



TOWN OF ISLIP

DEPARTMENT OF AVIATION AND TRANSPORTATION DIVISION OF AIRPORT LAW ENFORCEMENT

LONG ISLAND MACARTHUR AIRPORT 100 ARRIVAL AVENUE / SUITE 100 * RONKONKOMA, NY 11779 631-467-3315 * FAX 631-467-3271

EMPLOYEE: (Please print)

Last Name:			
Are you a Citizen of the United States?	Ali F	First Name:	Middle Initial:
If not, provide	Allases or Former Names:		
DOB:			
Eye Color: Hair Color: Height: Weight: Race: Asian African American/Black Caucasian Latino Native American Unknown Driver's License No. Issuing State: Expiration Date: Apt #: City: State: Zip: Home Address: Home Phone: Cell Phone: Home Phone: Have you ever had your AOA badge suspended or revoked? If yes, provide details: 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). Employee Signature: Date: AOA ACCESS Subcontractor Name: Mailing Address: AD PH Smith Open 18	If not, provide Alien No. Admission	No. Employment Authorization No.	
Race: Asian African American/Black Caucasian Latino Native American Unknown Driver's License No. Issuing State: Expiration Date: Home Address: Apt #: City: State: Zip: Business Phone: Home Phone: Email: Cell Phone: Have you ever had your AOA badge suspended or revoked? If yes, provide details: 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). Employee Signature: Subcontractor Name: Modern Can Maddress: AD AOA ACCESS Subcontractor Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Subcontractor Name: Modern Can Maddress: AD AOA Substitution of the Company Name: Substitution o	DOB:Place o	f Birth:(State/Country)	Gender: _ Male _ Female
Driver's License No Issuing State: Expiration Date: Apt #:	Eye Color: Hair Color:	Height:	Weight:
Home Address:	Race: 🗆 Asian 🗆 African American/Bla	ick Caucasian Latino Nativ	ve American
City:	Driver's License No Issuing	State: Expirati	on Date:
Business Phone:	Home Address:	*	_ Apt #:
Email:	City:	State:	Zip:
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Company Name: GACE Flyin, Club Subcontractor Name: Modern air	understand that a knowing and willful false	e statement can be punished by fine o	or imprisonment or both (see Section 1001 of Title 18 of
Mailing Address: 2099 Smith / Duras Ade		AOA ACCESS	
City, State, Zip: Rowkon Kong NY 1/779	Mailing Address: 2099 Smith	Towas Ave	ctor Name: Modern air
Manager/Supervisor (Please Print): Jesfazy C McAnthur, Pacs	Mailing Address: 2099 Smith	Towas Ave	ctor Name: Modern air
by my signature I certify that I am an authorized representative of the above employer and as such may execute (sign) this application; that the foregoing information is true, ccurate and all information is verified; that the named employer authorizes a Security Threat Assessment to be obtained for the purpose of obtaining an AOA Access Badge and is responsible for all applicable fees and charges; and that the employee's AOA Badge will be returned upon request, termination or when access is no longer required; and that the above named employee is required to have access to secure areas of the Airport.	Nailing Address: 2099 Smith City, State, Zip: Rowkon Kon	LOWN ADE	,
ignatory Authority Signature:	Mailing Address: 20 Pe Smith City, State, Zip: Rowkon Kon Manager/Supervisor (Please Print): Te y my signature I certify that I am an authorized represent cocurate and all information is verified; that the named e and is responsible for all applicable fees and charges; and	TOWN ASE LEY CM HALLY Staty CM HALLY matrixe of the above employer and as such many threat Assessive that the employee's AOA Badge will be returned.	ay execute (sign) this application; that the foregoing information is true, ment to be obtained for the purpose of obtaining an AOA Access Badge

PRIVACY ACT STATEMENT

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 to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information/biometrics 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/biometrics 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'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: 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 Assessmant Systems (T-STAS), DHS/TSA 002. For as long as your fingerprints and associated information/biometrics 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 identification media.

CERTIFICATION

"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-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."

Signature:	-	Date of Birth:	(W)
SSN and Full Name (Print)	Contract Contract	garage galag	a .
Employer GACE Fly	uf Club / Sho	Star	

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

LIST B

LIST C

Documents that Establish Both Identity and Employment

Documents that Establish Identity

Documents that Establish Employment Authorization

	Authorization (R		AND	
	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-	2.	ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as	2	Certification of Birth Abroad issued by the Department of State (Form FS-545)
	readable immigrant visa		name, date of birth, gender, height, eye color, and address	3.	Certification of Report of Birth issued by the Department of State
4.	Employment Authorization Document that contains a photograph (Form	3.	School ID card with a photograph		(Form DS-1350)
	I-766)	4.	Voter's registration card	4.	Original or certified copy of birth certificate issued by a State,
5.	In the case of a nonimmigrant alien authorized to work for a specific	5.	U.S. Military card or draft record		county, municipal authority, or territory of the United States
	employer incident to status, a foreign passport with Form I-94 or Form	6.	Military dependent's ID card		bearing an official seal
	I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form Passport from the Federated States of	7.	U.S. Coast Guard Merchant Mariner Card	5.	Native American tribal document
		8.	Native American tribal document		U.S. Citizen ID Card (Form I-197)
		9.	Driver's license issued by a Canadian government authority	6	
6.			For persons under age 18 who are unable to present a document listed above:	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
	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	10.	School record or report card	8.	Employment authorization document issued by the
		11.	Clinic, doctor, or hospital record		Department of Homeland Security
		12.	Day-care or nursery school record		×
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Non US citizenship - In the event the applicant is not a US citizen, the individual must provide the Alien Registration Number (ARN) or the I-94 Arrival/Departure Form Number.

US citizenship, non-US country of birth – In the event the applicant is a US citizen with a non-US country of birth, the individual must provide either a US passport number, Certificate of Naturalization Number (ARN), or a Certification of Birth Abroad (Form DS-1350)