TSA WAIVER REQUEST FORM SINGLE TRIP, FERRY and FLEET WAIVERS

(Version 080204)

Fax completed forms to (571) 227-1945. WAIVER APPLICATIONS REQUIRE A MINIMUM OF SEVEN DAYS TO PROCESS Incomplete or illegible information may result in delays in the processing of this application.

COMPANY/AIRCRAFT INFORMATION: PREVIOUS WAIVER # I. Name of Company: __ Mailing Address: Zip Code City/State **Street Address** Company Telephone No._____ Company Fax No.: _____ (Required)Name of Requestor______ Telephone Number of Requestor_____ Purpose of Flight: _____ Please specify whether flight is Cargo, Passenger or Both_____ Aircraft Call Sign _____ Type of Aircraft ____ Registry/Tail Number _____ Aircraft Maximum Certified Takeoff Gross Weight: _____ **PILOT INFORMATION** II. Place of Birth: If US, list City and State; if Foreign, list City and Country Passport Number Passport Country If US provide Green Date of Birth City/State/ **Last Name First Name** Middle Name Card # and/or SSN Country of Birth (Use Text Format) of Issuance (mmddyyyy) **CREW AND PASSENGER INFORMATION** III. Place of Birth: If US, list City and State; if Foreign, list City and Country City/State/ Passport Number Passport Country If US provide Green Middle Name Date of Birth **Last Name First Name** Card # and/or SSN **Country of Birth** of Issuance (mmddyyyy) (Use Text Format) IV. **FLIGHT ITINERARY:** END DATE: Request will not be processed if appropriate dates are not provided. If only one date is provided the waiver letter will be issued for the one day only. Back-dated waivers will not be processed. List all legs of flight (4 letter identifiers/ICAO code only) with dates of travel: (Example: Feb 14 – 23. KMIA-LFPB-KMIA.) **Not applicable to Fleet Waivers**

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Authority: 49 U.S.C. § 40103(b) (3) and 49 U.S.C. § 114. FOIA

<u>Purpose:</u> This information primarily will be used to conduct background checks on crewmembers and passengers on flights for which waivers of flight restrictions have been sought from the FAA. You are not required to provide this information, however, failure to do so may result in a denial of the waiver request for the flight, or denial of permission for you to board a flight for which a waiver has been granted.

Routine Uses: This information may be provided to third parties, including government contractors and other governmental agencies, as necessary to conduct the background checks. It also may be provided to governmental agencies when relevant for criminal and civil investigations concerning threats to civil aviation security or violations of law, rule or regulations.

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 may be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of a waiver request or suspension or revocation of a waiver and other penalties.

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SECURITY STATEMENT

| | raft Registration Num | lber: |
|------------------|---|---|
| I. | AFFIRMATION: Please check (X) | Requestor must affirm to each of the following for the date(s) of the intended flight(s):) each requirement. |
| - - - - | A senior passeng Only aut The airc The pre- | to the aircraft has been properly controlled by company representative(s). company representative has verified the identity and authorization of each crewmember and er. thorized passengers are on board the aircraft. raft will not deviate from the approved air traffic flight plan. flight inspections include a search of the cargo and cabin areas re no foreign objects, explosives, etc. have been placed on board. |
| II. | How is the aircra | aft secured when not operational? (Locked hanger, fenced area with gate access, security guards, |
| III. | How are the per | sonnel on board vetted/positively identified/security reviewed before boarding the aircraft? |
| IV. | Additional secur | ity measures taken, if any: |
| v. | SIGNATURE OF C | ORPORATE SECURITY DIRECTOR, COMPANY PRESIDENT, EQUIVALENT OR DESIGNEE. |
| _ | Signature | Title |
| - | Date | Contact Telephone Number |

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