



DETROIT METROPOLITAN WAYNE COUNTY AIRPORT AIRPORT ID BADGE RENEWAL FORM

SECTION I – Employee Information (Print legibly - Use black or blue ink - Original documents required)

Badge #: _____ Email Address: _____ Cell Phone: _____

Name: _____

Last
First
Middle

Home Address: _____

Number
Street (apt #, bldg. #, etc.)
City
State
Zip

Length of time residing at address above (years and months): _____

Two (2) pieces of valid (unexpired) documentation is required. Copies will not be accepted. At least one ID must have been issued by a Government authority and at least one must include a photo. Renewal applicants must provide documentation that establishes both identity as well as employment eligibility. Federal Employee must present their Federal Identification Card Only. Please have a document that reflects your citizenship status and your eligibility to work in the US. For a complete list of acceptable documents please refer to: <http://www.wcaa.us/Portals/WCAACorp/Acceptable%20Identification.pdf>.

Born in the U.S.		U.S. Citizen Born Outside of U.S.		Non-U.S. Citizens	
Driver's License or State Identification		Driver's License or State Identification		Driver's License	Permanent Resident Card
U.S. Passport	Social Security Card	U.S. Passport	Certificate of Birth Abroad	Employment Authorization	Non-Immigrant Visa
Original Birth Certificate		Foreign Passport w/I-94 or I-1551			

SECTION II – Applicant Certification

Security Responsibility Agreement:

- I will not allow anyone to use my Airport ID Badge.
- I will wear my Airport ID Badge above my waist on my outermost garment at all times when in the Security Sensitive areas.
- I will challenge and report any individual who is not displaying a valid Airport ID Badge in a Security Sensitive area and will immediately report the incident to Airport Security or Airport Police.
- I will ensure proper closing and locking of any security door or gate I access before leaving.
- I will not allow anyone to follow me through any security door or my vehicle through a security gate.
- I will report the theft or loss of my Airport ID Badge immediately to Airport Security.
- I will immediately report any security violation I witness or any damage to any security equipment to Airport Security or Airport Police.
- I will submit to TSA passenger screening and not leave the sterile area before boarding a plane as a passenger.
- I will submit to employee screening prior to reporting for work.

SECTION III – 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 110-53, 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 information to conduct a security threat assessment. If applicable, 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). DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will result in denial of a Credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment. By submitting this application and signing below, you consent; to being screened at any time while gaining access to, working in, or leaving a Security Sensitive Area; and that the information contained in this application may be shared with federal, state and local law enforcement agencies.

Employee Signature: _____ Date: _____