



DANE COUNTY REGIONAL AIRPORT

UNESCORTED AOA ACCESS APPLICATION

Official Use Only

SECTION I: APPLICANT INFORMATION

Name of Applicant (Last, First, Middle)				Aliases or Nicknames				
Current Mailing Address (Street, City, State, Zip Code)						Home Phone Number		
Cell Phone Number		Work Phone Number		E-Mail Address				
Place of Birth (State/Country)		Citizenship Country		Driver's License Number & State Where Issued				
Date of Birth (MM/DD/YYYY)	Race	Height (Ft/in)	Weight (lbs)	Sex	Social Security Number		Hair Color	Eye Color
Passport Country (if applicable)				Passport Number (if applicable)				
Alien Registration Number (if applicable)				Non-Immigrant VISA Number (if applicable)				
I-94 Arrival/Departure Number				Certificate of Naturalization Number				
Certification of Birth Abroad Form DS-1350 Number				Employer				

SECTION III: AIRCRAFT INFORMATION

Company/Flying Club		Aircraft Storage Location		N-Number	
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SECTION III: ACCESS RULES & REQUIREMENTS

As a condition of obtaining and retaining the privilege of unescorted access to the Dane County Regional Airport) AOA the undersigned agrees to the following:

1. I will comply with all the rules and regulations promulgated by the Dane County Regional Airport, the Transportation Security Administration, and the Federal Aviation Administration regarding airport access and use.
2. I will use my AOA access media each time I enter a restricted area.
3. I will challenge those persons found in the AOA that seem suspicious or out of place and report those individuals to Airport Operations or a Dane County Sheriff's Deputy.
4. I will not permit persons to enter the AOA unless they are authorized to do so by the airport or are under my escort.
5. I will ensure that persons under my escort in the AOA remain within my sight and control at all times.
6. I will not escort any person who has been issued a Dane County Regional Airport badge.
7. I will not leave any open, unsecured gate or door unattended.
8. I will not leave any door or gate unsecured after use.
9. I will enter only those areas I am authorized to enter.
10. I will not permit other persons to use my AOA access media.
11. I will immediately report the loss or theft of my AOA access media to Airport Operations.
12. I understand that the AOA access media issued to me remains the property of the Dane County Regional Airport and I will surrender it on demand.
13. I understand that a violation of one or more of these rules may lead to fines, criminal charges, and suspension or revocation of my AOA access media.

The information I have provided is true, complete, and correct to the best of my knowledge and belief. I understand that the privilege of unescorted access to the AOA is not an entitlement and may be revoked at any time by the Dane County Regional Airport

Applicant's Name(Printed): _____ Signature: _____ Date: _____

SECTION IV: AUTHORIZING SIGNATURE

Employer/Company	Name of Authorizing Agent	Phone Number
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I certify that this applicant requires unescorted AOA access media to the general aviation areas of the Dane County Regional Airport.

Name (Printed): _____ Signature: _____ Date: _____

SECTION V: 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 or Title 18 of the United States Code).

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 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: _____ Date: _____

SSN and Full Name (Printed): _____

FOR OFFICE USE ONLY

Company Code:	ID Number:
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P. I. N.

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Date ID Issued: _____ ID Issued By: _____ ID Expiration: _____

Date ID Returned: _____ ID Received By: _____ Date ID Lost: _____

Reason for ID Revoked or Returned: _____

I certify that the listed applicant satisfactorily completed AOA GA Access Training per 49 CFR TSA 1542.213, on _____.

Signature: _____ Date: _____

ID Verification:

I.D. Verification: Type #1: _____ Type #2: _____

Signature: _____ Date: _____

TSA Threat Assessment Received: Approved Denied Initials: _____ Date: _____

Authorization for SIDA ID: Approved Denied Initials: _____ Date: _____

ASC Authorization: Approved Denied Initials: _____ Date: _____

ID Fee Payment: Payment Type: _____ Receipt Number: _____ Date: _____ Initials: _____

PRIVACY ACT NOTICE

Authority: 49 USC §§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, an 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 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 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.

I have read and understand this Privacy Act Notice.

Name (Printed): _____

Signature: _____ Date: _____

