





## Identity Verification Form

**THIS FORM AND COPIES OF THE ORIGINAL DOCUMENTS MUST ACCOMPANY APPLICATIONS FOR ALL TYPES OF BADGES.**

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First Document (from list A or B)

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Second Document (from list C)

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, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12<sup>th</sup> St, 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.

I have been provided a copy of the Privacy Act Notice.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN and Full Name: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

Information / Documents collected By: \_\_\_\_\_ Data submitted by: \_\_\_\_\_