



San Diego International Airport 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.

FULL LEGAL NAME REQUIRED (Including aliases/other names used) (Please Type or Neatly Print with Blue or Black Ink ONLY)

Table with 4 columns: LAST NAME, FIRST NAME (Aliases), MIDDLE NAME, SOCIAL SECURITY # (Voluntary)

PERSONAL INFORMATION

Table with 5 columns: STREET ADDRESS (No P.O. Box allowed), CITY, STATE, ZIP CODE, TELEPHONE #

Table with 6 columns: DATE OF BIRTH (Mo. / Day / Year), Gender (Male or Female), PLACE OF BIRTH (State/or Country), Country of Citizenship, Alien Registration # (If Applicable), Non-Immigrant Visa # (If Applicable)

PASSPORT INFORMATION (This information is voluntary and may expedite the adjudication process for applicants who are U.S. Citizens)

Table with 3 columns: PASSPORT COUNTRY, PASSPORT NUMBER, PASSPORT EXPIRATION

COMPANY INFORMATION

Table with 3 columns: EMPLOYER NAME, SPONSOR, EMPLOYER TELEPHONE #

"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, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)1Aviation Worker Program, 601 South 12" Street, Arlington, VA 22202."

"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."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. 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), DHSJ TSA 002.

**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. )."

**Initial/Date** \_\_\_\_\_

### *ACO Use Only*

Documentation Verified?    YES     NO     Date: \_\_\_\_\_

Cleared?    YES     NO     Date: \_\_\_\_\_

Employer / GT Notified?    YES     NO     Date: \_\_\_\_\_