



CMSDT Registration Request

* Name

* Last 4 of SSN

* Employing Airline (Full Name only. No Abbrev. Eg: American Airlines, not AA)

* Position

* Employment Number

* Email Address

* Home Address

* Home Phone

* Cell Phone

* Site Location

* Class Date - Month

* Class Date - Day

* Class Date - Year

PRIVACY ACT STATEMENT: Authority: 49 U.S.C §§ 114, 44918. **Principle Purpose(s):** TSA is collecting information from flight and cabin crew members who have volunteered to participate in TSA-sponsored crew member self-defense training. TSA will use the information you provide to confirm your eligibility for this training, to keep track of which individuals have completed the training, and for program management and evaluation purposes. **Routine Use(s):** This information may be disclosed to TSA contractors who are assisting TSA with the training, to the Federal Aviation Administration for purposes of administering this and other civil aviation safety and security programs, or to your employer if relevant to your eligibility for employment, or for routine uses identified in the Department of Homeland Security (DHS) Privacy Act system of records notice, DHS/ALL-003, DHS General Training Records. **Disclosure:** Voluntary; however, if you do not provide the requested information you may not be permitted to participate in the training.

PAPERWORK REDUCTION ACT STATEMENT: Through this information collection, TSA is gathering information about you to confirm your attendance at TSA's Crew Member Self Defense Training course. The public burden for this collection of information is estimated to be five minutes. This is a voluntary collection of information. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0028, which expires 10/31/2011.

Preview

Clear Form

* indicates the field is required