

**Dallas Fort Worth International Airport Board
Shared Ride Driver / CSR Permit Application**

Revised 12/06

BOARD USE ONLY

New Renewal Company Add Only Permit #: _____ GTAS : _____
Application Date: ___/___/___ Application Expiration Date: ___/___/___ Amount Paid: _____

DRIVER / CSR INFORMATION (Print in black ink only)

Permit Type DRIVER CSR Action NEW RENEWAL COMPANY ADD

* Last Name _____ * First Name _____ * Middle Name _____

* Social Security Number _____ - _____ - _____ * Driver Permit Number _____ Permit Type _____

Texas Drivers License Number _____ Class _____ Expires ___/___/___ Restrictions _____

* Birth Date (MM/DD/YYYY) ___/___/___ * Place of Birth (State /Country) _____

* Gender _____ * Race _____ * Eyes _____ * Hair _____ * Ht. _____ * Wt. _____

* Home Address _____ * Apt. # _____

* City _____ * State _____ * Zip _____

* Business Phone _____ * Home Phone _____ * Cell Phone _____

E-mail Address _____

Do you hold another DFW Driver Permit? NO YES If so, list permit number _____

* Country of Citizenship _____

* Alien Registration Number (if applicable) _____ Expiration _____

* Employment Authorization Document (if applicable) _____ Expiration _____

* I-94 Arrival/Departure Record Number (if applicable) _____ Expiration _____

* I-9 Employment Eligibility (if applicable) _____ Expiration _____

* Non-Immigrant Visa Number (if applicable) _____ Expiration _____

* Passport Number (if applicable) _____ *Passport Country _____ Expiration _____

*** 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, imprisonment, or both. (See Section 1001 of Title 18 of the United States Code at <http://uscode.house.gov/search/criteria.shtml>).**

Signature	Date
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*** Privacy Act Notice**

Authority: 49 U.S.C. §114 authorizes the collection of this information.

Purpose: DHS will use this information to conduct a security threat assessment on airport employees and other personnel, or applicants, who work in or have unescorted access to the air operations area, secured area, sterile area, SIDA, or any area for which the airport has issued a personnel identification media.

Routine Uses: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to aviation security. Additionally, DHS may share the information with facility operators, law enforcement or other government agencies as necessary to respond to potential or actual threats to transportation security, or pursuant to its published Privacy Act system or records notice.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the completion of your security threat assessment, which may prevent your access to the air operations area, secured area, sterile area, SIDA, or other area or purpose for which personnel identification media are issued.

I have read the preceding information and understand my rights as an applicant. By signing below, I acknowledge my understanding and agree to all the terms discussed in this Privacy Act Notice.

Signature	Date
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SHARED RIDE AUTHORIZED REPRESENTATIVE (Must be fully completed)

I _____ certify that _____ has met all of
(Printed Name, Authorized Representative) (Printed Applicants Name)

_____ 's contractual requirements to be issued a Driver or Customer Service
(Company Name)

Representative permits as stated in the Shared Ride contract with the DFW Airport Board.

(Authorized Signature)

(Date)