



**Monterey Regional Airport**  
 200 Fred Kane Drive, Suite 200  
 Monterey, CA 93940  
 (831) 648-7000 / Fax (831) 649-8243

## AOA Identification Badge Application

New     Renewal

Badge Type: AOA	Badge #:	SCA Access Level:		Airport Code: MRY	Category: III
SECTION 1					
Full Legal Name (Last name, First Name, Middle Name)			Other names used (nicknames, aliases, maiden name)		
Current Mailing Address			City	State	Zipcode
Daytime Telephone Number	Alternate Phone Number		Drivers License Number		State
Sponsor / Hangar Number					

SECTION 2						
Date of Birth	Social Security Number	Sex	Hair Color	Eye Color	Height	Weight
Country of Birth	Country of Citizenship	<b>US Citizens Born Abroad or Naturalized US Citizens Provide:</b>				
		US Passport Number	Certificate of Naturalization Number	Certificate of Birth Abroad/ Form DS-1350/10 Digit Document Number		
<b>Non-Immigrant Visa Holders Provide:</b>		<b>If not a US Citizen, Please Provide:</b>				
Visa Control Number		Alien Registration Number		I-94 Arrival/ Departure Form Number		

Signature		Date	
E-mail Address (optional):			

- 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 12<sup>th</sup> 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.
- **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 United States Code).**

\*\*\*\$40.00 Fee for all Lost or Stolen AOA Badges\*\*\*

### AUTHORIZED SIGNATORY

Company Name	Authorized Signatory Job Title	Authorized Signatory (Signature)	Authorized Signatory (Print Name)
Address	City	State	Zip Code
			Work Phone

**AUTHORIZED SIGNATORY CERTIFYING FOR THE APPLICANT:** As an Authorized Signatory for the above listed tenant, I certify that the named applicant has an operational need for the requested type of identification badge. I also certify that the named applicant has been notified of their security responsibilities as required under 49 CFR Section 1540.105.