



Fingerprint Certification for Air Carrier Employee

NOTE: ALL SECTIONS MUST BE COMPLETED!

Section 1 Application Information

Present this application along with two (2) forms of identification. One (1) MUST be valid, gov t issued photo ID. Type or print legibly. All US citizens must provide proof of US citizenship. All Non US citizens MUST provide proof of legal residency and work authorization

First Name: Middle Name: Last Name:
Social Security Number

Section 2 Company Information

This section MUST be filled out by an "Authorized Signatory". Type or print legibly in ink or application will be rejected.

Company Name: Department Code: Access Level

Fingerprint Clearance Certification

Secured Area Driving

Fingerprint Submission Date:

Fingerprint Result Date:

Badge Color

Fingerprint Clearance Date:

Fingerprint Clearance Case Number:

Section 3 Authorized Signatory Certification

This section MUST be signed by an "Authorized Signatory" .

My signature below certifies that a Criminal History Records Check (CHRC) has been conducted and successfully completed and does not disclose a disqualifying felony conviction as described in 49 CFR Part 1544.

Authorized Signatory Name (print):

Authorized Signatory e-mail:

Authorized Signatory Phone Number:

Authorized Signatory Signature: _____

Date:

NOTE: Authorized Signatory signature above indicates that Applicant has been given a copy of the Privacy Act Notice