



# Federal Aviation Administration

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## Memorandum

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Date: NOV 3 2006  
From: *Lynne*  
Lynne A. Osmus, Assistant Administrator for Security  
and Hazardous Materials, ASH-1  
To: Management Board  
Subject: Identification Media Sponsors – Policy Memorandum – AIN-400-02-006

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In October 2005, FAA began implementation of Homeland Security Presidential Directive – 12 (HSPD-12), Policy for a Common Identification Standard (CIS) for Federal Employees and Contractors. HSPD-12 focuses on identity verification and authentication of FAA employees and contractors. We are now beginning the second phase of this process that will further impact procedures for obtaining an identification badge.

To ensure that we are issuing ID media only to bona fide FAA employees, contractors, and other authorized persons, we must have on file the names and a sample signature for each sponsor signing the DOT F 1681, Identification Card/Credential Application (copy attached). We need to update this information for sponsors at Washington Headquarters.

Your sponsors, formerly known as an Authorizing Officials must be government employees and will normally be the senior and the second ranking member in an office. This responsibility may be delegated to a subordinate employee. For contractors, the sponsor will be either the project/program manager of the contract, a Contracting Officer, a Contracting Officer's Technical Representative, or a designated individual in the organization. By signing the DOT F 1681, the sponsor is certifying that the application covers a bona fide employee, contractor, or other authorized person who is entitled to the identification media being requested.

Please provide the following information concerning Washington Headquarters elements only in writing to the Manager, Personnel Security Division, AIN-400, identifying:

- A Point of Contact (POC) for each Headquarters organization who will be responsible for updating, modifying and annual recertification of their sponsor list
- Full names of all primary and alternate sponsor(s)
- Organization name and office symbol
- phone number and email address for your POC and each sponsor
- sample of each sponsor's signature

No action is required concerning elements outside of Washington Headquarters at this time as the identities and signatures of sponsors are already being forwarded to ASH regional servicing security elements in the field.

Please provide this information no later than November 17, 2006. As of November 20, 2006, we will not be able to process identification media for individuals in Headquarters unless the sponsors name and signature are on file.

Your prompt response to this request is greatly appreciated. If you have any questions, please contact Christopher Glasow, Manager, Personnel Security Division, at 267-8078.

Attachment

# Identification Card / Credential Application

Applicant Data					
Application for <input type="checkbox"/> Identification Card or <input type="checkbox"/> Credentials				ID Card Number: (To be completed by Issuer)	
Last Name		First Name	Middle Name	Social Security Number	
DOT Administration/Agency	Org. Seg. (OST only) Line of Business (FAA only)		Date/Place of Birth	<input type="checkbox"/> M <input type="checkbox"/> F Sex (M/F)	
ft. Height	in.	lbs. Weight	Hair Color	Eye Color	Citizenship
Office Routing Symbol		Office Phone Number(s)		Issuing office use	
Office e-mail address			Office (Street) Address		
----- Contractors Only -----					
Contractor Company		Contract Number & Expiration Date		Contracting Officer Name and Phone Number (printed)	
----- Reason for Issuance -----					
<input type="checkbox"/> New ID Card or Credential <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Expired <input type="checkbox"/> Other (Specify):					
----- Application for Credentials Only -----					
New Credential Request    Type: <input type="checkbox"/> Executive <input type="checkbox"/> Official <input type="checkbox"/> Other			Position title to appear on the credential		
Credential Justification/Remarks					
----- Applicant Signature -----					
Employee Type <input type="checkbox"/> Permanent <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary			Signature of Applicant		Date of Application
<input type="checkbox"/> Other:					
----- Information below to be filled out by the Sponsor -----					
Expiration Date of ID Card		Type of Card: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		Other (Specify):	
Sponsor's Name & Phone Number (Typed or Printed)		Routing Symbol	Date	Sponsor's Signature	
----- Identity Verification Information below to be filled out by the Registrar or Trusted Agent (TA) -----					
<input type="checkbox"/> Applicant's identity documents have been examined	<input type="checkbox"/> Applicant has submitted all investigation paperwork (if required)		<input type="checkbox"/> Applicant has been fingerprinted		<input type="checkbox"/> Applicant's picture for ID has been taken
Registrar's/ TA's Name (Typed or Printed)		Routing Symbol	Date	Registrar's/TA's Signature	
----- Information below to be filled out by the Registrar -----					
Individual is authorized to be issued the following ID type <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other:					
Individual has a completed and favorably adjudicated <input type="checkbox"/> NAC <input type="checkbox"/> NACI or higher <input type="checkbox"/> FBI Fingerprint Check <input type="checkbox"/> Other:					
Registrar's Name (Typed or Printed)		Routing Symbol	Date	Registrar's Signature	
----- Information below to be filled out by the Issuer -----					
<input type="checkbox"/> DOT F 1681 is correctly completed.			<input type="checkbox"/> Applicant's information in the ID system is correct.		
Issuer's Name (Typed or Printed)		Routing Symbol	Date	Issuer's Signature	
----- Applicant's Acknowledgement Receipt -----					
Your card contains data that may be used to verify your identity. You must exercise care in handling your card. Do not bend or twist it, expose it to extreme heat or cold. You may keep the card only for as long as you are authorized to enter Federal buildings or have access to Federal information systems. You must return the card when you no longer need it, or upon demand by the government or your employer. You must inform your supervisor, your security representative, and/or the organization that issued your card if it is lost or stolen. You may be asked to wait for a period of time before a replacement card is issued. Please acknowledge receipt of your card and that you accept your responsibilities regarding its use and safeguarding by signing your name below.					
Applicant's Signature				Date	

DOT F 1681 (test - 12/01/05)

## Privacy Act Notice:

The information on this form is requested under authority of Titles 5 and 49, USC; Title 32, CFR; and Title 40 USC 486c. Submission of all data is mandatory in order to receive DOT identification media. The purpose is to provide a ready concentration of employee personal data to facilitate issuance, accountability, and recovery of required identification/credential card(s) which are issued to employees/contractors. The information provided will be used to issue such identification/credential card(s) as may be required to enable the employee or contractor to properly conduct assigned duties. Failure to provide all or any part of the requested data will result in your inability to be properly identified and, therefore, be unable to properly perform all aspects of your assigned official duties.



# Federal Aviation Administration

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## Memorandum

Date: **SAMPLE MEMO**

To: Christopher Glasow, Manager, Personnel Security Division, AIN-400

From: Director, AXX

Subject: Identification Media Sponsors

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As requested in the November 3, 2006 memorandum from Security and Hazardous Materials, ASH, the following Office of AXX information is provided as follows:

The Point of Contact (POC) for each Headquarters AXX organization responsible for updating, modifying and annual recertification of AXX's sponsor list is:

Name of Person, title, AXX, (Tel. 202-267-XXXX)

The names of all primary and alternate sponsors:

**PRIMARY SPONSOR:**

Name of person, Title, AXX  
email address  
Tel. 202-267-XXXX

**ALTERNATE SPONSOR**

Name of person, Title, AXX  
email address  
Tel. 202-267-XXXX

**ALTERNATE SPONSOR**

Name of person, Title, AXX  
email address  
Tel. 202-267-XXXX

(Signature of Primary Sponsor) \_\_\_\_\_

Name of Primary Sponsor

(Signature of Alternate Sponsor) \_\_\_\_\_

Name of Alternate Sponsor

(Signature of Alternate Sponsor) \_\_\_\_\_

Name of Alternate Sponsor