## **Acknowledgement of SIDA Badge Requirements**

By my signature herein, I acknowledge that I have been advised of the basic requirements of the TSA regarding SIDA (Secure Identification Display Area) access.

I agree to comply with the outlines requirements.

I further acknowledge having been given a list of <u>Disqualifying Offenses</u>. I hereby certify that I have not been convicted of any of the captioned felony offenses within the last ten years except any that I may have discussed with the Airport Security Coordinator. I further agree to immediately advise the Airport Security Coordinator of any arrest and conviction of any of the listed offenses during the time period that I have a SIDA access badge. Pursuant to Federal Regulations 14CFR 107.209 there is an obligation to report any such conviction within 24 hours to the Airport Operator.

## Certification

"I authorize the Social Security Administration to release my Social Security Number and full name to the TSA, Office of Transportation Threat Assessment and Credentialing (TTAC), Aviation Programs (TSA-19)/Aviation Worker Program, 601 12<sup>th</sup> Street, Arlington, VS 20598."

"I am the individual to whom the information applies and wan this information released to verify that my SS number 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.

Signature:	DOB:
SSN and Full Name:	
	Certification
-	elete, and correct to the best of my knowledge and belief and is wing and willful false statement can be punished by fine or le 18 of the United State Code.)"
Signature:	
Th	ne Privacy Act of 1974
	5 U.S.C. 522a(e)(3)

**Purpose-** The Department of Homeland Security 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 for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification 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. If you provide your Social Security Number, DHS may provide your name and SSN to the Social Security Administration to

**Privacy Act Notice** 

Routine Uses- In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or the 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 ibn the TSA 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.

compare that information against SSA records to ensure the validity of the information.

**Disclosure**- Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other related information requested, DHS may be unable to complete your application for a Security Threat Assessment.