



**Transportation
Security
Administration**

**APPLICATION FOR A
SECURITY THREAT ASSESSMENT**

CURRENT EMPLOYER NAME			
CURRENT EMPLOYER CORPORATE ADDRESS			CURRENT EMPLOYER PHONE NUMBER
CITY	STATE	ZIP	
IAC PRINCIPAL (If employed by an IAC, refer to Section 2 for definition) <input type="checkbox"/> YES <input type="checkbox"/> NO		IAC PRINCIPAL TITLE (If IAC PRINCIPAL)	
NAME (First Middle Last Suffix)		SOCIAL SECURITY NUMBER (Optional)	
PREVIOUS NAME USED (First Middle Last Suffix) (If Applicable)		PREVIOUS NAME USED (First Middle Last Suffix) (If Applicable)	
EMAIL ADDRESS	DAYTIME PHONE NUMBER	PREVIOUS NAME USED (First Middle Last Suffix) (If Applicable)	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yyyy)	PLACE OF BIRTH (City, State, Country)	
COUNTRY OF CITIZENSHIP	ALIEN REGISTRATION NUMBER (If Applicable)	NATURALIZATION DATE (If Applicable)	NATURALIZATION CERTIFICATE NUMBER (If Applicable)
CURRENT MAILING ADDRESS			
CITY	STATE	ZIP	
CURRENT RESIDENTIAL ADDRESS		START DATE OF RESIDENCY	END DATE OF RESIDENCY CURRENT
CITY	STATE	ZIP	
PREVIOUS RESIDENTIAL ADDRESS		START DATE OF RESIDENCY	END DATE OF RESIDENCY
CITY	STATE	ZIP	
PREVIOUS RESIDENTIAL ADDRESS		START DATE OF RESIDENCY	END DATE OF RESIDENCY
CITY	STATE	ZIP	
PREVIOUS RESIDENTIAL ADDRESS		START DATE OF RESIDENCY	END DATE OF RESIDENCY
CITY	STATE	ZIP	
PREVIOUS RESIDENTIAL ADDRESS		START DATE OF RESIDENCY	END DATE OF RESIDENCY
CITY	STATE	ZIP	
PREVIOUS RESIDENTIAL ADDRESS		START DATE OF RESIDENCY	END DATE OF RESIDENCY
CITY	STATE	ZIP	

Please use the back of this form to enter additional residential addresses if necessary.

The information I have provided on this 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, or an omission of a material fact, on this application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of authorization or in the case of parties regulated under this section, removal of authorization to operate under this chapter, if applicable.

I acknowledge that if I do not successfully complete the security threat assessment, the Transportation Security Administration may notify my employer. If TSA or other law enforcement agency becomes aware that I may pose an imminent threat to an operator or facility, TSA may provide limited information necessary to reduce the risk of injury or damage to the operator or facility.

Applicant Signature: _____

Date: _____

Employer Use Below Line

I have authenticated the identity and work authorization of the individual for whom this STA application is being submitted by reviewing a Photo Identification issued by a government authority and work authorization documents as required under 49 C.F.R § 1540.203(b). I have verified that the individual's written application contains the Privacy Act Notice required under 49 C.F.R. § 1540.203(c)(11), and I acknowledge that I am required to retain the individual's signed STA application, all documents to prove identity and work authorization, and any communications with TSA regarding the individual's application (either in electronic or hardcopy format) for 180 days following the end of the individual's service as required under C.F.R. § 1540.203(d).

Employer Name & Signature: _____

Date: _____