

- CUSTOMS  
 FLIGHT CREW  
 OTHER \_\_\_\_\_

# MSP AIRPORT FINGERPRINT APPLICATION

SPECIAL CIRCUMSTANCES

Effective September 2010

**TWO ACCEPTABLE IDs MUST BE PRESENTED WITH THIS FORM – one must be a photo ID**

The following information is being collected to determine the applicant's ability to obtain a MSP Badge. Under the Minnesota Government Data Practices Act, you are not legally required to provide the requested information; however, failure to provide all or part of it could preclude the issuance of the MSP Badge. This data may be disseminated according to Federal and State statutes.

**Section 1**

## APPLICANT INFORMATION PRINT LEGIBLY IN INK OR APPLICATION WILL BE REJECTED

LAST NAME			FIRST NAME			MIDDLE NAME		
HOME ADDRESS			APT#	CITY		STATE	ZIP	
HOME PHONE			BEST DAYTIME PHONE					
Area Code (    )			Area Code (    )					
SOCIAL SECURITY NUMBER (SSN)						DATE OF BIRTH		

**OTHER NAMES USED (Maiden, Previous Married Name, Aliases, etc.) please list below**

	ALIAS LAST	ALIAS FIRST	ALIAS MIDDLE
1			
2			
3			

Sex	Weight	Height
Male <input type="checkbox"/> Female <input type="checkbox"/>	Pounds	Feet    Inches
Race	<input type="checkbox"/> Asian (A) <input type="checkbox"/> American Indian (I) <input type="checkbox"/> Black (B) <input type="checkbox"/> White or Hispanic (W) <input type="checkbox"/> Unknown (U)	

Eye Color
<input type="checkbox"/> Black (BLK) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Other _____
Hair Color
<input type="checkbox"/> Black (BLK) <input type="checkbox"/> Blonde (BLN) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Red (RED) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> White (WHI) <input type="checkbox"/> Bald (BLD)

<b>ARE YOU A U.S. CITIZEN?</b> YES <input type="checkbox"/>	<b>ARE YOU A U.S. CITIZEN?</b> NO <input type="checkbox"/>
<b>U.S. CITIZENS, COMPLETE THIS SECTION</b> U.S. CITY OF BIRTH: _____ STATE OF BIRTH: _____ COUNTRY OF BIRTH IF BORN ABROAD: _____	<b>NON- U.S. CITIZENS, COMPLETE THIS SECTION</b> COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____ <b>A#</b> _____ <b>ENTER ALL 9 DIGITS OF ALIEN REGISTRATION # (if applicable)</b> If you are <b>NOT A U.S. CITIZEN</b> , one of your two IDs must be one of the following: <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Registered Alien authorized to work until ____/____ <input type="checkbox"/> Non-Immigrant VISA # _____ <input type="checkbox"/> Other (please explain): _____
If you are a <b>U.S. CITIZEN BORN ABROAD</b> , one of your two required IDs must come from this list: <input type="checkbox"/> Certificate of Naturalization <u>with Social Security Card</u> <input type="checkbox"/> Certificate of Citizenship <u>with Social Security Card</u> <input type="checkbox"/> U. S. Passport <input type="checkbox"/> Cert. of Birth Abroad issued by Dept. of State	

COMPANY

COMPANY #2 (if applicable)

SIGNATURE (required)
<b>Applicant Signature</b> <b>X</b> _____ 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.)

DELTA Employees Only
EMPLOYEE ID # _____
COST CENTER # _____

OFFICE USE ONLY		OFFICE USE ONLY			OFFICE USE ONLY	
ID Documents reviewed by:	Data Entry completed by:	Transaction ID:	Date:			

**APPLICANT Signature (must be witnessed by Trusted Agent)**

**X**

**Instructions for Badging Specialist:**

- Place ProWatch record in holding
- Insert STA sent date
- STA comments: "fingerprint only service"
- Insert fingerprint only date on bottom right of fingerprint page
- Send original application with copies of IDs upstairs to Heidi

**FINGERPRINTING OFFICER**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

I verify that I have reviewed the applicant's identification prior to collection of the applicant's fingerprints.

**X** \_\_\_\_\_

VERIFIED SON#

CROSSMATCH 

1	2
---	---

BILL COMPANY	BILL COMPANY	BILL COMPANY	BILL COMPANY	BILL COMPANY	BILL COMPANY	BILL COMPANY
Bill	Description	ProWatch Transaction ID			Processed by	
✓	\$ <u>33</u> MAC Fingerprint Fee					

Section 2

**AUTHORIZED SIGNER INFORMATION** only AFTER applicant completes pages 1, 2, and 3

I have carefully reviewed and verified this applicant's IDs; and all are in compliance with the following MSP Airport Badge Identification Requirements:

- ✓ **NAMES MATCH** and are **SPELLED CORRECTLY** on both IDs and IDs have **NOT EXPIRED**
- ✓ **ORIGINAL IDs** were presented (no copies will be accepted)
- ✓ **ADDRESS** on driver's license must be the location where applicant **currently resides** (unless they are a student with a student ID)
- ✓ **ADDRESS** on government ID **matches exactly** the address listed on this application

COMPANY NAME	APPLICANT'S JOB POSITION / TITLE

**AUTHORIZED SIGNER CONTACT INFORMATION (REQUIRED)**

**NAME** PRINT LEGIBLY (NAME AND SIGNATURE MUST BE ON FILE)

Phone: (    )	Fax: (    )
Cell: (    )	E-Mail:

**AUTHORIZED SIGNER'S STATEMENT**

**My signature certifies that I have reviewed this application and two (2) IDs. This individual is an employee and is eligible to apply for an MSP badge.**

- This individual is eligible to be fingerprinted for the following reason:
  - Obtain Customs Seal
  - Flight Crew
  - Other \_\_\_\_\_

Authorized Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

use **BLUE** ink only - NO other ink colors will be accepted

Valid only **30 DAYS** from this date

UNCLASSIFIABLE CASE #										MAC DEPARTMENT			
A	S	C	F	P						SUBMIT UNDER S.O.N. # <b>F</b>			