

# NON-SIDA ACCESS APPLICATION HPN AIRPORT ID DATABASE

Please Type or Print:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
First Name MI Last Name Aliases / Additional Names

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
Employer and Facility Date of Employment Job Title

7. \_\_\_\_\_ 8.    -   -      
Place of Birth Social Security Number

9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. **A#** \_\_\_\_\_  
Driver's License Number State Citizenship Alien Registration Number

13 \_\_\_\_\_ 14 \_\_\_\_\_ 15. \_\_\_\_\_  
Other immigration doc. - type Immigration document number Exp. date of immigration status

16. Gender: M F 17. Date of Birth: \_\_\_\_\_ 18. Race: \_\_\_\_\_  
MM/DD/YYYY

19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_  
Height Weight Hair Color Eye Color

23. Home Address:  
\_\_\_\_\_  
Street Town or City State Zip Code

24. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Telephone Number

TO BE FILED WITH WESTCHESTER COUNTY AIRPORT ADMINISTRATION

The information I have provided on this application 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 on this application can be punished by fine or imprisonment or both (See section 1001 of Title 18 of the United States Code)

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Applicants Signature Date

**EMPLOYER'S CERTIFICATION OF  
10-YEAR EMPLOYMENT CHECK**  
*(Subject to Audit by Airport Security Department)*  
(To be mailed or hand delivered to Airport Operations)

I (print name) \_\_\_\_\_ do confirm that a ten-year employment history record check has been conducted on my employee/operator named (print name of applicant) \_\_\_\_\_.

I agree to notify the Airport Manger or Airport Operations Manager immediately of any change in the subjects status, which may affect the use/or possession of the airport identification system.

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Company \_\_\_\_\_ Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF BASED TENANT AUTHENTICITY FOR  
APPLICATION OF A NON-SIDA ACCESS AIRPORT ID**

(To be mailed or hand delivered to Airport Operations)

I (print name of Primary Tenant or FBO Owner/Operator) \_\_\_\_\_  
certify  
that (print name of applicant) \_\_\_\_\_ is employed or based at my  
premises.

I agree to notify the Airport Manager or Airport Operation immediately of any change in the applicant's status, which may affect the use/or possession of the airport identification system.

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Signature of Primary Tenant or FBO Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

## TEN YEAR EMPLOYMENT HISTORY VERIFICATION FOR APPLICATION FOR A NON-SIDA AIRPORT ID

***(Subject to Audit by Airport Security Department)***

All applicants for a Non-SIDA Westchester County Airport ID are subject to an employment history verification check. An applicant may be disqualified for an Airport ID Card if this record check is not completed and certified by the applicant's employer.

Instructions for Employers: Applicant must list all previous employers or schools attended for the past ten years on this form. If a gap in employment exists, the employee must explain the gap. Tax returns, payment stubs, and school records may be used as proof of status. The current employer must verify the most recent five years. All information is to be filed with the present employer. The employer will sign and date a letter accompanying this form certifying the verification is complete and will send only the letter to Airport Operations.

Please print applicant's name

1.	Name-Company/Agency	Date-From	Date-To	Person Contacted
	Company Address	Telephone number		How Contacted
2.	Name-Company/Agency	Date-From	Date-To	Person Contacted
	Company Address	Telephone number		How Contacted
3.	Name-Company/Agency	Date-From	Date-To	Person Contacted
	Company Address	Telephone number		How Contacted
4.	Name-Company/Agency	Date-From	Date-To	Person Contacted
	Company Address	Telephone number		How Contacted
5.	Name-Company/Agency	Date-From	Date-To	Person Contacted
	Company Address	Telephone number		How Contacted

**Please use reverse side of this form if necessary**

# ACCEPTABLE DOCUMENTS TO ESTABLISH IDENTITY AND EMPLOYMENT ELIGIBILITY FOR AOA ACCESS

Printed name of the applicant

To Be Completed By Airport

*Issuing Officer must circle the forms of ID presented from appropriate columns*

<b>LIST A</b> Document that establish identity and employment eligibility	<b>OR...</b>	<b>LIST B</b> Documents that establish identity	<b>AND</b>	<b>LIST C</b> Documents that both establish employment eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state 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		1. U.S. Social Security Card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certificate of U.S. Citizenship (INS Form N-550 or N-570)				
3. Certificate of Naturalization (INS Form N-550 or N-570)				
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization		2. 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		2. Certification of Birth Abroad issued by the Dept. of State (Form FS-545 or Form DS-1350)
5. Permanent Resident Card or Alien Resident Receipt Card with photograph (INS Form I-151 or I-551)		3. School ID Card with a photo		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
6. Unexpired Temporary Resident Card (INS Form I-688)		4. Voter's registration card		
7. Unexpired Employment Authorization Card (INS Form I-688A)		5. U.S. Military card or draft record		4. Native American tribal document
8. Unexpired Reentry Permit (INS Form I-327)		6. Military Dependent's ID Card		5. U.S. Citizen ID Card (INS Form I-179)
9. Unexpired Refugee Travel Document (INS Form I-571)		7. U.S. Coast Guard Merchant Mariner's Card		6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
10. Unexpired Employment Authorization Document issued		8. Native American Tribal document		
		9. Driver's License issued by a Canadian government authority		
		<b>For persons under 18 who are unable to present a document listed above:</b>		
		10. School record or Report Card		7. Unexpired employment authorization document issued by the INS (other than those listed under LIST A)
		11. Clinic, doctor, or hospital record		
		12. Day-Care or Nursery School record		
Issuing Officer's Initials and Date				

# PRIVACY ACT NOTICE FOR COLLECTION OF INFORMATION

TO BE FILED WITH WESTCHESTER COUNTY AIRPORT ADMINISTRATION

## Social Security Administration Consent

I authorize the Social Security Administration to release my Social Security of 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 12<sup>th</sup> Street, Arlington, VA 22202.

I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that I make any representation that I know is false to obtain information from Social Security records, I could be punished by fine or imprisonment or both.

Print Full Name: \_\_\_\_\_  
Last Name, First Name, Middle Name

Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

## Privacy Act Notice

**Authority:** 49 U.S.C. §§114, 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 and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. 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 the validity of your name and SSN.

**Routine Uses:** The 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.

**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.

Print Name

Sign Name

Date

**To Be Completed By Employee Upon Receiving ID**

I clearly understand all the responsibilities of the Westchester County Airport ID badge holder, as provided to me by the Westchester County Airport Security Department staff.

Received By: \_\_\_\_\_  
Print

Date ID Card Issued: \_\_\_\_\_

\_\_\_\_\_  
Signature

Company: \_\_\_\_\_