

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

ACCESS CONTROL APPLICATION – PIV/BADGE/CREDENTIAL

INSTRUCTIONS: (1) TSA employees, contractors, detailees, and other Federal employees who require access control identification card i.e, Personal Identity Verification (PIV) card to gain access to TSA controlled facilities must complete this form and submit to mailbox PIVACO@tsa.dhs.gov. (2) Employees requiring a badge and/or credential to identify and describe the bearer's right to exercise specific authority to perform specific official functions shall also use this form to submit their application. Specify "N/A" or "Unknown" for any information that cannot be provided. The completed form must be attached and emailed to the individual FSD, SAC or equivalent to the appropriate Organizational Element/Point of Contact (OE/POC) for approval. If approved, the OE/POC will send the completed form to the Security Branch at CredentialBadgeCustS@tsa.dhs.gov. This form must be completed in accordance with [TSA MD 2800.11, Handbook \(HB\)](#).

SECTION I: Application Type *(Select Applicable Fields)*

PIV Card
 Badge
 Retired Badge
 Memorial Badge
 Credential
 Retired Credential

SECTION II: Applicant Information

Last Name	First Name	Middle Initial
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of Birth	Application Date
		Gender
TSA Component or Government Agency	Official Title	Entry on Duty Date
Office Address <i>(Contractors Only)</i>	City	State
		Zip Code
Government Email Address	Office Phone Number	Cell Phone Number

Position *(Select One)*
 Contractor
 Federal Detailee
 Federal Employee
 Other _____

Access Location(s): *(Select Applicable Locations) (Not applicable for retired badge/credential)*

<input type="checkbox"/> TSA Headquarters	<input type="checkbox"/> TSA Annapolis Junction	<input type="checkbox"/> TSA Field Location <i>(Airport Code)</i> _____
<input type="checkbox"/> TSA Walker Lane	<input type="checkbox"/> Freedom Center	<input type="checkbox"/> Transportation Security Integration Facility (TSIF)
<input type="checkbox"/> OLE/FAMS Headquarters	OLE/FAMS Field Office	<input type="checkbox"/> Other _____

SECTION III. Application *(Complete Applicable Fields)*

Part A. PIV Card

Category	<input type="checkbox"/> Access Change Only <input type="checkbox"/> Change of Name <input type="checkbox"/> New <input type="checkbox"/> Replacement	
Replacement Reason		
Designated Federal Emergency Response Official (FERO) <i>(If yes is selected, approved DHS Form 1100-27 & applicable addendum must be attached)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated Law Enforcement Officer (LEO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COR or Authorizing Official Signature	Contract Number	Contract Expiration Date

Part B. Badge	
Category	<input type="checkbox"/> Change of Position/Title <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Retired <input type="checkbox"/> Memorial <input type="checkbox"/> Commemorative
Replacement Reason:	
Part C. Credential	
Category	<input type="checkbox"/> Change of Name/Position/Title <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Retired <input type="checkbox"/> Memorial Card
Replacement Reason:	
Official Title (<i>refer to SF50, Notice of Personnel Action</i>)	

Part D. Retired Badge or Credential Waiver/Acknowledgement

The TSA retired badge and/or credential does not confer powers [law enforcement or non-law enforcement] or authorize engagement in any law enforcement activities and investigations. I waive the right to make a claim of any description to include claims, actions, suits, procedures, costs, expenses, damages, and liabilities against TSA resulting from the authority to carry retired badge and/or credentials.

I acknowledge that I have read and understand the information provided above.

Signature	
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SECTION IV. Responsibilities Acknowledgement

In accordance with Homeland Security Presidential Directive 12 (HSPD-12) [DHS MD 11020.1, Issuance of Access Control Media](#), [DHS Instruction 121-01-002, Issuance and Control of DHS Badges](#), [DHS Instruction 121-01-008, Issuance and Control of DHS Credentials](#) and [TSA MD 1100.73-5, Addressing Unacceptable Performance and Conduct](#), the electronic submission of this form constitutes an agreement to comply fully with all requirements in the use, display and control of accountable property.

- Ensure proper handling and safeguarding, to include not lending, giving or allowing another person to use such property for any purpose;
- Do not store this property in your vehicle;
- Employ such property only in the performance of official duties;
- Return the property to the Accountable Property Official (APO), or upon demand by other designated TSA Official when no longer required for the purpose intended and upon separation from the government;
- Report any property that is lost, stolen, damaged, destroyed or otherwise compromised within 24 hours upon discovery to the TSOC, PARIS, and local PD, or to the TSA HQs Command Center (571-227-2600) who will make notifications for you; and
- Accept administrative review/action if the property is lost, stolen, damaged, destroyed or otherwise misused as a result of willful intent or gross negligence.

I acknowledge that I have read and understand the information provided above.

Signature	
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SECTION V. Supervisor Information (*Unit Chief and Above Use Only*)

Last, First, MI		Position or Title		Approved Date
TSA Component	Government Email Address	Office Phone	Cell Phone	
Signature				

SECTION VI. BMO Director/Equivalent Use Only *All requests complete Part A. Parts B & C must also be completed for Retired Badge & Credential requests.*

Part A. BMO Director/Equivalent Information				
Last, First, MI		Position or Title		Approved Date
TSA Component	Government Email Address	Office Phone	Cell Phone	
Signature				

Part B. Good Standing Determination

1. There was a determination made or action initiated to remove or proposal to remove, the employee from Federal Employment;	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. There was an investigation or adjudication charge of misconduct against the employee that would have led to the employee's removal; or	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. The employees' security clearance was suspended or revoked, or proposal to suspend or revoke the clearance had been initiated or issued.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signature _____

Part C. Service Eligibility

1. The employee completed five (5) years of service with TSA [exception; the LEO transferred into TSA directly from another Federal agency and the total amount of Federal law enforcement is five years or more regardless of the amount of time completed in TSA. Non-LEOs must have accrued a total of five years of Federal service to meet this exception]; and	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. The employee was in good standing at the time of retirement (ref. responses above); and	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. The employee retired consistent with the retirement definition in TSA MD 2800.11, Badge and Credential Program .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. I have reviewed the criteria with the appropriate offices and I find the employee:				
<input type="radio"/> Meets all criteria and is eligible for a retired badge and/or credential. (Requires "YES" response on 1, 2, and 3)				
<input type="radio"/> Does not meet all of the above criteria and is not eligible for a retired badge and/or credential.				

Signature _____

SECTION VII. Security Branch Use Only

Security Clearance	<input type="checkbox"/>	TS/SCI	<input type="checkbox"/>	TS	<input type="checkbox"/>	S	<input type="checkbox"/>	Other	<input type="checkbox"/>	Clearance Date	
PIV Card	<input type="checkbox"/>	New	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Change of Name/Position/Title					
Status							Issue Date				
Expiration Date							Old PIV Card Number				
Old PIV Card Returned?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (explain in comments)							
Was Lost/Stolen/Damaged PIV Card reported in accordance to TSA MD 2800.11, HB ? (List Date)											
Approved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Disapproved, (explain)					
Badge	<input type="checkbox"/>	New	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Change of Position/Title					
Badge Type and Number							Tactical Badge Number (if applicable)				
Old Badge Number							Old Badge Returned?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (explain in comments)
Was Lost/Stolen/Damaged Badge reported in accordance to TSA MD 2800.11, HB ? (List Date)											
Approved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Disapproved, (explain)					
Credential	<input type="checkbox"/>	New	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Change of Name/Position/Title					
Credential Type							Credential Number				
Old Credential Number							Old Credential Returned?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (explain in comments)
Was Lost/Stolen/Damaged Credential reported in accordance to TSA MD 2800.11, HB ? (List Date)											
Approved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Disapproved, (explain)					

Previous editions of this form are obsolete.

Comments					
Name (Approving Official)		Title		Date	
Signature					

PRIVACY ACT STATEMENT: AUTHORITY: Executive Order 9397; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; Homeland Security Presidential Directive 12, August 27, 2004; 49 U.S.C. 114 (f). **PURPOSE(S):** The information, including your Social Security Number, is needed to process your access control application for a Personal Identity Verification Card (PIV), badge or credential used to access federally controlled facilities and/or information systems. **ROUTINE USE(S):** Information you provide will be disclosed to individuals within DHS with a need to know the information in the performance of official duties in accordance with Privacy Act, 5, U.S.C 552a and in accordance with routine uses listed in DHS/ALL-026, Personal Identity Verification Management System Systems of Records. **DISCLOSURE:** Voluntary; however, failure to do so may affect your ability to access federally controlled facilities and/or information systems in order to perform work-related activities.