


Initial ☐

Renewal ☐

SAN ID # _____

Transportation Security Administration application for Security Threat Assessment (STA)

Please complete the following information in black or blue ink. Be prepared to present up to two (2) forms of identification (see list of acceptable documents) that establish identity and employment eligibility. Please note that some information is voluntary. However, omission of this information may result in delays in processing your application.

COMPANY INFORMATION					
EMPLOYER NAME		SPONSOR		EMPLOYER TELEPHONE #	
FULL LEGAL NAME REQUIRED (Including aliases/other names used)					
LAST NAME		FIRST NAME		MIDDLE NAME	
ALIASES other legal names used, example name change, maiden name, etc. One-word names or nicknames are not acceptable (DO NOT LEAVE BLANK, if not applicable write N/A)					
ALIAS 1 – (Last Name, First, Middle)		ALIAS 2 – (Last Name, First, Middle)		ALIAS 3 (Last Name, First, Middle)	
PERSONAL INFORMATION					
STREET ADDRESS (No P.O. Box allowed)			DAYTIME TELEPHONE #		EMAIL ADDRESS (If Applicable)
CITY				STATE	ZIP CODE
DATE OF BIRTH (MM / DD / YYYY)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	PLACE OF BIRTH (City and US State or Country)		COUNTRY of CITIZENSHIP
PASSPORT INFORMATION (This information is voluntary and may expedite the adjudication process for applicants who are U.S. Citizens)					
PASSPORT COUNTRY		PASSPORT NUMBER		PASSPORT EXPIRATION	
FOR INDIVIDUALS WHO ARE NOT US CITIZENS (If Applicable)					
Alien Registration # (9 digit)		I-94 departure # (11 digit)		Non-Immigrant Visa Control #	
EMERGENCY CONTACT INFORMATION					
EMERGENCY CONTACT NAME		PRIMARY TELEPHONE #		RELATIONSHIP	

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).

SIGNATURE:	X	DATE:	
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Turn over to read "Privacy Act Notice"



PRIVACY ACT NOTICE

Authority: 49 U.S.C. §§114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment to evaluate your eligibility for the program to which you are applying. Your fingerprints and associated information / biometrics 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/ biometrics 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 the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

Routine Uses: This information may be shared 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002. For as long as your fingerprints and associated information / biometrics 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: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-10) / Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.

I am the individual to whom the information applies and want this information released 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.

SOCIAL SECURITY NUMBER:		<i>(Voluntary)</i>	
SIGNATURE:	X	DATE:	

ACO Use Only

Documentation Verified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
Cleared?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
Employer / GT Notified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____