

Company Name

TSA Registered Traveler

Service Provider Application

August 2007

TSA Service Provider Application

Introduction:

This application is designed to obtain information necessary to evaluate your firm's viability to be approved as a vendor or the Transportation Security Administration's ("TSA") Registered Traveler ("RT") Program.

Upon your submission of this application, TSA and its designees will review all materials and search various public records databases and regulator agency filings for information regarding the potential service provider's principals and other key affiliates or individuals. In the event TSA deems any information obtained in the searches relevant to its decision to approve or deny the application, it will so inform the applicant and give the applicant the opportunity to supplement or comment on the information.

General Instructions:

1) Service Providers (SPs) requesting to participate in the RT Program shall complete the SP Application Form in its entirety, and submit it and all required documentation electronically to RTstandards@dhs.gov by clicking the "Submit by Email" action button at the end of this application. SPs shall also mail a signed hardcopy of the application form to TSA as indicated in Section 2.1.1 of the *TSA Registered Traveler Service Provider Initial Participation Requirements and Application Process*. This form can be printed by clicking the "Print Form" action button at the end of this application.

2) Foreign-owned companies shall provide ownership information, percentage of ownership and relationships with their government and/or any acquisitions of U.S. companies.

3) TSA shall process a Criminal History Record Check and a Security Threat Assessment for each person listed in Section IV Security. Applicants shall provide the name of the company's Security Officer and contact information. The Security Officer will be contacted and given instructions on how to submit the fingerprints of the persons listed in Section II of the SP application.

4) The application shall be signed by a management official with authority to sign official documents.

PAPERWORK REDUCTION ACT STATEMENT OF PUBLIC BURDEN: Through this information collection, TSA is gathering information about your company to assess its qualifications to become a Service Provider for the TSA Registered Traveler Program. This is a mandatory collection of information if you wish to participate as a Service Provider in the Registered Traveler Program. TSA estimates that the total average burden per response associated with this collection is approximately 20 minutes, which includes the time to compile and submit the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number assigned to this collection is OMB 1652-0019, which expires 3/31/2009.

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SECTION I- GENERAL INFORMATION

Service Provider Information

1A. Service Provider Company Name		1B. Doing Business As		2. Taxpayer ID Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
1C. Service Provider Company Street Address		1D. City	1E. State	1F. Zip	2. Federal Employer ID Number
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1G. Service Provider Company Mailing Address		1H. Mailing City	1I. Mailing State	1J. Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. Type of Organization (Check One)		<input type="radio"/> General Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Other (Specify Below)			
<input type="radio"/> Subchapter S Corporation <input type="radio"/> Limited Liability Corporation <input type="radio"/> Joint Venture				<input type="text"/>	
<input type="radio"/> Trust <input type="radio"/> Limited Partnership <input type="radio"/> Corporation					
4A. Service Provider Point-of-Contact Name		4B. POC Email		4C. POC Phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
5. Trade Style Name (Provide a copy of filing as an attachment)		6. Date Organization Established		7. State of Incorporation	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
8. Are audited financial statements available? (Attach most recent audited or unaudited financial statements)					
<input type="radio"/> No <input type="radio"/> Yes		Auditor <input type="text"/>		Date of last Audit <input type="text"/>	
9. If you check "Yes" to any of the questions below, provide detailed information in Section V. Remarks.					
9A. Has the company or any of its affiliates ever filed for bankruptcy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9B. Does the company have any judgements, liens or pending suits?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9C. Does the company have any contingent liabilities?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9D. Has the company or any of its affiliates disclosed business operations with outstanding debts?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9E. Has the company ever had its business license revoked or suspended?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9F. Has the company been denied participation in the RT Program in the past? If so, when?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9G. Has the company been placed on any government debarment lists?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9H. Has the company committed any violation(s) of federal, state, or local labor laws?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9I. Has the company been found in violation of state or local insurance regulations?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9J. Has the company been the subject (defendant) of successful civil litigation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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SECTION II - OWNERSHIP INFORMATION

Note: If the parent company is owned and operated by a foreign entity, foreign-citizen, foreign government or national, provide further details in Section III, Foreign Ownership Status and Control. Include Corporate Officers, Major Stockholders, Partners, or Other Owners Names, home address, date of birth, phone number, title, and % ownership.

Key Officer 1	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 2	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	A DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 3	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 4	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 5	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 6	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 7	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 8	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 9	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
Key Officer 10	Name	<input type="text"/>	Title	<input type="text"/>	% ownership	<input type="text"/>
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>

Current Number of Employees

Permanent Part-Time/Temporary Contract

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SECTION IV - SECURITY

1. Please provide the name and contact information of the company security officer.

Name	<input type="text"/>	DOB	<input type="text"/>	Phone	<input type="text"/>
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Home Address	<input type="text"/>	Email	<input type="text"/>
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2. Please provide the names and titles of the Officers/Principals/Directors with direct authority over RT Program operations, RT Program leadership and Key Officers/Principals/Directors of primary subcontractors and/or business partners below.

RT Officer 1	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 2	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 3	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 4	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 5	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 6	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 7	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	A DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 8	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 9	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>
RT Officer 10	Name	<input type="text"/>	Title	<input type="text"/>	
	Address	<input type="text"/>	DOB	<input type="text"/>	Phone <input type="text"/>

SECTION V - REMARKS

Please use this space to provide any additional information from sections I-IV as necessary. Identify and group related remarks to the appropriate section. Additional sheets may be attached if necessary.

Remarks

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SECTION VI - ACKNOWLEDGEMENT OF INFORMATION

I, <NAME BELOW>, state that I am the <POSITION BELOW> and hereby assert that, to the best of my knowledge, the information indicated on this application is full, complete and correct for the organization defined below.

I understand that the Transportation Security Administration ("TSA") or its designees may, by means it deems appropriate, determine the accuracy and truth of statements made in the application, and that the TSA has the right to deny this application if it believes that any information is inaccurate or finds false statements herein.

I understand that under United States Code, Title 18 Section 1001, it is a crime to knowingly and willfully falsify, conceal or cover up a material fact; make any material false, fictitious or fraudulent statement or representation; or make or use any false writing or document to knowingly contain any materially false, fictitious or fraudulent statement or entry. The penalty for such can be a fine or imprisonment.

Date

Printed Name of Official

Official Corporate Position/Title

Signature of Official
(submit signed with hard-copy submission)

Company Name:

For TSA Use Only

Date Application Received

Received By (Initials)

TSA Review Complete Date

Reviewed By (initials)

Decision:

Approved

Not Approved

Comments