



REDMOND MUNICIPAL AIRPORT

STA Application

AOA- Access ID Media

DATE _____

NAME _____
(LAST NAME) (LEGAL FIRST NAME) (FULL MIDDLE NAME)

MUST INCLUDE: "NICKNAMES" / FORMER NAMES / MAIDEN NAME / ALIAS NAMES-AND DIFFERENT SPELLINGS USED:

HOME ADDRESS _____
(PHYSICAL ADDRESS, NOT P.O. BOX)

(CITY, STATE, ZIP)

DATE OF BIRTH _____ GENDER MALE _____ FEMALE _____

PLACE OF BIRTH _____ CITIZENSHIP COUNTRY _____
(TOWN / STATE)

MAIN PHONE _____ ALTERNATE PHONE _____

Your E-mail _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP _____

EMERGENCY CONTACT NUMBERS _____ / _____

HANGAR NUMBER / HANGAR OWNER NAME _____

OR

EMPLOYER / ORGANIZATIONS NAME _____

PHONE _____ SUPERVISOR NAME _____

**REDMOND MUNICIPAL AIRPORT
SIGNATORY AUTHORIZATION
AOA ID**

THIS SECTION MUST BE COMPLETED BY AN AUTHORIZED SIGNATORY

I certify that _____ is a current employee / contractor / tenant or sublease
(Name of the person you authorize)

with _____ and request that he/she be issued an Airport issued AOA
(Hangar # / Name or Business / Company Name)

ID for the Redmond Municipal Airport.

Signatory Printed Name Title

Signatory Signature Date

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

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 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical 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 the 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 general permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or 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 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.

"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."

"The information I have provided is true, complete, and correct to the best of my knowledge and belief and 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 of Birth: _____

"SSN and Full Name printed: _____"

**REDMOND MUNICIPAL AIRPORT
AOA ID Deposit Form**

NAME _____
(FIRST NAME) (LAST NAME)

DEPOSIT PAID BY: SELF _____ **OR**
NAME OF EMPLOYER _____

Mailing Address for SELF

ADDRESS _____
(COMPLETE MAILING ADDRESS)

Mailing Address for EMPLOYER

ADDRESS _____
(COMPLETE MAILING ADDRESS)

PHONE _____

I understand I **must** return my Redmond Airport issued ID and/or keys within 30 days of the expiration date to have my deposit refunded. If I do not return my Airport issued ID and/or keys within 30 days of the expiration the deposit becomes forfeited.

Signature

Date

AIRPORT USE

Payment Collected - Update AOA Deposit List _____
Initial & Date

ID Returned:

Verify mailing address _____ Update AOA Deposit List _____
Initial & Date Initial & Date

Give deposit form to Business Coordinator _____
Initial & Date

ID NOT returned – File this form in DEPOSITS NOT RETURNED folder _____
Initial & Date