

Initial ☐Renewal ☐

UPID # _____

Transportation Security Administration application for Security Threat Assessment (STA)

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 #	SOCIAL SECURITY #
CITY		STATE	ZIP CODE
DATE OF BIRTH (MM / DD / YYYY)	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PLACE OF BIRTH (City and US State)	COUNTRY of CITIZENSHIP

FOR INDIVIDUALS WHO ARE NOT US CITIZENS (If Applicable)		
Alien Registration # (9 digit)	I-94 departure # (11 digit)	Non-Immigrant Visa Control #

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

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).

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10) / Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598. DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

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, imprisonment, or both.

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

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TSA PRIVACY ACT STATEMENT

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

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. The FBI may retain your fingerprints and associated information 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 your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT).

DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator-issued identification media revoked for noncompliance with aviation security requirements. **Any individual who appears in this database will be listed for 5 years from the date the violation occurred.** DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov.

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. For as long as your fingerprints and associated information 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: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA 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 maybe unable to complete your security threat assessment.

ACO Use Only

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