

Transportation Security Administration | Hazardous Material Endorsement Enrollment Website - Windows Internet Explorer

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Transportation Security Administration | Hazardous Material Endorsement Enrollment Website

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Important Message

Your current browser is not compatible with Hazprint.

You may continue with your current browser, however we strongly recommend upgrading to one of the compatible browsers listed below.



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[Read the full Privacy Act](#)

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 a hazardous materials endorsement for a commercial drivers license.

Furnishing this information, including your SSN or alien registration number, is voluntary; however, failure to provide it will delay the processing of your security threat assessment, without which you cannot be granted a hazardous materials endorsement. Routine Uses: Routine uses of this information include disclosure to the FBI to retrieve your criminal history record; to TSA contractors or other agents who are providing services relating to the security threat assessments; to appropriate governmental agencies for licensing, 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 additional details, see TSA's system of records notice for DHS/TSA 002, published in the Federal Register at 69 Fed. Reg. 57348 (September 24, 2004).

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Transportation Security Administration | U.S. Department of Homeland Security

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Transportation Security Administration | Hazardous Material Endorsement Enrollment Website - Windows Internet Explorer

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HTAP Application Step 1: Select your state

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Select the state from which your Commercial Driver's License has been issued

Select your state

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https://hazprints.tsa.dhs.gov/Public/StateSelection.aspx

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Go to step... **Submit and Continue**

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Read the full Privacy Act

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HTAP Application Step 2: Personal Profile

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth *		Social Security Number
<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>
Height *	Weight *	Confirm Social Security Number
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

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Height * Weight * Confirm Social Security Number

Hair Color * Eye Color * Gender *
Male Female

Have you previously used another name? * No Yes

Commercial Driver License (CDL) Number * Confirm CDL Number *

State that Issued CDL
VT - VERMONT

What type of application are you applying for? * Hazardous Material Endorsement Type? *

New HME Renewal HME Transfer

Go to step... Submit and Continue

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For additional details, see TSA's system of records notice for DHS/TSA 002, published in the Federal Register at 69 Fed. Reg. 57348 (September 24, 2004).

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https://hazprints.tsa.dhs.gov/Public/AddressInformation.aspx

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HTAP Application Step 3: Address Information

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Current Mailing Address

Street Address 1*
666 Alcide Way

Street Address 2

City* State* ZIP Code*

Bon Ton VT - VERMONT 05408

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Street Address 2

City * State * ZIP Code *

Bon Ton VT - VERMONT 05408

NE - NEBRASKA
NV - NEVADA
NH - NEW HAMPSHIRE
NJ - NEW JERSEY
NM - NEW MEXICO
NY - NEW YORK
NC - NORTH CAROLINA
ND - NORTH DAKOTA
OH - OHIO
OK - OKLAHOMA
OR - OREGON
PA - PENNSYLVANIA
RI - RHODE ISLAND
SC - SOUTH CAROLINA
SD - SOUTH DAKOTA
TN - TENNESSEE
TX - TEXAS
UT - UTAH
VT - VERMONT
VA - VIRGINIA
WA - WASHINGTON
WV - WEST VIRGINIA
WI - WISCONSIN
WY - WYOMING
APO AA
APO AE
APO AP
FPO AA
FPO AE
FPO AP

Is your current residential address? No Yes

Contact Information

Primary Telephone Number

Type: * Mobile

E-Mail Address

Go to step...

Number

Number:

Submit and Continue

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Primary Telephone Number		Secondary Telephone Number	
Type: *	Number: *	Type:	Number:
Mobile <input type="text"/>	123-123-1234 <input type="text"/>	<input type="text"/>	<input type="text"/>
<ul style="list-style-type: none"> Mobile Home Work 			

Go to step...

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Purpose: This information is needed to verify your identity and to conduct a security threat assessment to evaluate



this information include disclosure to the FBI to retrieve your criminal history record; to TSA contractors or other agents who are providing services relating to the security threat assessments; to appropriate governmental agencies for licensing

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https://hazprints.tsa.dhs.gov/Public/CitizenshipInformation.aspx

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HTAP Application Step 4: Citizenship Information

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Are you a U.S. Citizen? * Yes No

In what country were you born? *

City of Birth: *

Documents (fill in all that apply):

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https://hazprints.tsa.dhs.gov/Public/CitizenshipInformation.aspx

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Transport

- United States of America
- Afghanistan
- Aland Islands
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- H
- Antigua and Barbuda
- Argentina
- Armenia
- HT
- Aruba
- Ashmore and Cartier Islands
- R
- Australia
- Austria
- Azerbaijan
- Azores Islands
- Bahamas
- Bahrain/Bahreïn
- Baleaic Islands
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda

Hazardous Material Endorsement Enrollment Website

Identity SOLUTIONS POWERED BY

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Citizenship Information

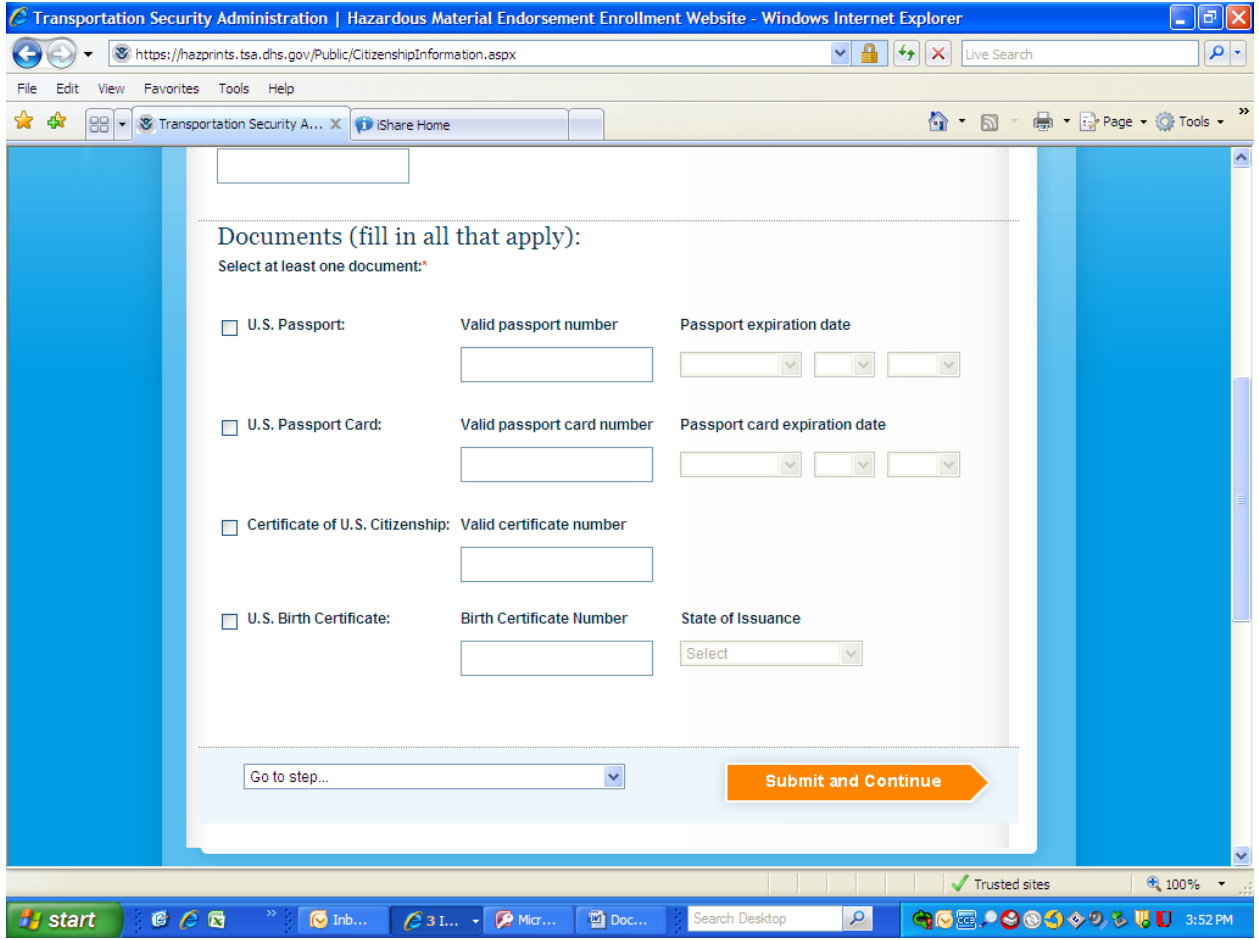
6 7 8 9 ? Help

City of Birth: *

Documents (fill in all that apply):

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https://hazprints.tsa.dhs.gov/Public/CitizenshipInformation.aspx

United States of America

City of Birth: *
Bon Ton

State/Province: *
LA - LOUISIANA
LA - LOUISIANA
ME - MAINE
MD - MARYLAND
MA - MASSACHUSETTS
MI - MICHIGAN
MN - MINNESOTA
MS - MISSISSIPPI
MO - MISSOURI
MT - MONTANA
NE - NEBRASKA
NV - NEVADA
NH - NEW HAMPSHIRE
NJ - NEW JERSEY
NM - NEW MEXICO
NY - NEW YORK
NC - NORTH CAROLINA
ND - NORTH DAKOTA
OH - OHIO
OK - OKLAHOMA
OR - OREGON
PA - PENNSYLVANIA
RI - RHODE ISLAND
SC - SOUTH CAROLINA
SD - SOUTH DAKOTA
TN - TENNESSEE
TX - TEXAS
UT - UTAH
VT - VERMONT
VA - VIRGINIA
WA - WASHINGTON

Documents (fill in all that apply):
Select at least one document:*

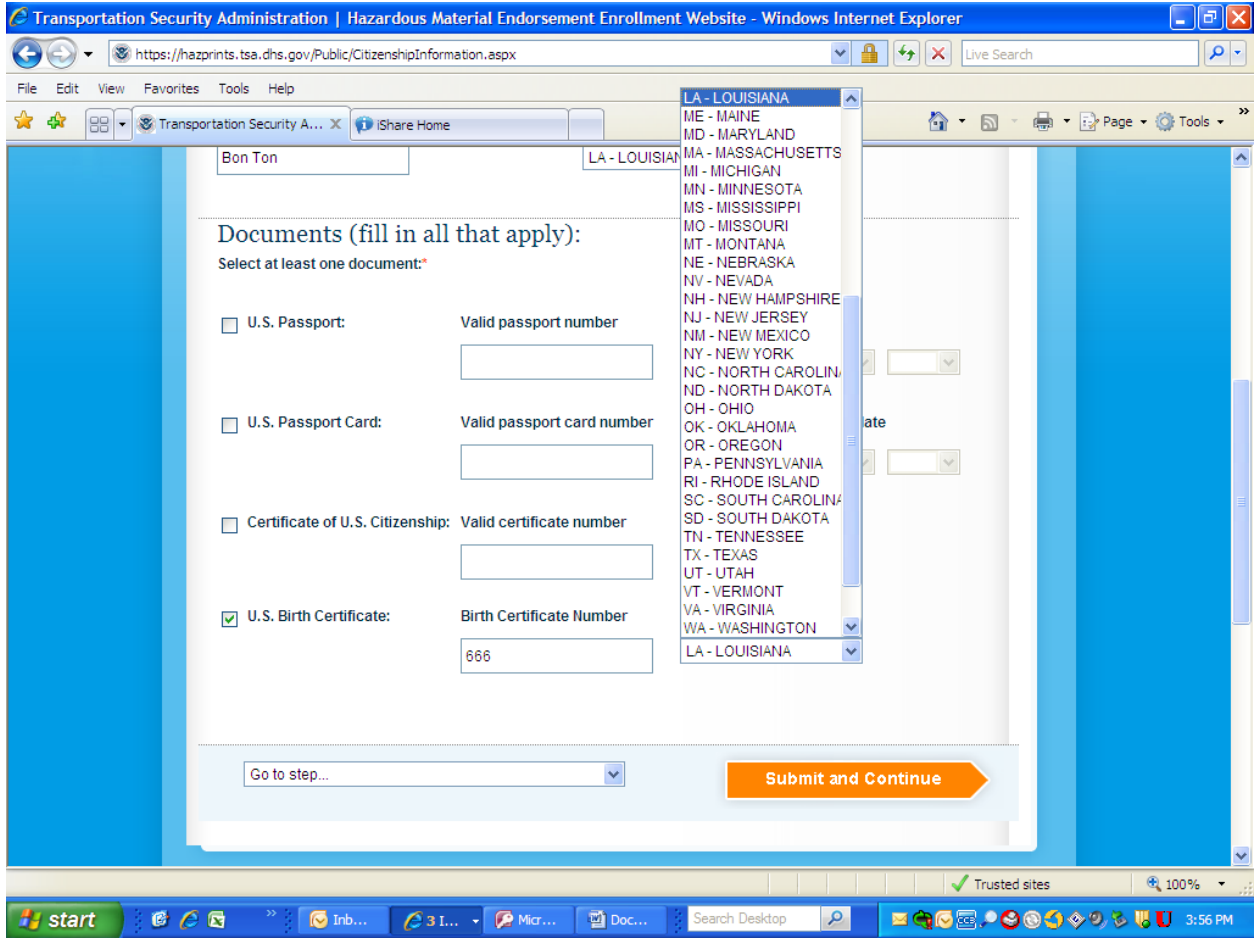
U.S. Passport: Valid passport nu
 U.S. Passport Card: Valid passport ca
 Certificate of U.S. Citizenship: Valid certificate n
 U.S. Birth Certificate: Birth Certificate N

666

date

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https://hazprints.tsa.dhs.gov/Public/EmploymentInformation.aspx

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HTAP Application Step 5: Employment History

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Are you currently employed? * Yes No

Go to step... Submit and Continue

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HTAP Application Step 6: Personal History

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

* Have you undergone or are you undergoing a DHS (including TSA) security threat assessment? Yes No

* Have you had or do you have a DHS/TSA credential? Yes No

Answering "Yes" to any questions below does not mean automatic disqualification. Applicants convicted of criminal disqualifiers may be eligible to apply for and be granted a waiver and obtain an HME.

* Have you been convicted, or found not guilty by reason of insanity, of any disqualifying felony listed in [Section 1, Part A](#), in any jurisdiction, military or civilian, in the last 7 years before the date of this application? Yes No

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HTAP Application Step 6: Personal History

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

* Have you undergone or are you undergoing a DHS (including TSA) security threat assessment? Yes No

Name of program: *

- Aviation Worker
- Certified Cargo Screening
- Indirect Air Carrier
- TWIC
- FAST
- MMD
- HazMat Endorsement

Do you have a DHS/TSA credential? Yes No

to any questions below does not mean automatic disqualification. Individuals with a history of criminal disqualifiers may be eligible to apply for and be granted a waiver and obtain an HME.

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HTAP Application Step 6: Personal History

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

* Have you undergone or are you undergoing a DHS (including TSA) security threat assessment? Yes No

* Have you had or do you have a DHS/TSA credential? Yes No

Type of Credential: * Credential Reference Number:

- Aviation Worker
- Certified Cargo Screening
- Indirect Air Carrier
- TWIC
- FAST
- MMD
- HazMat Endorsement

to any questions below does not mean automatic disqualification.ected of criminal disqualifiers may be eligible to apply for and beand obtain an HME

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- * Have you been convicted, or found not guilty by reason of insanity, of any disqualifying felony listed in [Section 1, Part A](#), in any jurisdiction, military or civilian, in the last 7 years before the date of this application? Yes No
- * Have you been released from incarceration in any jurisdiction, military or civilian, for committing any disqualifying felony listed in [Section 1, Part A](#), in during the 5 years before the date of this application? Yes No
- * Have you been convicted, or found not guilty by reason of insanity, or any disqualifying felony listed in [Section 1, Part B](#), in any jurisdiction, military or civilian? Yes No
- * Are you wanted or under indictment for any disqualifying crime listed in [Section 1, Parts A or B](#)? Yes No
- * Have you ever been found by a court or other lawful authority as lacking mental capacity or involuntary committed to a mental institution? Yes No

Go to step...

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https://hazprints.tsa.dhs.gov/Public/DocumentCombination.aspx

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Transportation Security Administration | Hazardous Material Endorsement Enrollment Website

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HTAP Application Step 7: Document Combination

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Primary document *
Select a document

Secondary document *
Select a document

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https://hazprints.tsa.dhs.gov/Public/DocumentCombination.aspx

HTAP Application Step 7: Document Combination

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Primary document *

Select a document

- Select a document
- Unexpired U. S. passport
- Unexpired Permanent Resident Card
- Unexpired Alien Registration Receipt Card with photo
- Unexpired foreign passport
- Unexpired FAST (Free and Secure Trade) Card
- Unexpired MMD (Merchant Mariner Document)
- U. S. Certificate of Citizenship (N-560, 561)
- U. S. Certificate of Naturalization (N-550 or 570)
- Driver's license
- ID card issued by a State or outlying possession
- U. S. military ID card or U. S. retired military ID
- U. S. military dependent's card
- Expired U. S. passport
- Native American tribal document
- U. S. Citizen card I-197

Secondary document *

Select a document

Document combination to present during your in-person enrollment. Document combinations will be presented below.

Submit and Continue

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https://hazprints.tsa.dhs.gov/Public/DocumentCombination.aspx

HTAP Application Step 7: Document Combination

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Primary document *

Select a document

This section will help you select a valid document combination. Only acceptable document combinations are listed below.

Go to step...

Secondary document *

Select a document

Original or certified copy of birth certificate
Voter's registration card
Consular Report of Birth Abroad
U. S. Social Security card
U. S. Military discharge papers DD-214
Department of Transportation (DOT) medical
Civil marriage certificate
MML (Merchant Mariner License)

Secondary Document. If required, this document will be used to identify you during in-person enrollment.

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https://hazprints.tsa.dhs.gov/Public/DocumentCombination.aspx

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HTAP Application Step 7: Document Combination


Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help



Primary document *

Driver's license ✓



Secondary document *

Original or certified copy of birth certificate ✓

This combination is valid. Please remember to bring these documents with you for your in-person enrollment.

Go to step...

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Transportation Security Administration

Hazardous Material Endorsement Enrollment Website



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HTAP Application Step 8: Payment

Required fields are marked with *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Help

The Application Fee is

\$89.25

Please select your preferred payment option *



Credit Card



eCheck



Money Order

Receipt Method

None

Other Options

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https://hazprints.tsa.dhs.gov/Public/PaymentType.aspx

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1 2 3 4 5 6 7 8 9 ? Help


The Application Fee is

\$89.25

Please select your preferred payment option *

 Credit Card

 eCheck

 Money Order

Receipt Method

None

Other Options

Print Online Mail

Go to step...

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HTAP Application Step 8: Payment

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

The Application Fee is
\$89.25

Please select your preferred payment option *

Credit Card eCheck Money Order

Receipt Method

None Other Options Mail

Go to step...

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https://hazprints.tsa.dhs.gov/Public/PaymentType.aspx

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HTAP Application Step 8: Payment


Required fields are marked with *


1 2 3 4 5 6 7 8 9 ? Help

The Application Fee is
\$89.25

Please select your preferred payment option *

 Credit Card

 eCheck

 Money Order

Receipt Method

None

Other Options

Print Online Mail

Go to step... [v]

Submit and Continue

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HTAP Application Step 9: Application Summary

Required fields are marked with *

1 2 3 4 5 6 7 8 9 ? Help

Please review the information you have provided for accuracy. Acknowledge that the information is correct at the bottom of this page.

1 Commercial Driver's License State [Edit](#)

State Selected
VT - VERMONT

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2 Profile Information

Edit

First name	Middle Initial	Last Name		
Sookie		Stackhouse		
Last 4 SSN Digits	Commercial Driver License (CDL) Number	State That Issued CDL	HME Type	
00000008		VT - VERMONT	X - HazMat and Tanker	
Gender	Date of Birth	Height	Weight	Application Type
Female	June 26, 1980	5 feet 6 inches	135	New
Hair Color	Eye Color			
Purple	Multicolor			

3 Address Information

Edit

Mailing Street Name	Mailing City	Mailing State	Mailing Zip Code
666 Alcide Way	Bon Ton	VT - VERMONT	05408

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https://hazprints.tsa.dhs.gov/Public/ApplicationSummary.aspx

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3 Address Information [Edit](#)

Mailing Street Name	Mailing City	Mailing State	Mailing Zip Code
666 Alcide Way	Bon Ton	VT - VERMONT	05408

Residential Street Name	Residential City	Residential State	Residential Zip Code
666 Alcide Way	Bon Ton	VT - VERMONT	05408

Primary Contact Type	Primary Contact Number
Mobile	123-123-1234

4 Citizenship Information [Edit](#)

Country of Citizenship	Naturalization Date
United States of America	Not Applicable

City of Birth	State/Province of Birth	Country of Birth
Bon Ton	LA - LOUISIANA	United States of America

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4 Citizenship Information [Edit](#)

Country of Citizenship	Naturalization Date	
United States of America	Not Applicable	
City of Birth	State/Province of Birth	Country of Birth
Bon Ton	LA - LOUISIANA	United States of America
Document Type	Document Number	State of Issuance
U.S. Birth Certificate	666	Louisiana

5 Employment History [Edit](#)

Employer Name
Unemployed

6 Personal History [Edit](#)

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6 Personal History Edit

Have you undergone or are you undergoing a DHS (including TSA) security threat assessment?
No

Have you had or do you have a DHS/TSA credential?
No

Have you been convicted, or found not guilty by reason of insanity, of any disqualifying felony listed in Section 1, Part A, in any jurisdiction, military or civilian, in the last 7 years before the date of this application?
No

Have you been released from incarceration in any jurisdiction, military or civilian, for committing any disqualifying felony listed in Section 1, Part A, in during the 5 years before the date of this application?
No

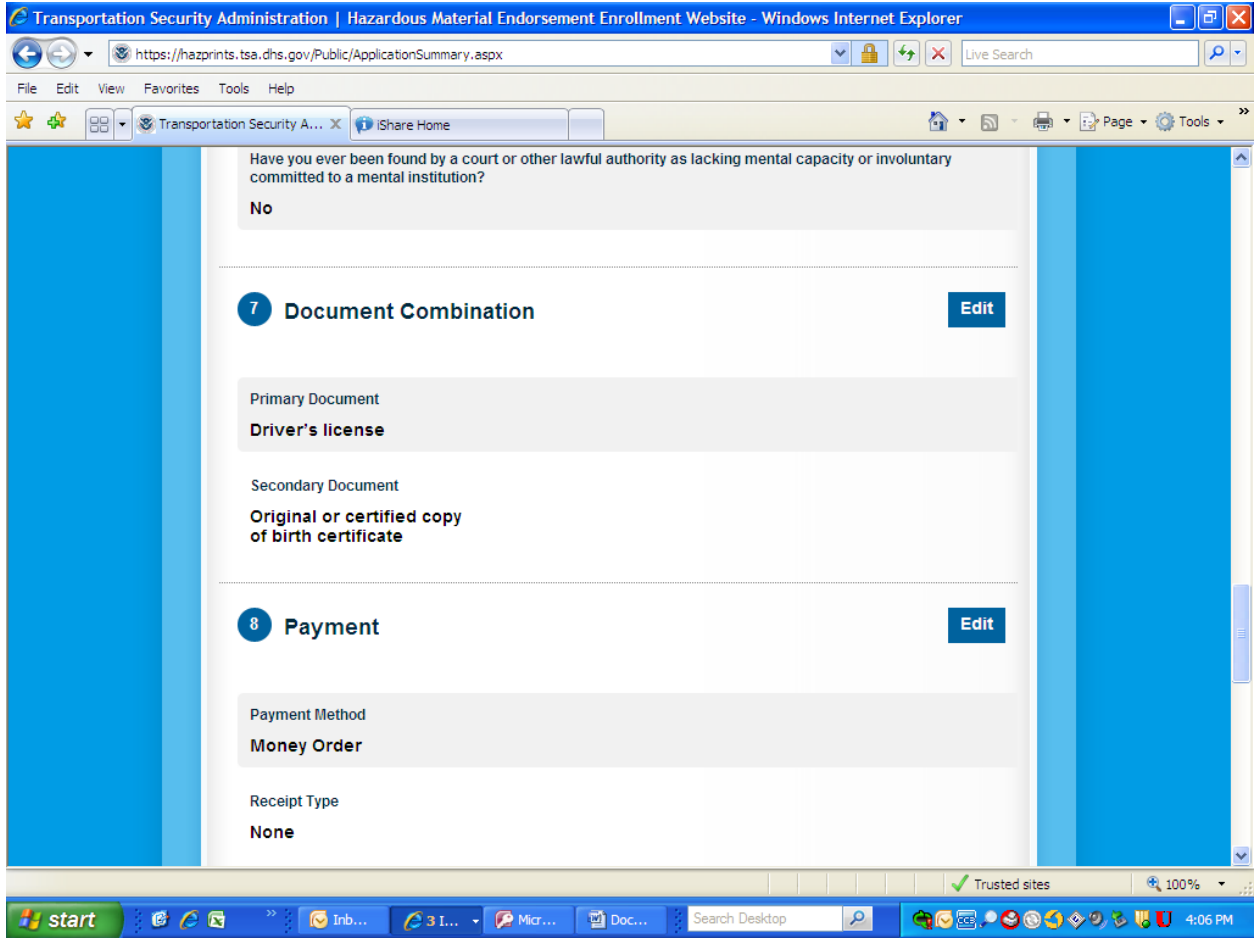
Have you been convicted, or found not guilty by reason of insanity, or any disqualifying felony listed in Section 1, Part B, in any jurisdiction, military or civilian?
No

Are you wanted or under indictment for any disqualifying crime listed in Section 1, Parts A or B?
No

Have you ever been found by a court or other lawful authority as lacking mental capacity or involuntary committed to a mental institution?

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https://hazprints.tsa.dhs.gov/Public/ApplicationSummary.aspx

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8 Payment Edit

Payment Method
Money Order

Receipt Type
None

Disclosure Agreement

I have disclosed any and all information with this application related to disqualifying crimes committed and as required by Federal regulation 49 CFR 1572.5(b) I understand my continuing obligation to disclose to TSA within 24 hours if I am convicted or found not guilty by reason of insanity of any disqualifying crime, or adjudicated as a mental defective or committed to a mental institution, while I have a hazardous materials endorsement for a CDL. 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 can 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 hazardous materials endorsement.

Yes No *

Go to step... Submit and Continue

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HTAP Application Confirmation Receipt

Application successfully submitted

Required fields are marked with *

You have successfully completed the online enrollment process.

Your Registration Number is:
RHMEH20XW

You must now submit fingerprints at an HME Enrollment Center to complete the HME application process.

You have elected to pay by Money Order

Your registration fee is **\$89.25**

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