



SENSITIVE SECURITY INFORMATION

1100 Jetport Road
Myrtle Beach, SC 29577
Office # (843) 839-7372
Fax # (843) 444-0615
Email: myropctr@horrycounty.org
Website: www.flvmyrtlebeach.com

APPLICATION FOR GENERAL AVIATION/AOA BADGE

PRINT OR TYPE INFORMATION

I. APPLICANT (*Tenants/Contractors MUST complete section II.)

NAME (Last, First, Mi): (List ALL ALIAS/MAIDEN NAMES)
Applicant is:
Pilot [] Contractor []
Tenant [] ESCORT []

ADDRESS (Street, City, State, Zip):

AIRCRAFT REGISTRATION#: (if applicable)
CONTACT PHONE#:
HEIGHT
WEIGHT
DOB
MALE
FEMALE
DRIVERS LICENSE #:
DL STATE
DL EXPIRATION

1. I understand that a Security Threat Assessment check will be performed.
2. I acknowledge any responsibility for any TSA fines against MYR, which were caused by the failure to adhere to MYR Airport Security Programs or TSA regulations.
NOTE: At time applicant is to be photographed, a picture ID plus one additional form of ID must be presented as proof of personal identification.
APPLICANT SIGNATURE: _____ DATE: _____

II. TO BE COMPLETED BY EMPLOYER REPRESENTATIVE FOR TENANTS AND CONTRACTORS

EMPLOYER:
SUPERVISOR:
WORK PHONE:
CONTRACTED TO: (if applicable)

CERTIFICATION:
I certify, as Employer Representative, that the above applicant information is correct. I shall notify Myrtle Beach International Airport immediately upon termination or resignation of the above named person. All applicable 49 CFR part 1542 & part 1544 employment requirements have been satisfied.

NAME (PRINTED) _____ TITLE: _____
SIGNATURE _____ DATE: _____

III. FOR AIRPORT BADGE OFFICE USE

Table with columns: ACCESS LEVEL, BADGE NUMBER, ISSUE DATE, EXPIRE DATE, ISSUED BY, RETURN DATE, DATE OF GA SECURITY TRAINING, INSTRUCTOR, ID'S VERIFIED BY TA, STA COLLECTED BY TA, RECEIPT #:

HCDA AUTHORIZING OFFICIAL: _____ DATE: _____

I acknowledge receipt of ID badge : _____ DATE: _____
SIGNATURE

SENSITIVE SECURITY INFORMATION FOR OFFICIAL USE ONLY

Warning: This record contains Sensitive Security Information that is controlled under 49 CFR Parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know," as defined in 49 CFR Parts 15 and 1520, except with written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. government agencies, public disclosure is governed by 5 USC 552 and 49 CFR 15 and 1520. Exhibit O-2

CITIZENSHIP AND SOCIAL SECURITY RELEASE

APPLICANT'S NAME:

US STATE WHERE BORN: **OR** (Country of birth)

CITIZENSHIP: (Country Code, 2 Letters)

NON-IMMIGRANT VISA #:

ALIEN REGISTRATION #:

US PASSPORT # :

AIRPORT CATEGORY: **II**

"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 Intelligence and Analysis (OIA), 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."

"Signature:

Date of Birth:

"SSN and Full Name: - - /

PRIVACY ACT NOTICE**The Privacy Act of 1974****5 U.S.C. 552a(e)(3)**

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 the 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.

Signature _____

Date _____

SENSITIVE SECURITY INFORMATION FOR OFFICIAL USE ONLY