
Office of Intelligence and Analysis (OIA)
Program Management Division – Aviation Branch

Alien Flight Student Program (AFSP)

Candidate Application Guide

June 2015

Application for Training

- Applicants must provide the following using the AFSP website for each training event:
 - ❑ *Basic Information*
 - name, gender, height, weight, DOB, eye color, hair color
 - ❑ *Other Names*
 - alias type: birth, Americanized, maiden, geographic, variations
 - ❑ *Citizenship Types* (current, dual, historical)
 - ❑ *Document Information* (current & all previous)
 - unexpired passport and visa, all airman certificate & type rating, lawful permanent resident card, driver's license
 - ❑ *Address Information* (current, historical at least 5 years)
 - ❑ *Employment History* (current, previous for at least 5 years)
 - ❑ *Dates and location for training*
- Fingerprints required for training application approval
- Applicant must **start** training within 180 days from date request is accepted by provider
- Applicant must **complete** training within 365 days of date training request is approved

Categories of Training

- Category 1: for applicant not eligible for expedited processing for flight training in the operation of aircraft with MTOW of 12,500 pounds or more
- Category 2: for applicant eligible for expedited processing for flight training in the operation of aircraft with MTOW of 12,500 pounds or more
- Category 3: for applicant applying for flight training in the operation of aircraft with MTOW of 12,500 pounds or less

Categories 1–3 applicants are required to submit training information, i.e.: type of training requested and identifying information, including fingerprints retained by AFSP

- Category 4: for applicant requesting for recurrent training
 - Flight schools are required to submit similar training and identifying information for applicant in Category 4, but are not required to submit the applicant's fingerprints.

AFSP Application Guide



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User ID:

Password:

[Create New Candidate Account](#)

Alien Flight Student Program | [Candidate Portal](#)
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AFSP Candidate Application Guide

This guide is designed to provide step-by step assistance to Candidates and Providers navigating the AFSP Flight Training Request Application process. It contains detailed, user-friendly instructions and tips to facilitate filling out the on-line application, choosing a category, sending documents, submitting the application and then checking the status of the training request. Simply click on the title of the section in which you are having difficulties. For help with this website, you can [contact AFSP](#):

Please review the list of common errors made when submitting a training request: [Common Errors](#) 

- [Step 1: Basic Information](#)
- [Step 2: Other Names](#)
- [Step 3: Citizenship Information](#)
- [Step 4: Document Information](#)
- [Step 5: Address Information](#)
- [Step 6: Employment](#)
- [Step 7: Training Details \(Categories 1-3 only\)](#)
- [Step 8: Request Category \(Categories 1-3 only\)](#)
- [Submitting the Training Request Application \(Categories 1-3 only\)](#)
- [Select Providers for Recurrent Training \(Category 4 only\)](#)
- [Training Request History: What Does the Status Indicate?](#)
- [AFSP Contact Information](#)

Step 1: Basic Information 



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New Account Setup

AFSP Candidate Registration

▼ Step 1. Welcome to Alien Flight Student Program!

You are beginning the process of creating a **Candidate** account on the Alien Flight Student Program (AFSP) web site. Please make sure you have the following information ready to make creating your account as easy as possible:

- A current, valid, Government-issued ID (typically a passport).
- A valid e-mail address we can use to send you your ID and password.

If you have previously created an account, but have forgotten your password, please click [here](#) to have your login information e-mailed to you. Do NOT attempt to create a new account. If you have questions or concerns, please contact us at AFSP.Help@dhs.gov or (571) 227-1004.

Next ↓

▶ Step 2. Personal Information

▶ Step 3. Passport / Identification

▶ Step 4. User ID and E-mail

▶ Step 5. Website Security Questions

▶ Step 6. Digital Signature

▶ Step 7. Review and Submit

AFSP Applicant Login



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Password:

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Alien Flight Student Program |
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What's New

[Expand All](#) | [Collapse All](#)

08/29/2014 — Submitting Fingerprints to AFSP

AFSP candidates must provide a printout of their fingerprint instruction email, which includes the Training Request (TR) ID, to the collector at the time the fingerprints are collected. A candidate can have their fingerprints collected at a NATA-CS approved fingerprint collector, a U.S. federal, state, or local law enforcement agency, or a U.S. Embassy or Consulate.

08/25/2014 — New Contact Information

The AFSP Help Desk phone number is now **(571) 227-1004**

As before, you can send questions or problems to the AFSP Help Desk at AFSP.help@dhs.gov.

08/18/2014 — Fingerprint Mailing Address Change

04/25/2013 — Final Approval Emails

03/04/2013 — Reminder of Provider Responsibilities



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Enter Basic Information: Step 1



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Step: 1 of 8 - Basic Information [\(Help\)](#)

Please provide the following information (fields in red are mandatory).

Candidate Name (EXACTLY as it appears on your Passport):	
First Name(s):	<input type="text" value="Bob"/>
Middle Name(s):	<input type="text"/>
Last Name(s):	<input type="text" value="Wire"/>
Name Suffix:	<input type="text" value="v"/>
Gender:	<input type="text" value="Female"/>
Measurements:	inches/lbs: <input checked="" type="radio"/> cms/kgs: <input type="radio"/>
Height <small>(Format: NNN in inches/cm):</small>	<input type="text" value="5"/>
Weight <small>(Format: NNN in lbs/kg):</small>	<input type="text" value="10"/>
Date of Birth:	<input type="text" value="January"/> <input type="text" value="31"/> <input type="text" value="1941"/> <input checked="" type="radio"/> Exact <input type="radio"/> Approximate
Birth Country:	<input type="text" value="Afghanistan"/>
Nationality:	<input type="text" value="Afgan"/>
Eye Color:	<input type="text" value="Black"/>
Hair Color:	<input type="text" value="Black"/>
<input type="button" value="Save Record"/>	

Enter Other Names (alias): Step 2

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Step: 2 of 8 - Other Names [\(Help\)](#)

Please provide any other names that you have used. It is important that if you use names other than the one listed in Step One, that you list those names. Click the "Save Record" button. If you have more than one additional name, please enter your next name and hit the "Save Record" button again. You can add as many names as you want. Each name should appear in a box on the top of the screen. Fields in red are mandatory.

If you have an initial listed on your passport, you MUST spell out your WHOLE NAME here.

--> If you have NEVER used any other name, check this box:

Add Other Name

Full Name:	<input type="text"/>
Name Type:	<input type="text" value="Other -- not in list --"/>
Start Date:	<input type="text"/>
End Date:	<input type="text"/>

Exact Approximate
 Current Exact Approximate

<< Step: 1 Step: 2 >>

- Other -- not in list --
- Abbreviated Name
- American/English Name
- Americanized Name
- Birth Name
- Father/Mother Of...
- Geographic Name
- Legally Changed Name
- Long Name
- Maiden Name
- Name Given By A Friend
- Nick Name
- Other
- Pen Name
- Previously Married Name
- Respectful Position Name
- Stage Name
- Telecode (Chinese)
- Translated Name

links:



Enter Citizenship Data: Step 3



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Step: 3 of 8 - Citizenship Information [\(Help\)](#)

Please provide your current and historical citizenship information. If you hold or held citizenship in multiple countries you must list each citizenship. After entering a citizenship Record" button. If you have more than one additional citizenship, please enter your next name and hit the "Save Record" button again. You can add as many citizenships as citizenship you hold or held should appear in a box on the top of the screen. Fields in red are mandatory.

#	Country/ Passport Authority	Type	Qualification	Start Date	End Date	Edit
1	Australia	Current	 	01-01-1997	PRESENT	(Edit)

Add Citizenship Information

Country of Citizenship:	<input type="text"/>
Type:	<input type="text"/>
Qualification for Citizenship:	<input type="text"/>
Start Date:	<input type="text"/>
End Date:	<input type="text"/>
<input type="checkbox"/> Current	
<input type="button" value="Save Record"/>	

[<< Step: 2](#) [Step: 4 >>](#) [Cancel](#) [Help](#)



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Enter Document Information: Step 4



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Step: 4 of 8 - Document Information [\(Help\)](#)

Please provide all of the following forms of identification that you possess. Using the dropdown box at the bottom of the page, select a document type and click the "Add New Entry" Fields in red are mandatory.

After entering the document information, click the "Save Record" button. You can then add a document of the same type, or a document of a different type. You can list more than one for each form of identification, if needed.

While you may not possess all document types available, all flight training candidates are REQUIRED to have a valid Passport and MUST enter this information.*

*If you are a refugee or asylee in the U.S., you will list proof of that status AS YOUR PASSPORT. You will also need to provide two forms of government-issued photo ID.

#	Identification	Status	Type	Number	Country	Action
1	Airman's Certificate (1 image)	Current	(P C) Pilot Commercial	FAA 09291	United States Of America	Edit / Delete
2	Driver's License (1 image)	Cancelled	International	Int 39399190		Edit / Delete
3	Driver's License (1 image)	Pending	Non-U.S.	123545	Afghanistan	Edit / Delete
4	Lawful Permanent Resident Card	Current		A30300		Edit / Delete
5	Passport (1 image)	Current	Refugee / Asylee	A09393		Edit / Delete
6	Passport (1 image)	Expired	Regular	A345	Afghanistan	Edit / Delete

- Passport
- Airman's Certificate
- Visa
- Lawful Permanent Resident Card
- Driver's License



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Upload Documents

- Part: 1--Candidate Information
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Please provide your current and historical Passport information for all countries you have held passports, each as a separate RECORD.
Refugee/Asylee Status Documentation can be used in lieu of Passport.

Change Document Record	
Passport	
Passport Type:	Refugee / Asylee
Passport #:	A09393
Date Issued:	5/13/2008
Expiration Date:	
Status:	Current
Country of Issuance:	United States Of America
City of Issuance:	New York
Document was issued outside the country of issuance:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Document has been granted an extension:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Document image(s):	<p>You have attached 1 image:</p> <div style="display: flex; align-items: center;">Delete</div> <p>frank sinatra2.jpg</p> <p>Attach an additional image:</p> <div style="display: flex; align-items: center;"><input type="text"/>Browse...Attach</div> <p>If you are having trouble attaching images, follow this helpful guide.</p>
Save Record Delete Record	

nks:
[ome](#)
OPA Homepage

Enter Address Information: Step 5

- Part: 1--Candidate Information
 - [Step: 1--Basic Information](#)
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Step: 5 of 8 - Address Information ([Help](#))

Please provide ALL residences/address** held for over 30 days, for the past 5 years. After entering an address, hit the "Save Record" button. Enter button again. You can add as many addresses as necessary. Each address should appear in a box on the top of the screen. Fields in red are required.
 **NOTE: Please include address apartment number when applicable.

#	Address	Start Date	End Date	Phone Number	Edit
1	1234 Bern Street Apartment 33, Tuscon, Norfolk Island, AUS	01-01-1973	01-01-2000	66646646	(Edit)
2	14 Tootsville Place , Somewhere, Farah, AFG	01-01-2000	02-18-2002	001192909129	(Edit)
3	999 Afgan Street , Afgan City, Bamian, AFG	01-01-2001	PRESENT	9290909999	(Edit)

Add Address Information

Type:	<input type="text" value="Current"/> <input type="text" value="Historical"/>
Start Date:	<input type="text" value="MM/DD/YYYY"/> <input type="text" value="MM/DD/YYYY"/>
End Date:	<input type="text" value="MM/DD/YYYY"/> <input type="text" value="MM/DD/YYYY"/> <input type="checkbox"/> Current
Street Address (Include address apartment number when applicable):	<input type="text"/> <input type="text"/>
Locale:	
Country:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/> <input type="button" value="State / Province"/>
Zip / Postal Code:	<input type="text"/>
Phone Number:	<input type="text"/>
<input type="button" value="Save Record"/>	

Links:

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Enter Employment: Step 6



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Step: 6 of 8 - Employment ([Help](#))

Please provide information regarding your current employer. If you are currently unemployed, type the word "unemployed" in the Employer and C information on previous employers. If you are **unemployed**, **self-employed**, or a **student**, please state this in the Occupation and Employer field verify that status.

Fields in red are mandatory.

Add Employment History Record

Occupation:	<input type="text" value="Pilot"/>
Employer:	<input type="text" value="Air Afgan"/>
Contact Name:	<input type="text" value="John Afgan"/>
Employer Phone Number:	<input type="text" value="93993939"/>
Employer Email:	<input type="text" value="ja@ja.com"/>
<input type="button" value="Save Record"/>	



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Create New Training Event

- Part: 1--Candidate Information
- Part: 2--Request For Training
- Step: 7--Training Details
- Step: 8--Request Category
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Saved Requests -- Not yet submitted:

Training Request ID	School	Course ID	Course Name	Start Date	End Date	Edit
9991343	tetelb's school	B222	Big Plane	05-01-2009	05-03-2009	(Edit)
9991355	tetelb's school	123	abc	09-02-2008	09-16-2008	(Edit)
9991367	tetelb's school	a333	Initial	10-15-2009	11-03-2009	(Edit)
9991394	tetelb's school	abc	abc	03-02-2009	05-11-2009	(Edit)
9991366	tetelb's school	a2134	Initial	09-25-2008	09-28-2008	(Edit)
9992997	tetelb's school	333	Initial	11-17-2009	11-18-2009	(Edit)
9992083	tetelb's school	a600	MEL	05-16-2009	05-16-2009	(Edit)

You are logged into the account of **Bruce Tetelman**.
 ONLY CREATE A TRAINING REQUEST IF YOU ARE THIS PERSON.

New Training Request

State:	<input type="text" value=""/>
Provider Name:	<input type="text" value=""/> <input type="button" value="Find"/>
Student Identification # from school:	<input type="text" value=""/>
Course ID#:	<input type="text" value=""/>
Class Name:	<input type="text" value=""/>
Aircraft Type:	<input type="text" value=""/>
<p>You must list specific aircraft including make and model. Category 3 requests can list more than one aircraft type for a specific training event.</p> <p>Click Here for help with FAA Certificate Types.</p>	
Estimated Start Date:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Estimated End Date:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<p>You must initiate training within 180 days of receiving permission to initiate training. You must complete training within 365 days of receiving permission to initiate training.</p>	

- CS: _____
- [PA Homepage](#)
 - [AE Homepage](#)
 - [Homepage](#)

Selection of Category Event



- Home
- + Part: 1--Candidate Information
- + Part: 2--Request For Training
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 - [Step: 8--Request Category](#)
- + Recurrent Training
- + Request History
- + Legal Notices
- + Assistance

Step: 8 of 8 - Request Category [\(Help\)](#)

Please select a request to enter category for:

Training Request ID	School	Course ID	Course Name	Start Date	End Date	Select
9991343	tetelb's school	B222	Big Plane	05-01-2009	05-03-2009	(Select)
9991355	tetelb's school	123	abc	09-02-2008	09-16-2008	(Select)
9991367	tetelb's school	a333	Initial	10-15-2009	11-03-2009	(Select)
9991394	tetelb's school	abc	abc	03-02-2009	05-11-2009	(Select)
9991366	tetelb's school	a2134	Initial	09-25-2008	09-28-2008	(Select)
9992997	tetelb's school	333	Initial	11-17-2009	11-18-2009	(Select)
9992083	tetelb's school	a600	MEL	05-16-2009	05-16-2009	(Select)

Request Specific Category

Candidate Information

Request For Training

[Training Details](#)

[Request Category](#)

Request Training

Request History

Request Notices

Requestance

Step: 8 of 8 - Request Category [\(Help\)](#)

Please select the Flight Training Candidate Category for which you are eligible. Should you select a Category for which you are not eligible; TSA will notify you. If you select Category II, you must select both Category II and the sub category for which you are eligible. If you have further questions regarding the Flight Training Candidate section or contact the AFSP helpdesk at AFSP.help@dhs.gov or (571) 227-4544.

Category I. Candidates for training on aircraft weighing **more than 12,500 lbs** that are not current and qualified to operate the aircraft for which they are applying.

Category II. Candidates for training on aircraft weighing **more than 12,500 lbs** who possess one of the following (select the first checkbox that applies):

- (1) hold an airman's certificate that is recognized by a U.S. agency, including a military agency, and that permits the candidate to operate an aircraft with a maximum certified takeoff weight of more than 12,500 pounds; if this is not applicable, see the next checkbox ...
You will be required to upload or fax a copy of your airman's certificate to TSA.
- (2) are employed by a foreign air carrier that operates under 14 CFR part 129 and that has a security program approved under 49 CFR part 1542.209; if this is not applicable, see the next checkbox ...
You must enter the information for this employer under the employer section.
- (3) have unescorted access authority to a secured area of an airport under 49 U.S.C 44936(a)(1)(A)(ii), 49CFR 1542.209, or 49 CFR 1544.22; if this is not applicable, see the next checkbox ...
- (4) Are a flight crew member who who has successfully completed a criminal history records check in accordance with 49 CFR 1544.230; if this is not applicable, see the next checkbox ...
- (5) are part of a class of individuals that TSA has determined that providing flight training to poses a minimal threat to aviation or to national security based on training already possessed by that class of individuals.

Category III. Candidates for training on aircraft weighing **12,500 lbs and under.**

Candidate TR Authorization

CONSENT, AUTHORIZATION AND NOTICE

This web-based application process is necessary to allow the Transportation Security Administration (TSA) to quickly and effectively perform the security threat assessment required under 49 U.S.C. 44939 prior to permitting a flight school to provide the training you are requesting on this application training request form.

In order to use this system and to access any record submitted by you that is maintained on the system, you must have:

- a. A computer with Internet access; and
- b. An electronic mail address so you can receive-
 - i. Your password and confirmation notices and
 - ii. Any changes to the system requirements to allow continued access to the information.

When submitting any training requests through this web based application system you are consenting to the use of electronic records used exclusively for purposes of the submission and processing of this training request form. In addition, you are consenting to the disclosure of information as necessary to conduct the required security threat assessment.

I understand that my refusal to authorize the use of electronic records or my failure to insert in response to the various electronic requests all the information available to me even where that electronic request is designated on the form as "optional" which indicates only that particular request may not apply to every applicant, or my subsequent revocation of such authorization may result in the delay or denial of my request for training.

By activating the box located immediately below this paragraph marked "I Agree", I indicate my agreement with all the above statements and I certify that I am the individual whose name is on this training request form. I understand that this is a legally binding document, that my assent each time this document is submitted, including but not limited to 26-JUN-2015 09:02 PST (GMT-5) to all the provisions of this document by activating the box marked "I Agree" immediately below this paragraph constitutes an electronic signature, and that any false, misleading, or incomplete statements by me in response to any part of this submission is a violation of federal law and may lead to criminal prosecution or other legal action

Candidate Info Release Authorization

AUTHORIZATION FOR THE RELEASE OF INFORMATION

By submitting this training request form and by clicking the box marked "I Agree" at the end of this Authorization for the Release of Information, I hereby authorize TSA in any circumstance where my specific authorization is required to obtain any information relevant to my requests for flight training and the required security threat assessment from any relevant source, including, but not limited to, individuals, public sources, and government sources. This information may include, but is not limited to, biographical, financial, law enforcement, and intelligence information necessary to conduct the required security threat assessment, including U.S. national security and law enforcement inquiries.

In accordance with the above paragraph, I further authorize any individuals located in any locale or nation having information pertinent to my request for flight training to release such information to a duly accredited representative of TSA. The authorization set forth in this paragraph is valid upon electronic transmission by me of this training request form and until such time as I complete all the flight instruction covered by this application or, if for any reason the training is not completed, thirty days after the scheduled completion date of the flight training program covered by this application, see 49 U.S.C. 44939 and 49 C.F.R. part 1552. I understand that no documents or records obtained under this authorization will be returned or deleted.

I further authorize the TSA to disclose any records or information relating to, or obtained in connection with, my requests for training to: any agency contractors assisting with the determination of risk; other federal, state and local agencies, including the Federal Aviation Administration; and other individuals or entities potentially having information related to the request, including, but not limited to, employers and flight schools.

I further authorize the release of information relating to, or obtained in connection with, my request to any law enforcement or intelligence authority or other agency or public authority with relevant jurisdiction where such information considered either alone or in connection with any other information reveals a violation or potential violation of law or a threat to aviation or national security.

I further authorize the release of such information to flight schools or other members of the public where such is deemed necessary by TSA to fulfill a statutory or regulatory function, or for any other law enforcement or national security purpose.

I certify that I, **Aundreacandidate** -, am the individual whose name is on this training request form. I understand that this is a legally binding document, that my assent each time this document is submitted, including but not limited to **26-JUN-2015 09:07** PST (GMT-5) to all the provisions of this document by activating the box marked "I Agree" immediately below this paragraph constitutes an electronic signature, and that any false, misleading, or incomplete statements by me in response to any part of this submission is a violation of federal law and may lead to criminal prosecution or other legal action.



Privacy Act and Assertion of Data

PRIVACY ACT NOTICE

UNDER U.S. LAW, THE FOLLOWING NOTICE APPLIES ONLY TO U.S. CITIZENS AND U.S. PERMANENT RESIDENT ALIENS

AUTHORITY: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

INFORMATION VERIFICATION

1. Section 1001 of Title 18 of the U.S. Code provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison or both. By submitting this training request form, I am certifying that the information provided in each and every electronic entry on this training request form is true and complete to the best of my knowledge and ability.

2. I further certify that I am the individual whose name is on this training request form being submitted. I understand that this is a legally binding document, that my agreement (by clicking the box marked "I Agree" below the declaration against perjury which follows this paragraph) constitutes an electronic signature, and that any false, misleading, or incomplete statements by me in response to any part of this submission constitutes a violation of federal law and may lead to criminal prosecution or other legal action.

I, **Aundreacandidate** -, hereby declare each time this training request form is submitted, including but not limited to **26-JUN-2015 09:11** PST (GMT-5), that the information entered on this training request form is true and correct.

Please enter today's date. (Format: MM-DD-YYYY)

Track Training Events



Welcome to the Alien Flight School Program Application for Flight School Candidates.

If you are a flight school candidate who is eligible for Flight School Candidate Category 4, then you ONLY need to fill out Steps 1-6 for your personal information. You can then choose the [Recurrent Training](#) link, and add your Flight Training Provider for submitting a Category 4 training request for you.

Begin a NEW Training Application
Select Providers for Recurrent Training

Current Flight Training Applications

Training Request ID	Category	Training Date	Provider	Status (Help)	Review Candidate Info	Review Training Request	Validate and submit Application	Pay for Application
9993627	3	04-15-2012	Jennifer's school	Provider Accepted				
9993615	4	03-22-2012	Jennifer's school	Documentation Accepted				
9993614	4	03-22-2012	Jennifer's school	Documentation Accepted				
9993613	4	03-27-2012	Jennifer's school	Final Approval Granted				
9993607	4	03-23-2012	Jennifer's school	Documentation Accepted				
9993606	4	03-21-2012	Jennifer's school	Training Completed				
9993572	3	08-01-2012	FLIGHT WILMIN	Draft				
9993567	3	12-21-2011	Jennifer's school	Training Request Cancelled				
9993540	3	01-03-2012	Jennifer's school	Training Request Cancelled				
9993539	4	11-18-2011	Jennifer's school	Training Request Cancelled				

Validate Training Events

Part I. Application Validation Errors and Missing Information

	Status
Basic Information	OK
Other Names	OK
Citizenship Information	OK
Document Information	OK
Address Information	OK
Employment	OK

Part II. Training Request Errors and Missing Information

	Status	Click on links below to fix problems
Training Request Details	OK	
Training Request Category	PROBLEM	Category has not been selected.

This training request cannot be submitted because of the errors shown above

Cancel

Pay for training events: Pay.gov

- Home
- Part 1--Candidate Information
- Part 2--Request For Training
- Recurrent Training
- Request History
- Legal Notices
- Assistance



Transportation
Security
Administration

Online Payment

[Return to your originating application](#)

Step 1: Enter Payment Information

1 | 2 | 3

Pay Via Plastic Card (PC) (ex: American Express, Diners Club, Discover, Mastercard, VISA)

Required fields are indicated with a red asterisk *

Account Holder Name: *

Payment Amount: \$130.00

Billing Address: *

Billing Address 2:

City:

State / Province:

Zip / Postal Code:

Country: United States

Card Type: *



Card Number: * (Card number value should not contain spaces or dashes)

Security Code: * [Help finding your security code](#)

Expiration Date: * / *

Daytime Phone Number: *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.



Transportation
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Administration

Payment Submission



Transportation
Security
Administration

Online Payment [Return to your originating application](#)

Step 2: Authorize Payment 1 | 2 | 3

Payment Summary [Edit this information](#)

Address Information	Account Information	Payment Information
Account Holder Name: John Doe Billing Address: 99 Man St Billing Address 2: City: New York State / Province: NV Zip / Postal Code: 09930 Country: USA	Card Type: Visa Card Number: *****1111 Daytime Phone Number: 3333333333	Payment Amount: \$130.00 Transaction Date and Time: 11/03/2009 11:50 EST

Email Confirmation Receipt
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address:

Confirm Email Address:

CC: Separate multiple email addresses with a comma

Authorization and Disclosure

Required fields are indicated with a red asterisk *

I authorize a charge to my card account for the above amount in accordance with my card issuer agreement. *

Press the "Submit Payment" Button only once. Pressing the button more than once could result in multiple transactions.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.



Transportation
Security
Administration

Paperwork Reduction Act

Paperwork Reduction Act Statement

The public reporting burden to complete this information collection is estimated at 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. TSA 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 and expiration date. The OMB control number assigned to this collection is 1652-0021. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to TSA/TSNM, 601 S 12th Street Arlington, VA 20598-6019: ATTN: PRA (1652-0021).

Okay