

TSA FFDO Dashboard Access Agreement

⚠ The TSA FFDO Dashboard Access Agreement must be acknowledged by all users of the Federal Flight Deck Officer (FFDO) Dashboard, to signify understanding and acceptance of applicable policy and legal requirements concerning the access to the FFDO Dashboard. This policy applies to all FFDO candidates, deputized volunteers, and administrative users of the FFDO Dashboard. This agreement is based on policy delineated in TSA Information Security Policy Handbook (MD 1400.3)

1 Please read the TSA FFDO Dashboard Access Agreement below. Acknowledge that you understand and agree to comply with the requirements outlined in this agreement by clicking the I Agree button.

I hereby acknowledge my understanding of and agreement to comply with the following requirements:

- 1) Classified Processing.** I will not process any classified information on the FFDO Dashboard. I will only process Sensitive Security Information (SSI) or other unclassified information relevant to my role with the FFDO program.
- 2) Credential Protection.** I will protect my passwords and any authentication tokens from disclosure and loss at all times. I will employ a password with a minimum of eight characters in length that will contain at least one uppercase alphanumeric, one lowercase alphanumeric, one numeric, and one special character. I will change my default passwords immediately when assigned. I will never reveal my passwords to other individuals. I will not construct my password from obvious personal data (i.e., social security number, telephone numbers, relative's names, pet's name, etc.).
- 3) User Accounts.** I will not allow others to use my account and I will not access other users' accounts. I will not attempt to access accounts that are not expressly authorized to me. I understand that I am accountable for all actions taken under my username.
- 4) Data Protection.** I will not copy or distribute information obtained from the FFDO Dashboard onto other devices or media.
- 5) Consent to Monitor/Privacy.** I understand the use of the FFDO dashboard constitutes my consent to monitoring and audit of this use at all times.
- 6) Protection of Displayed Data.** I will logoff the FFDO Dashboard when leaving it unattended for extended periods. I will use a screen saver that requires the reentry of my password when my system is idle for short periods of time.

TSA Federal Flight Deck Officer Program Notification

1 Due to the large amount of applications received for the Federal Flight Deck Officer (FFDO) Program, there are a significant number of qualified candidates who have completed the background phase. These individuals are awaiting a reporting date to the Federal Law Enforcement Training Center (FLETC), Artesia, NM, for initial FFDO training.

The current number of qualified applicants exceeds the number of allocated training slots for this fiscal year. For this reason, we are temporarily suspending the evaluation of FFDO applications until the current FFDO candidates complete the initial training.

During this period, applications for the FFDO Program will continue to be accepted. We will notify the applicants when the review process resumes.

TSA Federal Flight Deck Officer Program

⚠ WARNING: This document contains Sensitive Security Information that is controlled under 49 CFR Parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know" as defined in 49 CFR Parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For US Government agencies, public disclosure is governed by 5 USC 552 and 49 CFR Parts 15 and 1520.

Introduction

Thank you for your interest in the Federal Flight Deck Officer (FFDO) program. This application constitutes the form by which interested, eligible pilots may volunteer to be considered for the program. Before you proceed with completing this application, you should be sure to review and understand the information about the FFDO program posted on the TSA Internet web site at www.tsa.gov. That site provides valuable information concerning eligibility and what is required for participation in training as well as throughout the program. You should be thoroughly familiar with this information before completing this application.

Please check the following lists of eligible air carriers. Only employees of the carriers listed are eligible to apply to the FFDO program. You will not be able to complete the application process, if you are not employed by one of the approved air carriers.

[Passenger Airline List](#)

[Cargo Airline List](#)

The FFDO selection process includes a number of steps, all of which must be completed successfully to be considered for deputation as an FFDO. The first step in the process is to complete this online application, the FFDO Volunteer Questionnaire. Individuals eligible for the next step will be notified to report to one of a number of testing centers throughout the United States to take the FFDO selection test battery. Individuals eligible for the next step will then be notified about scheduling and participating in a psychological evaluation with one of numerous designated providers throughout the country. A background investigation will also be initiated on individuals at that point in the process.

Individuals successfully completing those portions of the process will be notified as to their eligibility for scheduling to attend training. **There are a series of assessment steps required to complete the application process. If 12 months lapse without a change in status, your application will expire and you must reapply.**

The Transportation Security Administration (TSA) reserves the right to release any information contained on this form and obtained throughout the Federal Flight Deck Officer (FFDO) selection process to the Federal Aviation Administration (FAA) and/or your employing air carrier. TSA will protect records of FFDO applicants and FFDOs from public disclosure to the full extent of the law and in accordance with required procedures. However, TSA will disclose information as required by law or court order and may disclose information necessary to ensure transportation security or public safety including 1) to the FAA if it relates to an FAA certification 2) to an air carrier or airport operator as it relates to requirements for required credentials or access to aircraft or secured areas of airports or 3) to necessary persons if TSA determines that there is an imminent danger or threat to public safety. By completing and submitting this questionnaire to be considered for the FFDO program, you are authorizing and consenting to the release of this information as authorized by law and deemed appropriate by the Transportation Security Administration. Please read carefully all instructions and complete all items. Omissions may cause a delay in processing your questionnaire.

Privacy Act Notice

Authority: The authority for collecting this information is 49 U.S.C. 114, "Transportation Security Administration," and 49 U.S.C. 44921, "Federal Flight Deck Officer Program."

Purpose: This information is needed to verify and assess your qualifications for participation in the FFDO program, to include the results of a criminal history records check. Your Social Security Number (SSN) will be used to verify your identity and may be used as your identification number in this process.

Routine Uses: Routine uses of this information include disclosures to the United States Department of Transportation and the Federal Aviation Administration when relevant or necessary to the issuance, maintenance, or renewal of a license, certificate, contract, grant, or other benefit; to your employing air carrier or airport to the extent relevant and necessary for the maintenance of a secured-area access credential; to the FBI to retrieve your criminal history record; to TSA contractors or other agents who assist in the maintenance and operation of this system; and to appropriate governmental agencies for law enforcement, security or regulatory purposes, or in the interests of national security.

Paperwork Reduction Act Statement

The Arming Pilots Against Terrorism Act of 2002 (Public Law 107-296) requires the TSA to implement a process to assess the fitness of pilots for participation in the Federal Flight Deck Officer (FFDO) Program, to give preference to certain pilots with former military or law enforcement experience, and to conduct additional background checks as deemed necessary by the Administrator. The information collected will be used to accomplish these purposes.

It is estimated that the average burden per respondent associated with this collection is approximately one hour. If you wish to comment on the accuracy of that estimate or submit suggestions for reducing the burden, you may write to: FFDO Program Selection Process, TSA Headquarters, West Building - TSA-211V4-424N, 701 South 12th Street, Arlington, VA 22202-4220. The requirement to collect background information on pilots for the FFDO selection process is mandatory; the use of this form to do so is not. No representations are made regarding the confidentiality of the information collected by use of this form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number assigned to this collection is OMB 1652-0011. This information collection expires January 31st, 2009.

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Instructions

Please complete the form following all instructions. You must provide information where it is indicated as "required" or you will not be able to proceed to the next page.

If you are not able to complete this form in one sitting you may return at a later time and complete it. You need to be certain to complete all of the required fields on the current screen and then click "Next" before exiting the questionnaire. This will ensure your data will be saved.

Should you encounter technical difficulties, please contact TSA-FFDO Technical Support at (800) 448-6710.

Please note that information about your status will be available only via the Internet. Thank you again for your interest in the program.

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General Information

Please provide all information requested below.
*Indicates Required Information on this page.

First Name *

Springfield

Middle Name

Kruse

Last Name *

Bolster

Suffix

Select

Social Security Number *

503582993

Home Address Line 1 *

4727 Hazeltine Lane

Home Address Line 2

City*

Eagan

State*

Minnesota

Zip/Postal Code*

55123-2172

Country*

United States

Cell Phone #*

(212) 555 - 1212

Home Phone #

(212) 555 - 1212

Email Address*

scrubbed@panpowered.com

Verify your Email Address*

scrubbed@panpowered.com

Date of Birth (mm/dd/yyyy)*

12/10/1957

City of Birth (if not born in U.S. please enter N/A)*

Wilson, NC

County of Birth (if not born in U.S. please enter N/A)*

Wilson

State of Birth *

Minnesota

Country of Birth *

United States

I am currently a citizen of the United States.*

Yes No

If naturalized please provide your Naturalization Certificate Number

I am currently a citizen of a country other than the United States. (respond "YES" if dual citizen)*

Yes No

If dual citizen please indicate country.

What type of Airman's Certificate do you hold?*

- Airline Transport Pilot
- Commercial Pilot
- Flight Engineer
- Flight Navigator

Please select the statement that best describes your current employment status. (Note: Flightcrew member means a pilot, flight engineer, or flight navigator assigned to duty in an aircraft during flight time.)

- 1. I am currently a flightcrew member employed by a passenger air carrier or private charter company operated under a full security program under 49 CFR part 1544 (i.e., passengers are screened by TSA).
- 2. I am currently employed by a cargo air carrier operating aircraft with a gross takeoff weight in excess of 100,000 pounds (45,500 kilograms, or 100,309.8 lbs) and I serve as a flightcrew member for aircrafts of that weight.
- 3. I am currently a flightcrew member employed by an air carrier operating as both a passenger carrier or private charter company operated under a full security program under 49 CFR part 1544 and in addition operates cargo aircraft with a gross takeoff weight in excess of 100,000 pounds (45,500 kilograms, or 100,309.8 lbs) and I serve as a flightcrew member for cargo aircrafts of that weight.
- 4. None of the above.

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General Information

Please provide all information requested below.
*Indicates Required Information on this page.

Are you currently a flightcrew member flying 100% international flights?*(Note that "international" in this context refers to flights that arrive at or depart from locations not in any of the 50 U.S. states or U.S. territories (Puerto Rico, Virgin Islands, Guam, etc.) This differs from the definition commonly used by air carriers and FAA.)*

Yes No

What portion of the flights on which you are a flightcrew member are entirely domestic (i.e., no segment outside the U.S.)?*

75-100% ▾

Do you hold a current Airman's Medical Certificate issued by the FAA?*

Yes No

Class of Medical Certificate
*Required if answered "Yes"

Class 1 ▾

Date Issued(mm/dd/yyyy)
*Required if answered "Yes"

01/07/2009

Expiration Date (mm/dd/yyyy)
*Required if answered "Yes"

07/31/2009

Last Name of Examiner
*Required if answered "Yes"

Jeber

First Name of Examiner
*Required if answered "Yes"

Thomas

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Employment History

You are required to provide a ten (10) year history of your employment activities. Please list your current employment information, as well as all previous employment for the past ten (10) years OR since your eighteenth (18th) birthday if that timeframe is shorter.

List all full-time work, part-time work, military service, temporary military duty locations over ninety (90) days, self-employment, other paid work, and all periods of unemployment. **You must account for the entire ten (10) year period without breaks, but you need not list employment before your eighteenth (18th) birthday.**

Your employment history must cover the time period from 04/2002 thru today. Once you have completed entering your employment history, you will be allowed to continue to the next section of the application.

Current Employer

- Review and update your employer's information by clicking the Employer's name below.
- Change your current employer by clicking the **Change Current Employer** link.

Current Employer	City	State	Start Date	End Date
Northwest Express	Eagan	Minnesota	01/1990	Present

[Change Current Employer](#)

Previous Employers

- Enter previous employers by clicking the **Add Employment History** link.
- Enter unemployment information by clicking the **Add Unemployment History** link.
- Review and update information for a previous employer by clicking the Employer's name in the list below.
- Delete a previous employer from the list by clicking the **Delete** link.

Previous Employer	City	State	Start Date	End Date	Delete
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[Add Employment History](#)
[Add Unemployment History](#)

[Go to Next Section](#)



Domicile History

You are required to provide a five (5) year history of your domiciles. Please list all airports at which you have been based since 04/2007 OR for the duration of your employment at the airline(s) below if that timeframe is shorter.

* Indicates Required information on this page.

For each airline listed below, enter the airport(s) where you were based while employed by that airline.

- Select an airport from the dropdown list and enter the dates during which you were based at that airport.
- If you were based at more than one (1) airport for the same airline, click the **Add Domicile** link to enter each of those airports.
- Delete a domicile entry by clicking the **Delete** link (if available)
- You need only account for your domiciles during the timeframe specified for each airline.

Northwest (pax) (List your domiciles from 04/2007 thru present)*

Domicile	From	To
MSP - MINNEAPOLIS-ST PAUL INTL/WOLD-CHAMBERLAIN	01/1990	present

[Update Domicile List](#)

[Save and Go to Next Section](#)

Personal History

Read each statement carefully. If the statement is true, answer "Yes," otherwise, answer "No." Please provide narrative explanation in the box provided for each "Yes" response where applicable.

1. I have been formally disciplined for any reason by an airline for which I have worked. (includes all formal discipline regardless of reason) *

Yes No

If yes, please provide narrative explanation:

2. I have had my pilot's certificate suspended in the last ten (10) years. *

Yes No

If yes, please provide narrative explanation:

3. I have had my pilot's certificate revoked in the last ten (10) years. *

Yes No

If yes, please provide narrative explanation:

4. I have held a security clearance from a federal government agency in the last five (5) years. *

Yes No

5. I have had a security clearance from a federal government agency revoked for cause. *

Yes No

If yes, please provide narrative explanation:

6. I have been denied a security clearance from a federal agency. *

Yes No

If yes, please provide narrative explanation:

7. I am now, or have been, a member of a foreign or domestic organization, association, movement, group, or combination of persons which fits one or more of the following descriptions: *

- "Is totalitarian, fascist, communist, or subversive."
- "Has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States."
- "Seeks to alter the form of the United States Government by unconstitutional means."

Yes No

If yes, please provide narrative explanation:

8. In the last 7 years, I have been detained, arrested for, charged with, or convicted of any misdemeanor. *

Yes No

If yes, please provide narrative explanation:

9. In the last 7 years, I have been detained, arrested for, charged with, or convicted of any felony. *

Yes No

If yes, please provide narrative explanation:

10. A misdemeanor crime of domestic violence is defined as one that includes the use or attempted use of physical force, or the threatened use of deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian of the victim. Have you ever been convicted of a misdemeanor crime of domestic violence according to the preceding definition? *

Yes No Not Sure

If "yes" or "not sure", please provide narrative explanation:

11. In the last 7 years, I have been detained, arrested for, charged with, or convicted of a firearms or explosives offense. *

Yes No

If yes, please provide narrative explanation:

12. In the last 7 years, I have been detained, arrested for, charged with, or convicted of any offense related to alcohol or drugs. *

Yes No

If yes, please provide narrative explanation:

13. In the last 7 years, I have been subject to court martial or other disciplinary proceedings under Uniform Code of Military Justice-including non-judicial punishments. *

Yes No

If yes, please provide narrative explanation:

14. In the last 7 years, I have been detained, arrested for, charged with, or convicted of any offense not listed in response to the above. (Leave out traffic fines less than \$150 unless the violation was alcohol or drug related.) *

Yes No

If yes, please provide narrative explanation:



Education, Training, and Experience

Please indicate the highest level of education completed. For post high school education, include only degrees awarded by accredited post-secondary institutions.*

Bachelor's degree (BA/BS)

[Next](#)



Sworn Law Enforcement Experience

I have served as a sworn law enforcement officer (LEO) with full arrest authority in a federal, state, local, or tribal law enforcement agency.*

Yes No

[Next](#)



Military Experience

I have served in the military (active duty or reserve).*

Yes No

[Next](#)



Military Experience

Please provide the information requested below regarding your military experience.

Military Branch*

Start Date of Service (mm/dd/yyyy)*

End Date of Service (mm/dd/yyyy)*

Status* Active Duty Reserve

Highest Rank Achieved*

Military Branch

Start Date of Service (mm/dd/yyyy)

End Date of Service (mm/dd/yyyy)

Status Active Duty Reserve

Highest Rank Achieved

[Next](#)

Military Experience

Read each statement carefully. If the statement is true, answer "Yes"; otherwise, answer "No." Please provide narrative explanation in the box provided for each "Yes" response where applicable.

1. I have been discharged from the armed forces under dishonorable conditions.*

Yes No

If yes, please provide narrative explanation:

2. I received one or more commendations while in the military.*

Yes No

If yes, please provide narrative explanation:

3. I served as a drill instructor, other kind of instructor, or trainer while in the military.*

Yes No

4. I received formal handgun training while in the military.*

Yes No

If yes, please provide narrative explanation:

5. I served as a pilot while in the military.*

Yes No

If yes, please provide narrative explanation:

6. I was trained in Explosive Ordnance Disposal (EOD) while in the military.*

Yes No

7. I experienced loss of pay while in the military.*

Yes No

If yes, please provide narrative explanation:

8. I experienced loss of rank while in the military.*

Yes No

If yes, please provide narrative explanation:

9. I had one or more accidental discharges of a weapon while in the military.*

Yes No

If yes, please provide narrative explanation:

10. I served in Special Forces, Special Operations, SEALs, or other specialized unit while in the military.*

Yes No

11. I was court martialed while in the military.*

Yes No

If yes, please provide narrative explanation:

12. I was formally disciplined in writing one or more times while in the military.*

Yes No

If yes, please provide narrative explanation:

13. I am now, or have been in the past, a military police officer, criminal investigator, or special agent, with full arrest authority in the U.S. Armed Forces.*

Yes No

If yes, please provide narrative explanation:

14. Please indicate the total number of years you have been or were on active duty in the military.*

Select

15. Please indicate the total number of years you have served or have been serving in the reserves of the military.*

Select



References

Please provide in the spaces below the names of three (3) individuals to whom you are not related and whom you have known over the last seven (7) years. Each relationship that you enter must span the last 7 years, including April of 2012.
The seven (7) year time period your three references must cover is:
• 04/2005 to 04/2012

Reference 1

Name*

Address Line1*

Address Line2

City*

State*

Zip Code*

Phone* (212) 555 - 1212

Email Address

Relationship*

Dates of Relationship*

From (mm/yyyy):

To (mm/yyyy):

Reference 2

Name*

Address Line1*

Address Line2

City*

State*

Zip Code*

Phone* (212) 555 - 1212

Email Address

Relationship*

Dates of Relationship*

From (mm/yyyy):

To (mm/yyyy):

Reference 3

Name*

Address Line1*

Address Line2

City*

State*

Zip Code*

Phone* (212) 555 - 1212

Email Address

Relationship*

Dates of Relationship*

From (mm/yyyy):

To (mm/yyyy):

[Save and Go to Next Section](#)

Essay

Please indicate in the space below why you want to be an FFDO. Your response must fit in the space provided.

[Next](#)**Race and National Origin Identification**

It is the policy of the Transportation Security Administration to maintain a selection system that will provide equal opportunity to all volunteers irrespective of race, religion, color, creed, national origin, gender, sexual orientation, marital status, age, disability, or political affiliation/influence.

Providing this information is voluntary, and your answers to these items will have no effect on your selection as an FFDO. If you prefer not to answer, please proceed to the next section.

Please indicate your race/ethnic origin. (optional)

Select your race/ethnic origin

Please indicate your gender. (optional)

- Male
 Female

[Next](#)



Certification and Release of Information

Please read each statement carefully. If the statement is true, answer "Yes"; otherwise, answer "No."

1. I understand that a false statement on any part of this questionnaire may be grounds for not selecting me for or removing me from the FFDO Program. I also understand that I may be punished by fine or imprisonment for falsification of my volunteer questionnaire in accordance with 18 U.S.C. 1001 and/or other applicable provisions.*

Yes No

2. I understand that information I give may be investigated as allowed by law or Presidential order.*

Yes No

3. I understand that any information I provide or that is collected about me may be provided to the FAA consistent with TSA policies for doing so.*

Yes No

4. I certify that, to the best of my knowledge and belief, ALL of the information provided on this questionnaire is true, accurate, complete, and is made in good faith.*

Yes No

5. I understand that if accepted into the FFDO program I must be available on my own time to attend all initial and subsequent training to achieve or retain FFDO status.*

Yes No

6. I understand that if deputized as an FFDO I must be willing and may be required to use deadly force.*

Yes No

7. I understand that if deputized as an FFDO it is my responsibility to self-report to TSA any change in my circumstances that may affect my eligibility to remain in the FFDO program.*

Yes No

You have reached the last page of the Volunteer Questionnaire. If you would like to review or change your responses at a later time, please click the "Save for Review" link. If you have completed the Questionnaire and would like to submit it for processing, please click the "Finish Questionnaire" link. (Note that you must click the "Finish Questionnaire" link in order for your Questionnaire to be processed.)

If at any time after completing this questionnaire, any of the information you have provided changes please immediately contact the FFDO Support Team at (800) 449-5710 or at ffdo@dhs.gov.

[Save for Review](#)

[Finish Questionnaire](#)