

**Torres Rojas, Genara**

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**From:**  
**Sent:** Wednesday, December 17, 2014 7:04 PM  
**To:** Duffy, Daniel  
**Cc:** Torres Rojas, Genara; Van Duyne, Sheree  
**Subject:** Freedom of Information Online Request Form

Information:

First Name: charlemagne  
Last Name: Limage  
Company: NO  
Mailing Address 1:  
Mailing Address 2: Personal privacy  
City:  
State:  
Zip Code:  
Email Address:  
Phone:  
Required copies of the records: Yes

List of specific record(s):

Pursuant to the New York state Freedom of information Law, Article 6 of the Public officer Law, and the Port Authority of New York and New Jersey Policy on freedom of information. This is a request under the Freedom of Information Act 5 U.S.C. § 552. I am making informal request of a copy of the following documents containing the following information be provided to me as I have identified the document as specifically as possible. Dear sir or Madam I am making informal request for a copy of the following records that show cardholder access history report that is pertaining to Charlemagne Limage, at John F. Kennedy international Airport on June 17,2011 through May 7, 2012. JFK Port Authority ID 6440359415 and expiration date was on May 24, 2012 I am making informal request for a copy of the following records that show swissport USA Inc turned in my JFK port Authority ID.2I need a copy of the following document that contains the Identification card Disposition application

**THE PORT AUTHORITY OF NY & NJ**

FOI Administrator

December 22, 2014

Ms. Charlemagne Limage

Re: Freedom of Information Reference No. 15602

Dear Ms. Limage:

This is in response to your December 17, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy attached) for "a copy of the following records that show cardholder access history report that is pertaining to Charlemagne Limage, at John F. Kennedy international Airport on June 17, 2011 through May 7, 2012. JFK Port Authority ID 6440359415 and expiration date was on May 24, 2012 1 I am making informal request for a copy of the following records that show swissport USA Inc turned in my JFK port Authority ID. 2I need a copy of the following document that contains the Identification card Disposition application."

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/15602-O.pdf>. Paper copies of the available records are available upon request.

Certain portions of the material responsive to your request are exempt from disclosure pursuant to exemption (1) of the Code.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy  
FOI Administrator

Attachment

IDENTIFICATION CARD DISPOSITION APPLICATION

PA3253A / 02-11

Current Front ID Card No.	6 4 4 0 3 7 8 6 6 8	Replacement ID Card No.	
Current PID Card No.	6 4 4	Job Title	
Employer	SWSSPORT USA INC		
Issue To: Last Name	First	Middle	
LIMAGE ✓	CHARLEMAGNE		
Card Status	Disposition (Check One)		
<input checked="" type="radio"/> SIDA/AOA <input type="radio"/> Sterile Area	1. <input type="radio"/> Return 2. <input type="radio"/> Multilated 3. <input type="radio"/> Renewal 4. <input type="radio"/> Expired 5. <input type="radio"/> Non-Return 6. <input type="radio"/> Lost 7. <input type="radio"/> Stolen 8. <input type="radio"/> Other		

Briefly describe circumstances for items #1 through #8 above. #1 RETURN

Renewals Only - Enter all information and present original identification documents		Expiration Date of New ID Card (mm/dd/yyyy)	Social Security Card Number
Airport ID Card Location (Single Facility Card - Check one box; Multi-Facility Card-Check applicable boxes)		/ /	
<input checked="" type="checkbox"/> JFK <input type="checkbox"/> LGA <input type="checkbox"/> EWR <input type="checkbox"/> SWF <input type="checkbox"/> TEB			
Employee Home Address	Apt #	City	State Zip Code Daytime Phone Number
Are you a U.S. citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No	Country of Birth	Country of Citizenship	Passport Country
If no, are you lawfully present in the U.S. in accordance with the Immigration and Nationality Act? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Passport Number	Alien Registration Number	Non-Immigrant Visa Control Number (in the top right corner of the visa)	
Certificate of Naturalization Number	Certificate of Birth Abroad	I-94 Number	
	<input type="radio"/> FS-545 <input type="radio"/> DS-1350		
	<input type="radio"/> DS		
Other Names: Have you ever been known by any other name(s)? Other names include nicknames, aliases, former married names, maiden names, or any part of the name of a relative, including for example a mother or father's last name or a grandparent's last name, or foster or adopted last name. <input type="radio"/> Yes <input type="radio"/> No			
If "Yes", write names in the space below			
Last Name	First Name	Middle Name	

RECEIVED JUN 17 2012

**SOCIAL SECURITY ADMINISTRATION RELEASE & APPLICANT CERTIFICATION:** I authorize the Social Security Administration to release my Social Security Number and full name to The Port Authority and the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19) Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202. The information I have provided in this entire application 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 am the individual to whom the information applies and want this information released in order to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Applicant's Full Name (print)		Applicant's Signature	Date (mm/dd/yyyy)
Employee Issuing Officer/Signatory Authority	Name:	Telephone Number:	Issuing Officer/Signatory Authority I.D. Card Number
	BERIDIANA JEREZ PAULINO	Exemption (1)	6440419281
Address:	Exemption (1)	Authorized Signature of File	Email: BEP

EMPLOYEE ACKNOWLEDGEMENT (TO BE SIGNED BY EMPLOYEE WHEN I.D. CARD IS PICKED UP)

I HAVE RECEIVED A COPY, READ AND UNDERSTAND THE RULES AND REGULATIONS ASSOCIATED WITH THE ISSUANCE AND POSSESSION OF ACCESS CONTROL SYSTEM AND MY RESPONSIBILITIES UNDER TSA REGULATIONS WHILE ON 49 CFR PART 1542 SECURED AREAS. THESE REGULATIONS MAY RESULT IN THE SUSPENSION OR REVOCATION OF ALL ACCESS PRIVILEGES. ADDITIONALLY, I UNDERSTAND CONVICTED OF ANY OF THE DISQUALIFYING CRIMES WITHIN THE TEN YEARS PRIOR TO SUBMISSION OF AN APPLICATION FOR UNESCOR APPLICABLE LAW OR REGULATION OR AT ANY TIME THEREAFTER MUST SURRENDER THE AIRPORT ID CARD TO THE PORT AUTHORITY OF LEARNING OF THE CONVICTION. MOREOVER, I UNDERSTAND THAT THE PORT AUTHORITY OR ITS AGENTS WILL CONDUCT AN INITIAL RECORD CHECKS AT ANY TIME DURING THE TERM OF ANY ACCESS PRIVILEGE GRANTED TO ME BY THE PORT AUTHORITY AS THE AIR. UNDERSTAND THAT SUBMITTING AN APPLICATION CONTAINING FRAUDULENT INFORMATION OR INTENTIONALLY FALSE STATEMENTS WILL FINE OR IMPRISONMENT OR BOTH UNDER SECTION 1001 OF TITLE 18 UNITED STATES CODE AND TO A POSSIBLE CIVIL PENALTY FINE OF UP TO

Applicant's Signature	Date (mm/dd/yyyy)
Was ID Card R.	
Entered on CACS by:	