DETROIT	METROPOL	ITAN	WAY	ΝE	COUNTY	AIRPOR	Г
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# METRO CAB

P.V. LICENSE	APPLICATION
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SECTION I: A	APPLICANT (Print le	gibly - Use black or <b>k</b>	olue ink - No whit	e out)					
MARK THE APF	PROPRIATE BOX:				PV # Issued:				
New \$40	Renewal \$40	1 <sup>st</sup> Replacement \$40	2 <sup>nd</sup> Replace	ement \$40	3rd Replacement \$40	3 <sup>rd</sup> Replacement \$40 (With Landside Approval)			
Company Nam	ne:			Social Sec	curity #:				
Print Full Nam	e:								
	Last (suffix)		First		Middle (fu	ll name)			
Date of Birth: _	Month / Day / Year	Date of Hire:		Job Title	:				
Home Address	S: House Number	Street (apt #)	City		State	Zip			
Personal Phon	ne Number:		2	enship:					
Place of Birth:	State / Province / C	Sex:Sex:	_ Eye Color:	Hair Color:	: Height: <i>Ft</i>	Weight: //nLbs			
Email:									
List any other	names legally know	<u>n by:</u> (maiden, adopted	, previously married	l, alias, etc.)					
First:		Middle:		Last	t:				
First:		Middle:		Last	t:				
First:		Middle:		Last	t:				

#### SECTION II: AUTHORIZED SIGNER - IDENTIFICATION VERIFICATION

DETROIT METRO • WILLOW RUN wayne county airport authority

Two (2) pieces of valid (unexpired) documentation is required. <u>COPIES WILL NOT BE ACCEPTED</u>. At least one ID must have been issued by a government authority and at least one must include a photo. Renewal applicants must provide documentation that establishes both identity as well as employment eligibility.

TABLE A	AND	<u>TABLE B1</u> U.S. Citizens born in U.S.	OI	R <u>TABLE B2</u> U.S. Citizens born outside U.S.	0	R <u>TABLE B3</u> <u>Non-U.S. Citizens</u>
Driver's License or D State ID	U.9	S. Social Security Card		U.S. Passport		Foreign Passport
#:	_ #:_		_	#:	_	#:
State of Issue:	_			Expiration:		Issuing Country:
Expiration:	_					Expiration:
Passport #:		S. Passport		Certificate of Citizenship, Birth Abroad, or Naturalization		<u>AND</u> I-94 #:
# Expiration:		piration:	_	#:	_	or I-551 #:
Alien Registration Number (ARN) from Employment Authorization Card or Permanent Resident Card #: Expiration:		iginal (or Certified copy) of U.S. birth tificate				Alien Registration Number (ARN) from Employment Authorization Card or Permanent Resident Card #: Expiration:

As the Authorized Signer, I have reviewed the above documentation to verify they are valid, unexpired, original, and legible.

Authorized	Signer	Signature:	

Date:

SECTION III: CREDENTIALS USE ONLY					
Application Received Date:					
STA Date: CHRC Disp.: Y/N Auth: FP Date Returned:					
Processed By: Issue Date: Issued By: Auth:					



## DETROIT METROPOLITAN WAYNE COUNTY AIRPORT

#### METRO CAB

### P.V. LICENSE APPLICATION

SECTION IV: APPLICANT – PRIVACY ACT NOTICE & ISSUANCE AUTHORIZATION

Purpose: The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, 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 ldentification (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 will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identify, the individual must send an email to TSA at <u>Aviation.workers@tsa.dhs.gov</u>.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(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. § 552a(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 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 Airport credentials. For applications, failure to provide this information will 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. I understand that any unanswered questions or incomplete information on this application will cause it to be rejected. 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 the Airport will suspend the unescorted access privileges of anyone with an outstanding arrest warrant. I agree to adhere to all Airport Security rules and procedures and not violate any Federal Regulation or local Ordinances and I acknowledge that I understand the Security responsibilities under 49 CFR 1540.105(a). I understand that failure to comply with any of these rules is a security violation and may result in an Administrative Penalty and/or TSA civil penalty.

By submitting this application and signing below, you consent; to being screened at any time while gaining access to, working in, or leaving a Security Sensitive Area; and that the information contained in this application may be shared with federal, state, and local law enforcement agencies.

I have successfully completed an English proficiency test administered by my Company. I understand that any unanswered questions or incomplete information on this application will cause it to be rejected. I understand that failure to include with this application a letter from the Michigan Secretary of State indicating a valid chauffeur's license; a photocopy of chauffeurs license and evidence of the successful completion of an English proficiency test shall result in automatic denial of a PV License. False or misleading statements on this application will result in the termination of operating privileges and possible Civil Penalties. All signatures contained on this form must be originals (no copies or faxes).

Applicant Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION V: AUTHORIZED SIGNER - P.V. LICENSE ISSUANCE AUTHORIZATION

I understand this application must be completed and reviewed prior to authorizing it. I affirm that all information on this application is correct and that sufficient administrative records regarding the employment and/or reference required for compliance are available for review by the Airport Authority and maintained by my company as a matter of record. I have made my employees aware of the Airport Authority's rules and regulations and acknowledge responsibility for any administrative penalties levied against my Company, which may be caused by the failure of one of my employees found in violation of the taxicab contractual agreement, Airport authority Rules and regulations and the DTW Security Program. I understand that failure to comply with the requirements of this section will result in the termination of my authorizing authority.

AUTHORIZED SIGNER – PRINT NAME

AUTHORIZED SIGNER - SIGNATURE

DATE

DTW BADGE #

**OFFICE PHONE #**