





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 Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories.

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.

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.

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.

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.

AUTHORIZED SIGNER – PRINT NAME

AUTHORIZED SIGNER - SIGNATURE

DATE

DTW BADGE #

OFFICE PHONE #