



ATLANTIC CITY INTERNATIONAL AIRPORT
Airport Operations Center

Annual Badge Renewal Form

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

Alias / Maiden Names: _____ State of Birth: _____
Date of Birth: ____ / ____ / ____
Social Security #: ____ - ____ - ____
Contact Phone #: ____ - ____ - ____

Current Address: _____ Employer: _____
City: _____ State: ____ Zip: _____ 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.
- 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.

Full Printed Name: _____ Date: _____
Signature: _____ Date of Birth: _____

Signatories Only: I have completed the required training and acknowledge my responsibilities in this role.

Signature: _____

Airport Operations Use Only

TA Name: _____
Badge Number: _____
Renewal Date: _____

Non-Exempt Exempt

ID: _____
ID: _____

