



Last Name *	First Name *	Middle Initial	Last 4 digits of SSN *
Mailing Address *	City *	State *	Zip Code *
Primary Phone Number *	Secondary Phone Number	Email Address *	
Training Session *		Payment Amount *	
Beginning Date	Ending Date	\$ 490.00	

\* Denotes required fields.

Privacy Act Statement

AUTHORITY: 49 U.S.C. Section 114; Pub. L. 108-176. PRINCIPAL PURPOSE(S): This information will be used to register and accept payment for training from candidates seeking to serve as Armed Security Officers. ROUTINE USE(S): This information may be shared with aircraft and airport operators, the FBI, and the FAA, or for routine uses identified in TSA system of records, DHS/TSA002, Transportation Security Threat Assessment System. DISCLOSURE: Voluntary; failure to furnish the requested information may result in an inability to provide candidates with training.

\* Clicking on the Submit Button signifies that you agree to all costs associated with this training request in the amount stated.