

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, and 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 Administration (SSA) to compare that information against SSA's records to ensure the 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.

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.

Charles M. Schulz – Sonoma County Airport (STS)

Airport Operations Area (AOA) Access Request – Individual

Applicants for an STS Operations Area (AOA) badge must meet at least one of the following criteria:

1. Hold a lease, operating agreement or use permit with the Sonoma County Airport; or,
2. Be an employee, associate or relative of an authorized Airport business or tenant; or,
3. Be an active flight student, aircraft renter or member of a flying club; or,
4. Be authorized by the Airport Manager.

Personal Information

Disclosure of information listed below is voluntary; however, failure to furnish all requested information may delay or prevent completion of a security threat assessment which may prevent access to the AOA. Collection of this information is authorized under 49 U.S.C. 114.

Name: _____, _____, _____
(Last) (First) (Middle)

Company or Tenant Name: (if applicable) _____

Gender: Male _____ Female _____ Date of Birth: _____ SSN: _____

Country of Birth: _____ U.S. Citizen? Yes _____ No _____

Drivers License No: _____ State: _____ Expiration _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (H) _____ (W) _____ (C) _____

Email: _____ (will be used only for Airport related correspondence)

Aircraft Registration Number: _____ Tiedown or Hangar Number: _____

I agree to abide by all Federal, State and local laws including Charles M. Schulz – Sonoma County Airport Rules and Regulations, Airport security procedures, and directives issued by Department of Homeland Security. I understand that failure to comply with Airport security procedures or directives may result in immediate revocation of access privileges. I also understand that I must immediately contact the Airport Manager's Office if my badge is lost, stolen or destroyed.

Signature: _____ Date: _____

I hereby acknowledge that I have received the AOA badge Rules, Regulations and Penalties document and will comply with and be bound thereby:

Signature: _____ Date: _____

OFFICE USE ONLY

Airport Badge #: _____ Date Issued: _____ Issued By: _____ STA Approved: _____

Airport Card #: _____ Expiration: _____ Gate Access: [See pg. 3]

Privacy Certification – SSN Verification

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 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 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:

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 of Title 18 of the United States Code).

Signature: _____

Date: _____