Atlantic City International Airport

Annual Badge Renewal Form

Name: _____ _____ _____ **Gender:** M / F
Last First Full Middle

Alias/Maiden (List all last, first and middle name alias'):
_____
_____

Date of Birth: _____/_____/_____
mm dd yyyy

Social Security # _____ - _____ - _____

Current Address: _____

Contact Phone # _____ - _____ - _____

City _____ **State** _____ **Zip** _____

Passport # _____

Employer _____

Job Title _____

"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)."

"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 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"

SSN and Full Name: _____

Signature: _____ ***Date of Birth:*** _____

I also understand that this card is the property of the South Jersey Transportation Authority, and the improper use, possession or alteration is subject to penalties under Title 49 CFR 1542-1, NJS 2C:28-7a. Initials: _____

Airport Operations Use Only

Document Verification Check TA Name: _____

Form of ID Presented:

Form 1 - _____

Form 2 - _____

Badge Number - _____
Renewal Date - _____
STA Submitted - _____

NON – EXEMPT **EXEMPT**

PLACE

OLD BADGE

HERE