

# COLUMBIA METROPOLITAN AIRPORT

## EMPLOYEE ID CARD DATA SHEET



**(Print or Type) NAME:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

**ADDRESS:** \_\_\_\_\_  
(STREET) (APT #)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**E-MAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE:** ( \_\_\_\_\_ ) - \_\_\_\_\_ **WORK PHONE:** ( \_\_\_\_\_ ) - \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_ **COUNTRY OF CITIZENSHIP:** \_\_\_\_\_  
(STATE)

**SEX:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**HAIR COLOR:** \_\_\_\_\_ **EYE COLOR:** \_\_\_\_\_ **ETHNICITY:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE OF ISSUE:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

- TYPE OF ID NEEDED:**
- |   |   |
|---|---|
| <input type="checkbox"/> SECURED SIDA-RAMP (Access all areas)             | <input type="checkbox"/> TERMINAL STERILE AREA (Access past the TSA Checkpoint) |
| <input type="checkbox"/> CARGO SIDA ( West Cargo access)                  | <input type="checkbox"/> TERMINAL (Public Area access only)                     |
| <input type="checkbox"/> AOA/FBO-RAMP (FBO Ramps & Airfield Construction) | <input type="checkbox"/> GROUND TRANSPORTATION (Arrivals Pick-Up area only)     |
| <input type="checkbox"/> FBO-TENANT (FBO Ramps only)                      |   |

- MOVEMENT AREA DRIVING (RUNWAYS)       NON MOVEMENT DRIVING (RAMPS)       ESCORT PRIVILEGE

You agree that the information provided on this application is true, complete, and correct to best of your knowledge and belief and is provided in good faith. And, you understand that knowing and willful false statements on this application can be punished by fine and 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 TSA, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA19)/Aviation Worker Program, 601 South 12th St., 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.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I CERTIFY, AS EMPLOYER REPRESENTATIVE, THAT THE ABOVE EMPLOYEE INFORMATION IS CORRECT. I SHALL NOTIFY COLUMBIA METROPOLITAN AIRPORT POLICE IMMEDIATELY UPON TERMINATION OR RESIGNATION OF THE ABOVE NAMED PERSON. ALL APPLICABLE 49 CFR Part 1542 & Part 1544 EMPLOYMENT REQUIREMENTS HAVE BEEN SATISFIED. PLEASE PROCESS AND ISSUE THE ABOVE NAMED PERSON THE APPROPRIATE ID MEDIA.

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DATE \_\_\_\_\_ SIGNATURE OF COMPANY REPRESENTATIVE CERTIFYING COMPLIANCE \_\_\_\_\_

PRINT NAME and TITLE \_\_\_\_\_

### FINGERPRINT DATA If Required for Access

**IF RESULTS CERTIFIED/SUPPLIED BY OTHER THAN THE RICHLAND-LEXINGTON AIRPORT DISTRICT, FINGERPRINT INFORMATION MUST BE ATTACHED ON COMPANY LETTERHEAD AND SIGNED BY MANAGER. IT MUST INCLUDE APPLICANT NAME, SSN, DATE RESULTS CERTIFIED AND BY WHOM. ALL APPLICANTS MUST PRESENT TWO FORMS OF IDENTIFICATION TO BE PROCESSED.**