



DANE COUNTY REGIONAL AIRPORT

UNESCORTED AOA ACCESS APPLICATION

Official Use Only

SECTION I: APPLICANT INFORMATION

Last Name		First Name		Middle Name		
Maiden Name, Name Changes, or Aliases (if applicable)				Social Security Number		
Current Mailing Address			City	State	Zip Code	
Phone Number		Alt. Phone Number		Email Address		
Place of Birth (State/Country)	Citizenship Country	Driver's License Number			State	Expiration (MM/YY)
Date of Birth (MM/DD/YYYY)	Height (ft/in)	Weight (lbs)	Gender	Hair Color	Eye Color	Race
Passport Country (if applicable)			Passport Number (if applicable)			
Alien Registration Number (if applicable)			Non-Immigrant VISA Number (if applicable)			
I-94 Arrival/Departure Number (if applicable)			Certificate of Naturalization Number (if applicable)			
Certification of Birth Abroad Form DS-1350 Number (if applicable)			Airport Tenant/Employer			

SECTION II: AIRCRAFT INFORMATION

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

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

- 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.
- I will use my AOA access media each time I enter a restricted area.
- 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.
- I will not permit persons to enter the AOA unless they are authorized to do so by the airport or are under my escort.
- I will ensure that persons under my escort in the AOA remain within my sight and control at all times.
- I will not escort any person who has been issued a Dane County Regional Airport badge.
- I will not leave any open, unsecured gate or door unattended.
- I will not leave any door or gate unsecured after use.
- I will enter only those areas I am authorized to enter.
- I will not permit other persons to use my AOA access media.
- I will immediately report the loss or theft of my AOA access media to Airport Operations.
- 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.
- 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: AUTHORIZED SIGNATORY *(If Applicable)*

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. This individual applicant acknowledges the security responsibilities under 49 CFR 1540.105(a).

Name (Printed): _____ Authorized 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.

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

Birth Date: _____ Social Security Number: _____

FOR OFFICE USE ONLY

Company Code:	ID Number:	P.I.N.	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Identification Verification:

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

Signature: _____ Date: _____

Second Check of Paperwork: _____

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

Authorization for AOA ID: ☐ Approved ☐ Denied Initials: _____ Date: _____

ASC Authorization: ☐ Approved ☐ Denied Initials: _____ Date: _____

ID Fee Payment:

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

Training:

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

Signature: _____ Date: _____

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

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

Reason for ID Revoked or Returned: _____

Privacy Act Notice

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment. Your fingerprints and associated information 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 system including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information 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 records to ensure validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522 a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including 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 TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information 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 FBI's Blanket Routine Uses.

Disclosure: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Air Operations Area (AOA) Credentials. For GA applications, failure to provide this information may result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

I have read and understand this Privacy Act Notice.

Name (Printed): _____

Signature: _____ Date: _____