

Office of Airline Information
Passenger Civil Aviation Security Service Fees (September 11th Security Fees)
Quarterly Reports Airline Point of Contact (POC) Designation Form

Purpose: Use this form to designate an individual as Point of Contact (POC) for activities related to the quarterly reporting of September 11th Security Fees to the U.S. Department of Transportation, Bureau of Transportation Statistics (BTS). The BTS recognizes the POC as the carrier’s authority to assign or approve individuals who are permitted to report on the carrier’s behalf. The POC will also be responsible for managing the reporting carrier’s user accounts to access the web-based September 11th Security Fee Reporting Application to include immediately requesting removal of user account privileges as appropriate.

POC Information

Name (<i>Last, First, M.I.</i>)	Title or Dept.
Email Address	
Telephone no.	Fax no.
Mailing Address	
Carrier Name	

Scope of Authorization: *Subject to the limitations that follow*, the POC is authorized to grant individuals access to the Transportation Security Administration (TSA) September 11th Security Fee Reporting Application to submit quarterly security fee reports for the carrier named above. This authorization contains no implied authorization to access any other computer system of the U.S. Government, and will be revoked on separation, retirement, reassignment of duties, change of organization or when determined by the Information Systems Security Officer to be in the best interest of the Government.

WARNING: *Only Authorized Users May Use These Systems.* To protect these systems from unauthorized use and to ensure that these systems are functioning properly, system administrators monitor these systems. Individuals using these systems without authority, or in excess of their authority, are subject to having all of their activities on these systems monitored and recorded by system personnel. In the course of monitoring individuals improperly using these systems, or in the course of system maintenance, the activities of authorized users may also be monitored. Anyone using these systems expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, management may authorize system personnel to provide the evidence of such monitoring to law enforcement officials.

Name: _____ Date: _____
POC's Signature

Send the completed form to: Office of Airline Information (K-14) ATTN: Clay Moritz
 Bureau of Transportation Statistics, Room 4125
 400 7th Street SW
 Washington, DC 20590

Or fax to: (+1) 202-366-3383

For BTS use only

Name: _____ Date: _____
Clay Moritz, Airline Information Security Officer