Transportation
Security
Administration

DCA Access Standard Security Program (DASSP)
FBO & Operator Initial Application

Document 3 of 3 — FBO & Aircraft Operator Program Forms

Full Company Name: _____

Aircraft Operator
FBO (Circle One) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Corporate Flight Department Location: _____

Flight Department Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Aircraft are based at the following airports (use airport identifiers): | | | | |

Do you presently comply with a TSA Standard Security Program (i.e. TFSSP, AOSSP, or PCSSP)? Yes / No

If Yes please specify the program: _____

Are you a TSAAC Company? Yes / No   If Yes, TSSAC #: _____

Security Coordinator:

Name:

First	**Middle**	**Last**

Contact Telephone Number: _____ **Email Address:** _____

Applicant's Signature: _____

* Completed applications can be Emailed to: Reginald.Rhodes@dhs.gov or faxed to (571) 227-2948.