



REDMOND MUNICIPAL AIRPORT
STA Application
AOA- Access ID Media

DATE RECEIVED BY AIRPORT _____

NAME _____
Last Name Legal First Name Full Middle Name

Include ALL - Nick Names / Former Names / Alias / Maiden Names:

Last Name Legal First Name Full Middle Name

Last Name Legal First Name Full Middle Name

HOME ADDRESS _____

CITY STATE ZIP

DATE OF BIRTH _____ GENDER MALE _____ FEMALE _____
MONTH / DAY / YEAR

PLACE OF BIRTH _____
TOWN STATE

Citizenship Country _____

Your Phone Number _____

Your E-mail _____

Hangar Number / Owner Name _____

OR

Employer / Business / Sponsor's Name

Phone _____ Supervisor Name _____

Emergency Contact Name: _____ Relationship _____

Phone number _____

***** **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 110-53, 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 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.

"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: _____
Month / Day / Year

"SSN and Full Name printed: _____"

**REDMOND MUNICIPAL AIRPORT
AOA ID Deposit Form**

NAME _____
First Name Last Name

IF SPONSOR Paid Deposit – Sponsor Phone Number _____

NAME OF SPONSOR _____

ADDRESS _____
MAILING ADDRESS - STREET, TOWN, STATE, ZIP

IF SELF Paid – Complete this Section Phone Number _____

ADDRESS _____
MAILING ADDRESS - STREET, TOWN, STATE, ZIP

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 _____	Receipt Number _____
Initial & Date	Initial & Date
Complete when ID is returned:	
Mailing address verified _____	Update AOA Deposit List _____
Initial & Date	Initial & Date
Deposit form to Business Coordinator _____	
Initial & Date	
ID NOT returned – File this form in DEPOSITS NOT RETURNED folder _____	Initial & Date _____

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

ONE selection from List A

OR a combination of one selection from List B **AND one selection from List C.**

LIST A ONE ID ONLY OR ONE ID FROM B AND ONE ID FROM C

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or 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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

******NOTE: Conceal Carry Permits /License are NOT acceptable I-9 ID**