



IDENTIFICATION BADGE APPLICATION

BADGE #: _____	<u>ID PERSONNEL USE ONLY</u>	ISSUED DATE: _____	Data Entry: CC STA ILS
ID CONFIRMATION 1. _____	RETURN DATE: _____	Paid: FP Badge	SON#: _____
2. _____ (Attach photocopies of IDs presented – Refer to OAK Form I-9 for acceptable forms of ID)			

SECTION 1 – APPLICANT

1. NAME (LAST) _____ (FIRST) _____ (MIDDLE) _____		1A. (ALIASES OR OTHER NAMES USED)				
2. MAILING ADDRESS _____			3. CITY _____		4. STATE _____	5. ZIP _____
2A. RESIDENTIAL ADDRESS (IF DIFFERENT) _____			3A. CITY _____		4A. STATE _____	5A. ZIP _____
6. HOME PHONE # _____	7. SOCIAL SECURITY # _____		8. DRIVER'S LICENSE # OR STATE ISSUED ID # _____		9. STATE _____	10. EXP. DATE _____
6A. WORK PHONE # _____						
11. DATE OF BIRTH (MM-DD-YYYY) _____	12. HEIGHT _____	13. WEIGHT _____	14. SEX _____	15. HAIR COLOR _____	16. EYE COLOR _____	
17. IDENTIFICATION <input type="checkbox"/> PASSPORT <input type="checkbox"/> ALIEN REGISTRATION (ARN) <input type="checkbox"/> NON-IMMIGRANT VISA <input type="checkbox"/> I-94 ARRIVAL/DEPARTURE FORM	18. IDENTIFICATION NUMBER _____	19. COUNTRY OF ORIGIN _____			20. ID EXP. DATE _____	21. RACE _____
22. COUNTRY OF CITIZENSHIP _____	23. STATE AND COUNTRY OF BIRTH _____	24. EMPLOYER _____		25. JOB TITLE _____		26. HIRE DATE _____

NOTE: APPLICANT MUST UPDATE THE ID BADGING OFFICE WITH ANY CHANGES TO THE INFORMATION IN SECTION 1.

IMPORTANT – APPLICANT MUST READ THIS SECTION CAREFULLY BEFORE SIGNING AS YOU IRREVOCABLY REPRESENT AND AGREE TO FOLLOWING:

TRUTHFUL AND ABIDING BY RULES

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION MAY BE CAUSE FOR THIS APPLICATION TO BE DISAPPROVED OR FOR ANY PERMIT OR ID BADGE ISSUED AS A RESULT TO BE REVOKED. I AGREE TO ABIDE BY OAKLAND INTERNATIONAL AIRPORT (OAK), FEDERAL AVIATION ADMINISTRATION (FAA) AND TRANSPORTATION SECURITY ADMINISTRATION (TSA) SECURITY REGULATIONS, POLICIES OR PROCEDURES. I UNDERSTAND THAT FAILURE ON MY PART TO FOLLOW ANY SUCH SECURITY REQUIREMENTS MAY RESULT IN THE REVOCATION OF MY ID BADGE AND REGULATED SECURITY KEY(S), IMPOSITION OF FINES AND THAT I MAY BE BANNED FROM THE FEDERALLY REGULATED AREAS OF OAKLAND INTERNATIONAL AIRPORT.

CRIMINAL RECORDS CHECK

I HAVE BEEN INFORMED THAT UNDER TRANSPORTATION SECURITY REGULATION (49 CFR) PART 1542.209 AND/OR 1544.229, THAT A FINGERPRINT BASED CRIMINAL HISTORY RECORD CHECK (CHRC) MAY BE CONDUCTED THROUGH APPROPRIATE LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCIES AND I AUTHORIZE THE SAME. I UNDERSTAND THAT INFORMATION SUBMITTED WILL BE SUBJECT TO A CHRC. I AM SIMULTANEOUSLY PROVIDING A FINGERPRINT APPLICATION TO THE PORT OF OAKLAND (THE "PORT"). 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 UNDERSTAND THAT IF I HAVE QUESTIONS ABOUT A DISQUALIFYING CRIMINAL OFFENSE, I WILL REQUEST CLARIFICATION FROM THE PORT OF OAKLAND'S AIRPORT SECURITY COORDINATOR OR MY OWN ATTORNEY.

NO LENDING OF BADGE/LOST OR STOLEN BADGE

I UNDERSTAND THAT IT IS AN OFFENSE SUBJECT TO ADMINISTRATIVE AND/OR CRIMINAL SANCTIONS, TO LEND OR BORROW ANY AIRPORT BADGE. I WILL ADVISE THE BADGING OFFICE IMMEDIATELY IF THE BADGE IS LOST OR STOLEN.

AIRPORT REGULATIONS

I UNDERSTAND THAT IT IS MY OBLIGATION, AND NO ONE ELSE'S, TO OBTAIN COPIES OF AND KNOW AND STRICTLY OBEY THE "RULES AND REGULATIONS FOR USE OF OAKLAND INTERNATIONAL AIRPORT," PORT ORDINANCE 4091, AS IT MAY BE AMENDED (THE "AIRPORT REGULATIONS"), PRIOR TO STARTING TO WORK AT OAK. I UNDERSTAND AND AGREE THAT SECURITY DOORS AND ALL OTHER MEANS OF ACCESS TO AND EGRESS FROM THE AIR OPERATIONS AREA (AOA), SECURITY IDENTIFICATION DISPLAY AREA (SIDA), STERILE AREAS AND OTHER SECURED AREAS MUST BE KEPT LOCKED OR CONTROLLED AS REQUIRED BY THE AIRPORT SECURITY PROGRAM.

BACKGROUND CHECK

I SPECIFICALLY AUTHORIZE THE PORT, OR ITS DESIGNATED REPRESENTATIVES, TO INVESTIGATE ME AND MY BACKGROUND AND MY ACTIVITIES IN ANY LAWFUL MANNER AND TO ANY EXTENT THAT THE PORT, IN ITS SOLE DISCRETION, DEEMS FROM TIME TO TIME ADVISABLE. THIS MAY INCLUDE, BUT IS NOT LIMITED TO, CONTACT WITH FORMER EMPLOYERS, CONTACT WITH MY PRESENT EMPLOYER, MY CO-WORKERS, ADDITIONAL CRIMINAL HISTORY CHECKS, INCLUDING, BUT NOT LIMITED TO NON-FINGERPRINT BASED STATE AND LOCAL RECORDS AND LITIGATION CHECKS. I UNDERSTAND THAT THE REASON FOR THESE INVESTIGATIONS IS FOR SECURITY PURPOSES AND THAT HAD I NOT CONSENTED TO AND AUTHORIZED THE SAME, I WOULD NOT BE GRANTED AN OAK IDENTIFICATION BADGE AND THE PRIVILEGES ASSOCIATED THEREWITH NOR WOULD MY APPLICATION FOR THE SAME BE PROCESSED AND/OR CONSIDERED AND THE PROCESSING AND/OR CONSIDERATION OF MY APPLICATION FOR AN OAK IDENTIFICATION BADGE IS BARGAINED FOR CONSIDERATION, THE RECEIPT AND SUFFICIENCY OF WHICH IS HEREBY ACKNOWLEDGED.



RELEASE OF INFORMATION TO LAW ENFORCEMENT

THE PORT, OR ITS DESIGNATED REPRESENTATIVES MAY RELEASE ANY OR ALL OF THE ABOVE INFORMATION AND/OR RECORDS, OR ANY OTHER RECORDS OR INFORMATION IT MAY HAVE ABOUT ME, TO ANY LAW ENFORCEMENT OR OTHER GOVERNMENTAL AGENCY WHICH THE PORT, IN ITS SOLE DISCRETION, BELIEVES HAS A NEED TO KNOW. I HEREBY RELEASE AND DISCHARGE THE PORT, ITS EMPLOYEES, AGENTS, CLIENTS AND CUSTOMERS FROM ANY AND ALL LIABILITY, CLAIM, DAMAGE OR CAUSE OF ACTION WHICH MAY ARISE DIRECTLY FROM OR OUT OF THEIR COMPLIANCE WITH THE REQUESTS AND AUTHORIZATIONS HEREIN.

SECURITY VIOLATIONS/CIVIL AND CRIMINAL SANCTIONS

I WILL USE MY BADGE ONLY FOR OFFICIAL BUSINESS PURPOSES.

ANY PERSON CAUSING OR RESPONSIBLE FOR ANY SECURITY VIOLATION WHICH RESULTS IN THE IMPOSITION OF A MONETARY PENALTY UPON THE PORT SHALL REIMBURSE THE PORT FOR THE FULL AMOUNT OF THE PENALTY AND THE PORT'S COSTS, EXPENSES AND ATTORNEYS' FEES ARISING OUT OF SUCH SECURITY VIOLATION.

I ACKNOWLEDGE THAT I WORK IN A POSITION OF TRUST AND THAT IF I MISUSE MY BADGING PRIVILEGES TO CIRCUMVENT ANY SECURITY SYSTEM, MEASURE OR PROCEDURE INCLUDING SMUGGLING OF CONTRABAND OR DANGEROUS DEVICES, I WILL BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS, INCLUDING REVOCATION OF MY BADGE AND ACCESS PRIVILEGES.

SOCIAL SECURITY NUMBER

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE MY SOCIAL SECURITY NUMBER (SSN) AND FULL NAME TO THE TRANSPORTATION SECURITY ADMINISTRATION, OFFICE OF INTELLIGENCE AND ANALYSIS (IA), ATTENTION: AVIATION PROGRAMS (TSA-10)/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.

SEARCH

I UNDERSTAND THAT ALL VEHICLES, PROPERTY AND PERSONS ARE SUBJECT TO SEARCH BY THE TRANSPORTATION SECURITY ADMINISTRATION, LAW ENFORCEMENT AND/OR AVIATION SECURITY/AIRPORT OPERATIONS.

ARRESTS OR CHARGES

I WILL IMMEDIATELY NOTIFY THE PORT OF OAKLAND'S AIRPORT SECURITY COORDINATOR IF I AM ARRESTED OR CHARGED WITH ANY OF THE DISQUALIFYING CRIMES LISTED ON THE FINGERPRINT APPLICATION. THIS NOTIFICATION REQUIREMENT DOES NOT APPLY TO PORT OF OAKLAND EMPLOYEES OR TO APPLICANTS FOR EMPLOYMENT WITH THE PORT OF OAKLAND.

APPLICANT SIGNATURE:

DATE:

SECTION II – AUTHORIZED SIGNATORY

1. APPLICANT NAME (LAST)		(FIRST)	(MIDDLE)
27. AUTHORIZING COMPANY NAME:		28. AUTHORIZED SIGNER:	
29. ADDRESS:	30. CITY:	31. STATE:	32. ZIP:
33. TELEPHONE:		34. ASSIGNED CLEARANCE (ACCESS LEVEL):	

COMPANY CERTIFICATION:

THE APPLICANT IS AN EMPLOYEE OR CONTRACTOR OF THE COMPANY SET FORTH ABOVE. MY COMPANY WILL REIMBURSE THE PORT OF OAKLAND (PORT) FOR ANY COSTS OR EXPENSES INCURRED BY THE PORT AND/OR ANY FINES LEVIED AGAINST THE PORT WHICH RESULT FROM THE FAILURE OF THE ABOVE NAMED APPLICANT TO ADHERE TO THE OAKLAND INTERNATIONAL AIRPORT (OAK), FEDERAL AVIATION ADMINISTRATION (FAA) OR TRANSPORTATION SECURITY ADMINISTRATION (TSA) SECURITY REGULATIONS, POLICIES OR PROCEDURES, INCLUDING WITHOUT LIMITATION THE AIRPORT RULES AND REGULATIONS AND THE AIRPORT SECURITY PROGRAM. ON BEHALF OF THE COMPANY I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE APPLICANT PRESENTS NO SECURITY THREAT TO OAK OR THE GENERAL PUBLIC. ON BEHALF OF THE COMPANY, I REQUEST THAT THE ABOVE NAMED APPLICANT BE GRANTED ACCESS AS MARKED BELOW. AIRPORT ID BADGES MUST BE RETURNED UPON REQUEST, TERMINATION, OR WHEN ACCESS IS NO LONGER REQUIRED. I WILL IMMEDIATELY NOTIFY THE AIRPORT OF LOST, STOLEN AND/OR TERMINATED AIRPORT ID BADGES. ON BEHALF OF THE COMPANY, I ACKNOWLEDGE THAT ANY INVESTIGATIONS MADE BY THE PORT, DHS, TSA OR OTHER GOVERNMENTAL AGENCIES IS NOT IN LIEU OF ANY EMPLOYER'S OBLIGATION TO VERIFY AN APPLICANT'S WORK AUTHORIZATION AS REQUIRED BY LAW.

FOR AIRCRAFT OPERATORS ONLY:

IF CHECKED, IN ADDITION TO THE FOREGOING, I CERTIFY THAT THE ABOVE NAMED APPLICANT'S BACKGROUND HAS BEEN CHECKED CONSISTENT WITH, AND THAT THE ABOVE-NAMED AIRCRAFT OPERATOR (COMPANY) HAS COMPLIED WITH, THE PROVISIONS OF TRANSPORTATION SECURITY REGULATION 49 CFR, SECTION 1544.229 FOR THE APPLICANT. I CERTIFY THAT THE RECORDS OF THIS CHRC HAS BEEN VERIFIED BY AUTHORIZED COMPANY MANAGEMENT. I UNDERSTAND THAT DOCUMENTATION OF THIS BACKGROUND CHECK IS SUBJECT TO A "NO- NOTICE" AUDIT BY THE TSA AND/OR THE DIRECTOR OF AVIATION OR HIS/HER AUTHORIZED REPRESENTATIVE. A COPY OF THIS RECORD WILL BE MAINTAINED BY THE COMPANY IN ACCORDANCE WITH TSA REGULATIONS AT ALL TIMES WHILE THE ABOVE NAMED APPLICANT HAS ACCESS TO A CONTROLLED AREA OF THE OAKLAND INTERNATIONAL AIRPORT.

<p>35. BADGE STATUS</p> <p><input type="checkbox"/> NEW ISSUE</p> <p><input type="checkbox"/> REISSUE</p> <p><input type="checkbox"/> LOST/STOLEN (YOU ARE CERTIFYING THAT YOUR PREVIOUSLY-ISSUED BADGE IS NO LONGER IN YOUR POSSESSION AND YOU ARE UNAWARE OF ITS WHEREABOUTS)</p> <p>36. BADGE TYPE</p> <p><input type="checkbox"/> ALL AREAS</p> <p><input type="checkbox"/> SOUTH FIELD SIDA</p> <p><input type="checkbox"/> CARGO SIDA</p> <p><input type="checkbox"/> NORTH FIELD SIDA</p> <p><input type="checkbox"/> STERILE AREA ONLY</p>	<p>37. AOA DRIVING PERMIT</p> <p><input type="checkbox"/> NON-MOVEMENT AREA</p> <p><input type="checkbox"/> MOVEMENT AREA (FULL)</p> <p><input type="checkbox"/> MOVEMENT AREA (TAXIWAYS ONLY)</p> <p>38. ADDITIONAL RESPONSIBILITIES</p> <p><input type="checkbox"/> ESCORT AUTHORIZATION</p> <p><input type="checkbox"/> EMERGENCY RESPONSE PERSONNEL</p> <p><input type="checkbox"/> ALTERNATE SHUNT</p> <p><input type="checkbox"/> CONTRACTOR: ACTIVATION DATE:</p> <p style="text-align: right;">EXPIRATION DATE:</p> <p>39. PAYMENT</p> <p><input type="checkbox"/> BADGE FEE PAID BY COMPANY</p> <p><input type="checkbox"/> BADGE FEE PAID BY EMPLOYEE</p>	<p>40. AUTHORIZED SIGNER</p> <p><input type="checkbox"/> PRIMARY</p> <p><input type="checkbox"/> ALTERNATE</p>
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AUTHORIZED SIGNER ACKNOWLEDGEMENT- PLEASE INITIAL IN THE BOXES BELOW

1. I ATTEST THAT THIS INDIVIDUAL APPLICANT HAS AN OPERATIONAL NEED FOR UNESCORTED ACCESS AUTHORITY; AND

2. I ATTEST THAT THIS INDIVIDUAL APPLICANT ACKNOWLEDGES HIS/HER RESPONSIBILITIES UNDER 49 CFR 1540.105 (a), WHICH PROVIDES:

1.
2.

(a) NO PERSON MAY:

(1) TAMPER OR INTERFERE WITH, COMPROMISE, MODIFY, ATTEMPT TO CIRCUMVENT, OR CAUSE A PERSON TO TAMPER OR INTERFERE WITH, COMPROMISE, MODIFY, OR ATTEMPT TO CIRCUMVENT ANY SECURITY SYSTEM, MEASURE, OR PROCEDURE IMPLEMENTED UNDER THIS SUBCHAPTER.

(2) ENTER, OR BE PRESENT WITHIN, A SECURED AREA, AOA, SIDA OR STERILE AREA WITHOUT COMPLYING WITH THE SYSTEMS, MEASURES, OR PROCEDURES BEING APPLIED TO CONTROL ACCESS TO, OR PRESENCE OR MOVEMENT IN, SUCH AREAS.

(3) USE, ALLOW TO BE USED, OR CAUSE TO BE USED, ANY AIRPORT-ISSUED OR AIRPORT-APPROVED ACCESS MEDIUM OR IDENTIFICATION MEDIUM THAT AUTHORIZES THE ACCESS, PRESENCE, OR MOVEMENT OF PERSONS OR VEHICLES IN SECURED AREAS, AOA'S, OR SIDA'S IN ANY OTHER MANNER THAN THAT FOR WHICH IT WAS ISSUED BY THE APPROPRIATE AUTHORITY UNDER THIS SUBCHAPTER."

SIGNATURE OF AUTHORIZED SIGNER:	TITLE:	BADGE # OF AUTHORIZED SIGNER:
DATE:		



PORT OF OAKLAND

I X OAK
Park Close. Fly on time.

INSTRUCTIONS FOR COMPLETING IDENTIFICATION BADGE APPLICATION
PLEASE TYPE or PRINT

BOXES 1 THROUGH 26 MUST BE COMPLETED BY THE APPLICANT

1. Enter applicant's legal last name, first name, middle name.
- 1A. Enter any aliases or other names used.
2. Enter the applicant's mailing address.
- 2A. Enter the applicant's residential (home) street address.
3. Enter the applicant's home city, state and zip code.
4. Enter the applicant's home state.
5. Enter the applicant's home zip code.
6. Enter the applicant's home phone number.
- 6A. Enter the applicant's work phone number (if any).
7. Enter the applicant's social security number.
8. Enter the applicant's driver's license number or State issued identification number. A valid driver's license is required for any applicant requesting an AOA Driving Permit under Box 37.
9. Enter the driver license issuing state.
10. Enter the driver license expiration date.
11. Enter the applicant's date of birth (Month-Day-Year=MM-DD-YYYY).
12. Enter the applicant's height (Ft. – In).
13. Enter the applicant's weight (lbs.).
14. Enter the applicant's sex.
15. Enter the applicant's hair color.
16. Enter the applicant's eye color.
17. Check the applicant's secondary identification (Passport, Alien Registration, Non-Immigrant Visa, or I-94 Arrival/Departure form).
18. Enter the applicant's secondary identification number (Passport, Alien Registration, Non-Immigrant Visa no., or I-94 Arrival/Departure form no.).
19. Enter the applicant's secondary identification country of origin.
20. Enter the applicant's secondary identification expiration date.
21. Enter the applicant's race
22. Enter the applicant's country of citizenship.
23. Enter the applicant's state and country of birth.
24. Enter the applicant's Employer/Company name.
25. Enter the applicant's job title.
26. Enter the applicant's date of hire.

BOXES 27 THROUGH 40 MUST BE COMPLETED BY THE AUTHORIZED SIGNATORY

27. Enter the Authorizing Company name. This is the name of the company that is sponsoring the individual and requesting a badge for the individual. The Authorizing Company may be different from the Employer.
 28. Enter the Authorized Signer's name.
 29. Enter the Authorizing Company street number and street name.
 30. Enter the Authorizing Company city.
 31. Enter the Authorizing Company state.
 32. Enter the Authorizing Company zip code.
 33. Enter the Authorized Signer's phone number with area code.
 34. Enter the applicants authorized level of clearance (Access Level).
- FOR AIRCRAFT OPERATORS: Check the box if the Authorizing Company is an Airport Operator and is making the certification to the Port regarding the applicant.
35. Check the badge status (CHECK ONLY ONE BOX).
 36. Check the badge type (CHECK ONLY ONE BOX)
 37. Check the AOA driving permit if necessary (CHECK ONLY ONE BOX).
 38. Check the additional responsibilities if necessary. (CHECK THOSE WHICH APPLY)
 39. Check the method of payment (CHECK ONLY ONE BOX).
 40. Check for those employees who are designated authorized signers. Only one person can be the primary authorized signer.
- **all authorized signers must complete Authorized Signer Training before they can authorize new applicants.**



The Privacy Act of 1974
5 U.S.C. 552(a)(3)

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

Purpose: The Department of Homeland Security (DHS) will use the biographic 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 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 may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(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 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 Security Identification Display Area (SIDA) credentials. For SIDA 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.