Code)	E-Mail Address	Title

Badge Type: DRIVER NON-DRIVER Driver's Training Date: _____ Escort Authority: YES NO

I certify that this applicant is actively employed by the above listed employer/company, requires unescorted access to the Air Operations Area at Yuma International Airport and acknowledges their security responsibilities under 49 CFR 1540.105.
I understand that the applicant's Airport Identification Media will be returned promptly upon request, termination, or when access is no longer needed. The employer also acknowledges responsibility as the secondary payer of any penalty charges for the loss of the AOA Media should this applicant fail in their primary responsibility to pay.

Authorized Signatory's Signature: _____ Date: _____

SECTION V: CERTIFICATION

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 or 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-19)/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.

Applicant's Name (Printed): _____ Signature: _____ Date: _____

Birth Date: _____ Social Security Number: _____

FOR OFFICE USE ONLY

Identification Verification:

Company Code: _____

ID Number: _____

P	I	N	#
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I.D. Verification: Type #1: _____ Type #2: _____

Signature: _____ Date: _____

Second Check of Paperwork: _____

TSA Threat Assessment Received: Approved Denied Initials: _____ Date: _____

Authorization for AOA ID: Approved Denied Initials: _____ Date: _____

ASC Authorization: Approved Denied Initials: _____ Date: _____

ID Fee Payment: Payment Type Credit Card Cash/Check Initials: _____ Date: _____

Training:

I certify that the listed applicant satisfactorily completed AOA Access Training per 49 CFR Part 1542.213(c).

Signature: _____ Date: _____

I certify that the listed applicant has completed the Yuma International Airport driver's training.

Signature: _____ Date: _____

Badge Issued:

Date ID Issued: _____ ID Issued By: _____ ID Expiration: _____

Date ID Returned: _____ ID Received By: _____ Date ID Lost: _____

Reason for ID Revoked or Returned: _____

PRIVACY ACT NOTICE

Authority: 49 U.S.C. §§114 and 44936 authorizes the collection of this information.

Purpose: 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 system (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 validity of your name and SSN.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. For as long as your fingerprints and associated information/biometrics 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 identification media.

I have read and understand this Privacy Act Notice.

Name (Printed): _____

Signature: _____ Date: _____