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Authorized Applicant Security Threat Assessment

Submit Security Threat Assessment

Step One:

To submit a Security Threat Assessment, enter the Authorization key first:

* Authorization Key

Step Two:

For submitting a STA, you will need the following information to proceed:

- Full Name
- Previous Names (or aliases)
- Citizenship Information (country of citizenship, alien registration number, naturalization certificate number, etc.)
- Mailing Address Information
- Residential Address Information for the past 5 years
- Social Security Number (optional)

[CREATE A NEW STA](#)

OMB No. 1652-0040

Privacy Act Notice:

Authority: The authority for collecting this information is 49 U.S.C. 114, 40113, and 49 U.S.C. 5103a.

Purpose: This information is needed to verify your identity and to conduct a Security Threat Assessment to evaluate your suitability for completing the functions required by this position. Failure to furnish your SSN may result in delays in processing your application, but will not prevent completion of your Security Threat Assessment. Furnishing the other information is also voluntary; however, failure to provide it may delay or prevent the completion of your Security Threat Assessment, without which you may not be granted authorization to have unescorted access to air cargo subject to TSA security requirements.

Routine Uses: Routine uses of this information include disclosure to TSA contractors or other agents who are providing services relating to the Security Threat Assessments; to appropriate governmental agencies for law enforcement or security purposes, or in the interests of national security; and to foreign and international governmental authorities in accordance with law and international agreement. For further information, please consult DHS/TSA 002 Transportation Security Threat Assessment



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Create STA

Security Threat Assessment (STA): Any criminal history records check or intelligence-related background check that is required by TSA for any individual seeking to obtain access to transportation infrastructure or assets.

*Denotes required field.

Employer Information

Employer Name

Authorization Key

Address

City

State

Employer Information

* Are You a Principal?

Principal's Title

Contact Information

* 1. First Name

2. Middle Name

* 3. Last Name

4. Name Suffix

5. Aliases

First Name	Middle Name	Last Name	Name Suffix
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. Email

7. Confirm Email

Personal Information

* 8. Gender

9. Social Security Number (SSN) (#####)

Social Security Number is optional.

* 10. Date of Birth (DOB) (MM/DD/YYYY)

* 11. Place of Birth:

City

State

Country

State is required for U.S. Addresses only.

Citizenship Information

* 12. Country of Citizenship

If you are a Naturalized U.S. Citizen, or have been naturalized as a U.S. Citizen, please provide your Date of Naturalization and Naturalization Certificate Number

13. Date of Naturalization (MM/DD/YYYY)

14. Naturalization Certificate Number

If you are not a U.S. Citizen, please provide your Alien Registration Number (ARN). If you do not have an ARN, please provide the I94 Number that has been provided to you.

15. Alien Registration Number

Enter your nine (9) digit Alien Registration Number, without the "A". If your number is eight (8) digits, please type a zero (0) before your alien registration number.

16. I94 Number

Mailing Address Information

* 17. Address

18. Address 2

* 19. City

20. State

State is required for U.S. Addresses only.

* 21. Postal Code

* 22. Country

*** Residential / Physical Address Information**

ADD RESIDENTIAL ADDRESS

Please provide the last 5 years of residential address information (no PO Boxes).

Add: To Add an address, click the 'Add Residential Address' button and enter the information.

Remove: To remove an address, check the box beside the incorrect address and click the 'Delete' button.

Current: Select 'Current Address' if the address you are adding is the current residential address.

Address	City	State	Postal Code	Country	Start Date	End Date	DELETE
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No Residential Addresses Found ...

By checking this box, I will be submitting to TSA a Security Threat Assessment ("STA") application on behalf of an individual in accordance with 49 CFR ?1540.203. I am submitting this STA application based on information provided to me on a written application signed by the individual for whom this application is being submitted. In addition,

- I have authenticated the identity of the individual for whom this STA application is being submitted by reviewing two forms of identification, of which one is a government-issued picture identification,
- I have verified that the individual's written application contains the Privacy Act Notice required under 49 C.F.R. ? 1540.203(b)(2)(vii), and
- I acknowledge that I am required to retain the individual's signed STA application and any communications with TSA regarding the individual's application (either in electronic or hardcopy format) for 180 days following the end of the individual's service.

SUBMIT STA FOR REVIEW

CANCEL

OMB No. 1652-0040