



# DETROIT METROPOLITAN WAYNE COUNTY AIRPORT METRO CARS OR METRO CAB P.V. LICENSE RENEWAL FORM

**SECTION I: EMPLOYEE (Print legibly - Use black or blue ink - No white out)**

PV #: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Print Full Name: \_\_\_\_\_  
*Last (suffix)*
*First*
*Middle (full name)*

Home Address: \_\_\_\_\_  
*Number*
*Street (apt #)*
*City*
*State*
*Zip*

WCAA will never share, sell, or rent individual personal information with anyone without your advance permission or unless ordered by a court of law. Information submitted to us is only available to employees managing this information for purposes of contacting you for information related to your employment at the Airport.

**Two (2) pieces of valid (unexpired) documentation is required. COPIES WILL NOT BE ACCEPTED.** 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**                      **TABLE B1**                      **OR**                      **TABLE B2**                      **OR**                      **TABLE B3**  
**U.S. Citizens born in U.S.**
**U.S. Citizens born outside U.S.**
**Non-U.S. Citizens**

<input type="checkbox"/> Driver's License or <input type="checkbox"/> State ID #: _____ State of Issue: _____ Expiration: _____	U.S. Social Security Card #: _____	U.S. Passport #: _____ Expiration: _____	Foreign Passport #: _____ Issuing Country: _____ Expiration: _____
Passport #: _____ Expiration: _____	U.S. Passport #: _____ Expiration: _____	Certificate of Citizenship, Birth Abroad, or Naturalization #: _____	<b>AND</b> I-94 #: _____ or I-551 #: _____
Alien Registration Number (ARN) from Employment Authorization Card or Permanent Resident Card #: _____ Expiration: _____	Original (or Certified copy) of U.S. birth certificate <div style="text-align: center; margin-top: 10px;"> <input style="width: 30px; height: 20px;" type="checkbox"/> </div>		Alien Registration Number (ARN) from Employment Authorization Card or Permanent Resident Card #: _____ Expiration: _____

**SECTION II: SECURITY RESPONSIBILITY AGREEMENT**

- I will report the theft or loss of my Airport ID Badge immediately to Airport Security.
- I will immediately report any security violation I witness to Airport Security or Airport Police.

**SECTION III: EMPLOYEE – PRIVACY ACT NOTICE**

**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 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 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 identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**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 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 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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: AUTHORIZED SIGNER – P.V. LICENSE RENEWAL 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 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_