



Ellison Onizuka Kona International Airport at Keahole
 73-200 Kupipi Street, Kailua Kona, Hawaii 96740
 (808) 327-9517



SECURITY THREAT ASSESSMENT (STA) for Customer Service Applicants only

Handwritten and incomplete applications will be rejected. All fields are required. Enter N/A for fields that are not applicable.

Pursuant to Aviation Security Directive 1542-04-08 and the Airport Security Program, this form must be completed to undergo an STA and receive an airport ID media or badge. An approved STA is required before any ID media or badge can be issued for public-side of the airport badges (Baggage, Delivery, Greeter, Taxi).

BADGE TYPE (select ONE)			
<input type="checkbox"/> BAGGAGE	<input type="checkbox"/> DELIVERY	<input type="checkbox"/> GREETER	<input type="checkbox"/> TAXI

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ SUFFIX: _____

ALIAS NAME(S): _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH COUNTRY: _____

PLACE OF BIRTH STATE: _____ PRIMARY CITIZENSHIP COUNTRY: _____

GENDER: _____ RACE: _____ SOCIAL SECURITY NUMBER: _____

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____ COUNTRY: _____

PRIMARY TELEPHONE NUMBER: _____ PRIMARY EMAIL: _____

EMPLOYER: _____

EMPLOYER POINT OF CONTACT: _____ POC PHONE: _____

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. Enrollments Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010.

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 TSA Privacy Act Statement has been provided to me for my review (See TSA Privacy Act Statement on the reverse of this form).

Signature & Certification of True Statements: _____	Date: _____
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OFFICE USE ONLY - DO NOT FILL BELOW THIS LINE

Badge Type:	Badge #:	Badge Expiration:
STA Submitted by/Date:		STA Received by/Date:

TSA Privacy Act Statement

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 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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 systems 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 your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT).

DHS will also maintain a national, centralized revocation database of individuals who have had airport or aircraft operator-issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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 the 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 Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will 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.