AIRPORT IDENTIFICATION BADGE APPLICATION GUIDELINES & INSTRUCTIONS

Lawton Fort Sill Regional Airport Identification (ID) badge is issued for authorized personnel for access to Secure Areas, Security Identification Display Area (SIDA), Air Operations Areas (AOA), Sterile Areas, and General Aviation areas of Lawton Fort Sill Regional Airport. The airport ID badge will only be issued upon successful completion of all Transportation Security Administration (TSA) and Airport Operator required security vetting. All airport ID badges are the property of the Lawton Metropolitan Area Airport Authority and must be returned immediately upon request by the LMAAA and/or termination of employment, separation from company/agency or when your access is no longer required.

GENERAL INSTRUCTIONS

1. TYPE or PRINT all information in Black or Blue Ink only.
2. An Airport ID Badge Application is required for all new, renewal, or re-issued ID Badge.
3. The application must be presented in person, to the Airport Badging Office within 30 days from date of the authorizing signature. If the 30-day period is exceeded, the application will be rejected and a new ID Badge application will be required.
4. Government issued document(s) are required for all new and re-issued ID badge. Two forms of identification (1 PHOTO) are required as listed in Form I-9 on page 7 of this application. A valid state-issued, unexpired driver's license is required for driving privileges.
5. Individuals applying for a SIDA/Secure Areas must include their SSN, or TSA will not process the application or conduct the STA. For individuals applying for AOA or Sterile Area ID badge, providing the SSN is voluntary, but failure to provide it may prevent completion of the STA.
6. For Security Identification Display Area (SIDA) access employees only. SCREENING NOTICE: Any employee holding a credential granting access to a (SIDA) may be screened at any time while gaining access to, working in, or leaving a (SIDA). Failure to submit to screening will result in ID badge being suspended or revoked pending investigation.
7. Reissued Identification Badge – Previous ID badge must be returned prior to the issuance of a new ID badge.
8. Lost or Stolen ID Badge – Notify the Airport Security Coordinator at (580) 585-7545.
9. The sponsor company/applicant is responsible for all fees prior to the processing of the ID Badge application (see fee schedule below.)
11. Fingerprint appointments must be scheduled by the Authorized Signatory only.
12. Upon an approved application, the Airport will contact either the badge sponsor or the applicant to arrange an appointment for the applicant to undergo the required training and testing. Only after testing is complete with a passing grade of 80% or above will the Security Office issue a badge.

FEDERAL REGULATIONS

In accordance with 49 CFR Part 1542, the Lawton Metropolitan Area Airport Authority will collect and process inked fingerprints for all persons requesting unescorted access to the Secured, SIDA, and Sterile areas of Lawton Fort Sill Regional Airport for the purpose of obtaining a Criminal History Record Check (CHRC).

ESCORT PRIVILEGE

The company/tenant must authorize the approval of Secured/SIDA/Sterile ID Badge escort privileges within the Secured, SIDA, AOA, and Sterile area.

IDENTIFICATION BADGE FEES  CRIMINAL HISTORY RECORDS CHECK (CHRC) FEE (SIDA, SECURE, STERILE ONLY)

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Badge Fee</td>
<td>$35.00</td>
</tr>
<tr>
<td>First Lost Badge</td>
<td>$35.00</td>
</tr>
<tr>
<td>Third Lost Badge</td>
<td>$100.00</td>
</tr>
<tr>
<td>Initial CHRC Fee</td>
<td>$50.00</td>
</tr>
<tr>
<td>Renewal CHRC Fee</td>
<td>$50.00</td>
</tr>
<tr>
<td>Second Lost Badge</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

IMPORTANT NOTICE: THERE WILL BE NO FOURTH BADGE ISSUED!
## SECTION 1 SPONSORING COMPANY INFORMATION—AUTHORIZED SIGNATORY AUTHORITY

(Must be completed by authorized signatory of sponsoring company)

<table>
<thead>
<tr>
<th>Requesting Badging for the following areas: (Check all that apply)</th>
<th>Sponsoring Company Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ SIDA/Secure</td>
<td>____ Sterile Area</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Is Airport Operator authorized to bill sponsoring company for fees?</th>
<th>If SIDA/Secure/Sterile are checked, are you authorizing Airport Operator to fingerprint applicant for CHRC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ YES</td>
<td>____ NO</td>
<td>____ YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>____ New ID</th>
<th>____ Renewal ID</th>
<th>____ Re-issue ID</th>
<th>____ Lost/Stolen Replacement ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ YES</td>
<td>____ NO</td>
<td>____ YES</td>
<td>____ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does applicant’s job duty require them to?</th>
<th>Does the applicant’s job duty require them to have driving privileges in the AOA Non-Movement Area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ YES</td>
<td>____ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the applicant job duty require them to have driving privileges in the AOA Movement Area?</th>
<th>AOA MOVEMENT AREA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ YES</td>
<td>____ NO</td>
</tr>
</tbody>
</table>

As an authorized representative of the sponsoring company identified below, I confirm that the applicant identified below is an employee, employee of a contractor of the sponsoring company or general aviation tenant with a need to possess an airport badge. I authorize the Airport Operator to conduct a Security Threat Assessment (STA) through TSA.

I further verify that the applicant is authorized to work in the United States and that the ID badge being requested is necessary in the performance of the Applicant has assigned duties at Lawton Fort Sill Regional Airport.

I understand that knowingly and deliberately making false statements on this application can result in fine, imprisonment, or both. (See Section 1001 of Title 18 United States Code).

### AUTHORIZED SIGNER’S NAME (PRINTED)

Print name

### AUTHORIZED SIGNER’S SIGNATURE

Signature

Date (MM/DD/YYYY)

### SIGNATURE VERIFIED BY TRUSTED AGENT

AIRPORT AUTHORITY ONLY:

## SECTION 2 PRIVACY ACT NOTICE DISCLOSURE (PLEASE READ AND INITIAL)

APPLICANT STARTS HERE


**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 info1mation 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 Secure 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.

---

**Signature**

**Date**
### SECTION 3 APPLICANT INFORMATION – Please type or use blue or black ink only.

<table>
<thead>
<tr>
<th>Today’s date</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Names Used (Include Maiden, Nicknames, Aliases)</th>
<th>State Issued Driver’s License/ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight (lbs.)</th>
<th>Eye Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (ft., in.)</td>
<td>Hair Color</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State/Province</th>
<th>Sex (M or F)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Country</th>
<th>Zip Code</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ White ___ Black ___ Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Latino ___ Asian ___ Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Pacific Islander ___ Middle Eastern</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>___ Unknown ___ Other (list name)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Mobile Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Employer Address</th>
<th>Citizenship Status</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>U.S. Citizen (Y or N)</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State/Zip Code</th>
<th>Work Phone Number</th>
<th>If No, List Country</th>
<th>State/Province/Region of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job/Employee/Position Title</th>
<th>Work Email Address</th>
<th>Dual Citizenship? (Y or N)</th>
<th>Country of Birth</th>
</tr>
</thead>
</table>

**IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S.**  
(Check all that apply – Enter N/A if not applicable)

- ___ US Passport/Passport Card  
  Document Number  
  If you have a Non-Immigrant Visa, you must also provide the I-94 documentation

- ___ Certification of Naturalization (N-550)  
  Document Number  
  ___Non-Immigrant Visa  
  Document Number

- ___ US Birth Abroad Certificate (Form DS-1350 or FS-545)  
  Document Number  
  ___I-94 Form  
  Document Number

- ___ Certificate of Citizenship (N-560)  
  Document Number  
  ___Alien Registration Number (ARN)  
  Document Number

**IF YOU ARE NOT A U.S. CITIZEN**  
(Check all that apply – Enter N/A if not applicable)

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Document Number</th>
<th>Document Number</th>
</tr>
</thead>
</table>

**SECTION 4 SOCIAL SECURITY NUMBER RELEASE CONSENT**  
(PLEASE INITIAL AND COMPLETE)

Individuals applying for a SIDA/Secure Areas must include their SSN, or TSA will not process the application or conduct the STA. For individuals applying for AOA or Sterile Area ID badge, providing the SSN is voluntary, but failure to provide it may prevent completion of the STA.

___ I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Intelligence and Analysis (OIA), 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 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 do not authorize the release of my Social Security Number.

***NOTICE*** – if you do not disclose your SSN, your Security Threat Assessment (STA) will be delayed and your badge cannot be issued until an approval from TSA is submitted back to the Airport Operator.

**PRINTED NAME**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL (IF APPLICABLE)</th>
</tr>
</thead>
</table>

**SOCIAL SECURITY NUMBER**

**APPLICANTS SIGNATURE**

X  
DATE OF BIRTH (MM/DD/YYYY)
SECTION 5 DISQUALIFYING CRIMINAL OFFENSES (CRIMINAL HISTORY RECORDS CHECK)

Individuals seeking unescorted access authority in the SIDA/Secure/Sterile Area(s) and/or performing security screening are required to undergo an electronic-based fingerprint criminal history records check (CHRC) that does not disclose that he/she has a disqualifying criminal offense. There are 28 disqualifying crimes under Transportation Security Regulations (TSR) 1542.209 that will disqualify you from receiving a Lawton Fort Sill Regional Airport ID badge.

Have you ever been convicted or found not guilty by reason of insanity, in any jurisdiction of any of the below crimes?
PLEASE PLACE A CHECK OR X IN EACH BLOCK BELOW:

YES NO

1. Forgery of certificates, false making of aircraft, and other aircraft registration violations, 49 U.S.C. 46306

2. Interference with air navigation, 49 U.S.C. 46308

3. Improper transportation of a hazardous material; 49 U.S.C. 46312

4. Aircraft piracy; 49 U.S.C. 46502

5. Interference with flight crewmembers or flight attendants, 49 U.S.C. 46504

6. Commission of certain crimes aboard aircraft in flight, 49 U.S.C. 46506

7. Carrying a weapon or explosive aboard an aircraft; 49 U.S.C. 46505

8. Conveying false information and threats, 49 U.S.C.46507

9. Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C.

10. Lighting violations involving transporting controlled substances; 49 U.S.C. 46315

11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C.

12. Destruction of an aircraft or aircraft facility; 49 U.S.C. 32


14. Assault with intent to murder.

15. Espionage.


17. Kidnapping or hostage taking.

18. Treason.

19. Rape or aggravated sexual abuse.

20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.


22. Armed or felony unarmed robbery.

23. Distribution of, or intent to distribute, a controlled substance.


25. Felony involving a threat.

26i. Felony involving willful destruction of property.

26ii. Felony involving importation or manufacture of a controlled substance.

26iii. Felony involving burglary.

26iv. Felony involving theft.

26v. Felony involving dishonesty, fraud, or misrepresentation.

26vi. Felony involving possession or distribution of stolen property.

26vii. Felony involving aggravated assault.

26viii. Felony involving bribery.

26ix. Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.

27. Violence at international airports. 18 U.S.C. 37

28. Conspiracy or attempt to commit any of the criminal acts listed above 1-27.

By my signature, I certify that: I do not have a disqualifying criminal offense and I do consent to a fingerprint criminal history records check (CHRC); in accordance with 49 CFR 1542.209 I understand my obligation to disclose to the airport operator within 24 hours if convicted of any disqualifying criminal offense that occurs while having unescorted access authority.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith; I understand a knowing and willful false statement on this application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code).

Signature

X

Date

Print Name

A copy of the criminal record received from the FBI will be provided to the individual, if requested by the individual in writing. The request should be submitted to the Airport Security Coordinator, who is the point of contact for questions about the results of a criminal history records check.

STOP. DO NOT GO ANY FURTHER.
Please read each statement and initial:

1. By submitting this application for an ID Badge, I agree to comply at all times with the security rules and policies of the Lawton Airport Authority, including the provisions of Chapter 25 and the Transportation Security Administration (TSA), an agency of the United States, including the provisions of Title 49, CFR, Parts 1540, 1542, and 1544.

2. All ID Badges remain the property of Lawton Airport Authority.

3. I understand that I cannot loan my badge to anyone to use for access.

4. I will visibly display my ID Badge outside my garments on my upper body whenever I am in the SIDA/Secure/Sterile/AOA/Restricted areas.

5. I understand that the Lawton Airport Authority reserves the right to revoke authorization for any ID Badge where such action is determined to be in the best interest of airport security.

6. I will not aid nor participate in “piggy-backing” (allowing unauthorized access to secure or restricted areas) nor will I otherwise breach, disobey, circumvent or disregard any security directive, plan or program at the airport.

7. I will challenge any person who enters a SIDA/Sterile/Secured/Restricted/AOA area if the person does not properly display an ID Badge. If the person I challenge cannot produce a valid ID Badge, I will immediately notify the Lawton Police Department.

8. I understand that if I commit any violations of any rules and regulations Section 2 and Section 11 of the Airport Operations Manual will result in access being denied through the AACS and possible revocation of my ID Badge.

9. I understand that I must wait for the gate to close completely and secure before leaving the area.

10. I understand that if the gate malfunctions, I must contact Lawton Airport Maintenance (580-585-2799) or the Airport Security Coordinator (580-585-7545) and remain at the gate until an Airport representative arrives.

11. I will immediately notify the Security Office if my ID Badge is lost, stolen or destroyed.

12. A replacement ID Badge may only be issued if I declare in writing that the ID Badge has been lost, stolen, or destroyed.

   Initial Badge: $35.00 (Valid for two years)
   1st Lost Badge: $35.00
   2nd Lost Badge: $50.00
   3rd Lost Badge: $100.00

   NOTE: There will be no fourth badge issued.

13. I agree to return my airport ID Badge to the Security Office or employer at the end of my employment or if the reason for access is no longer required.

14. I understand and acknowledge that violation of the Airport’s Security Program will result in administrative action to include badge reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

15. I understand that Federal regulations under 49 CFR 1542.209 (l) impose a continuing obligation to disclose to the airport operator within 24 hours if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority. Failure to disclose will result in badge revocation and criminal charges may be filed by U.S. Attorney.

16. (SIDA APPLICANTS ONLY SCREENING NOTICE): ANY EMPLOYEE HOLDING A CREDENTIAL GRANTING ACCESS TO A SECURITY IDENTIFICATION DISPLAY AREA (SIDA) MAY BE SCREENED AT ANY TIME WHILE GAINING ACCESS TO, WORKING IN, OR LEAVING A SECURITY IDENTIFICATION DISPLAY AREA.

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, ____________________________ (print name), acknowledge that I have received my ID badge and the information on the ID badge is correct to the best of my knowledge.

Signature: ____________________________

Today’s Date: ____________________________
DO NOT WRITE BELOW. AIRPORT AUTHORITY SECURITY OFFICE PERSONNEL ONLY.
SECTION 7 VERIFICATION OF IDENTITY (FORM I-9)

Examine one document from List A or examine one document from List B and one from List C. One document from List B or List C must be government issued photo ID. Record the document title, number and expiration date, if applicable.

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CERTIFICATION** — I attest under the penalty of perjury, that I have examined the document(s) presented by the above named applicant, that the above listed document appears to be genuine and to relate to the applicant named, that the and that to the best of my knowledge the applicant is eligible to work in the United States Of America.

Signature of Authorized Trusted Agent

**SECTION 8 AIRPORT BADGING OFFICE USE ONLY**

CHRC Date: 1 2 3  
CHRC FBI Case Number: 1 2 3  
LAW TSC Number:  
Security Training Date:  
STA APPROVAL DATE: 1 2 3  
STA APPROVED? 1 2 3  
YES NO  
AOA Non-Movement Driver’s Training Date: *(If applicable)*  
TSA/FBI RAPBACK NUMBER:  
RAPBACK EXPIRATION:  
AOA Movement Driver’s Training Date: *(If applicable)(FAA Required)*  
Initial Training:  
Recertification:  
TSC Application Identification Number: 1 2 3  
Unescorted Privileges: *(E Endorsement)*  
YES NO  
**LAW000000000**  
Badge Applicant’s Authorized Access: Circle all that apply  
SIDA SECURE STERILE RESTRICTED PUBLIC  
AOA MOVEMENT AOA NON-MOVEMENT LAS RAMP/T HANG.  
Keyscan Access Card Number:  
Driving NON-Movement Area Privileges: *(D Endorsement)*  
YES NO  
Access Card Badge Number:  
Codes: 1 – LAW Enforcement Exempt  
2 – TSA Employee Exempt  
3 – Other Government Exempt *(TSA Approved)*  
Access Card Pin Number: NEW RENEWAL REISSUE  
Badge Return Date:  
Badge Returned to:  
Application Destroy Date  
Badge Color: GREEN  
If badge lost, stolen: LOST 1st 2nd 3rd  
Badge Issued by: *(Authorized Trusted Agent Signature)*:  
Bill badging fees to:  
Badge amount:  
BADGE ISSUE DATE:  
INVOICE CHECK VISA MASTERCARD DISCOVER  
BADGE EXPIRATION DATE:  
AMEX NO CHARGE
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3. School ID card with a photograph</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4. Voter's registration card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>5. U.S. Military card or draft record</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td>6. Military dependent's ID card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
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<td>10. School record or report card</td>
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<td>11. Clinic, doctor, or hospital record</td>
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<td>12. Day-care or nursery school record</td>
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Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).