



Search

*Date of Birth

Search Method

Country Code

Phone

Search

Clear

Appointments

Last Name	First Name	MI	Program	Service	Appointment
Smith	John	S	HME	Enroll	9:00am
Clever	Joe	D	HME	Enroll	9:15am
Grey	Steven	R	TWIC	Activate Card	9:30am
Thompson	Joanne	C	TWIC	Enroll	10:15am
Clark	James	F	Pre	Enroll	10:30am
Gregory	George	S	Pre	Enroll	10:30am
Williams	Amy	A	TWIC	Enroll	10:45am
Hartwell	Paul	R	TWIC	Reset Card PIN	11:00am
Wells	Steve	H	TWIC	Enroll	11:30am
Anderson	Robert	J	HME	Enroll	12:00pm
Cook	John	D	Pre	Enroll	12:15pm
Fellows	Keith	W	TWIC	Reset Card PIN	12:30pm
Simmons	Chris	N	Pre	Enroll	12:45pm
Hoover	Richard	K	TWIC	Enroll	1:00pm
Lester	David	D	TWIC	Activate Card	1:30pm
Freeman	Steven	S	TWIC	Enroll	1:45pm

Print Appointments

Message Center

Date	Subject
! 07/16/13	Service Outage
07/10/13	Training Module Due

Admin

Next



Search

*Date of Birth

December 30, 1972

Search Method

Country Code

Phone

Appointments

Last Name	First Name	MI	Program	Service	Appointment
Smith	John	S	HME	Enroll	9:00am
Smith	John	S			Walk-in
New					Walk-in

Message Center

Date	Subject
! 07/16/13	Service Outage
07/10/13	Training Module Due

[Admin](#)

[Next ▶](#)



Enter Customer Information

Essential

*First Name

John

*Middle Name

Steven

*Last Name

Smith

Suffix

*Gender

Male

*Date of Birth

12/30/1972

December 30, 1972

Contact

*Preferred Language

English

*Primary Method of Contact

Method of Contact 1

*Method of Contact 1

Country Code

United States (+1)

Phone

615-123-4567

*Method of Contact 2

Method

None

Email Receipt to

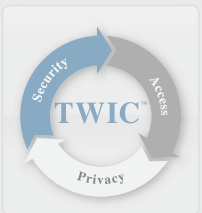
jsmith@comcast.net

Back

Next



Select Program



Select Customer Service

- Enroll
- Transfer

Back

Next



Determine Enrollment History

* Commercial Driver License Number

00123456

*State of Issuance

South Dakota



* [Prior CDL information](#)

* Commercial Driver License Number

65465412

*State/Province of Issuance

Tennessee



Back

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit

Next



Determine Citizenship

*Country of Birth

*City of Birth

*State/Province of Birth

*Country of Citizenship

Back

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit

Next



Determine Documents

Documents

- Transportation Worker Identification Credential (TWIC)
- Driver's license issued by a State or outlying possession of the U.S.
- Enhanced Tribal Card (ETC)
- Free And Secure Trade (FAST) Card
- ID card issued by a State or outlying possession of the U.S.
- U.S. Passport Book or Passport Card**
- Merchant Mariner Credential (MMC)
- Merchant Mariner Document (MMD)
- Merchant Mariner License (MML) with official seal or certified copy
- NEXUS Card
- U.S. Passport (book or card)
- Secure Electronic Network for Travelers Rapid Inspection (SENTRI)
- United States Enhanced Driver's License (EDL)
- Consular Report of Birth Abroad (FS-240)
- Certification of Report of Birth Abroad (DS-1350 OR fs-545)
- Department of Transportation (DOT) medical card
- Expired U. S. passport (within 12 months of expiration)
- Native American tribal document (with photo)
- Original or certified copy of birth certificate issued by a state, county,

-AND-

Additional Documents

Empty box for additional documents.

Required Identity Documents:

U.S. Passport Book or Passport Card

Back

Service Identity Fee Payment Biographics Fingerprints Disclosure Survey Submit

Next

Prove Identity



Accepted



*Document Number:

100003106

*Issuance Date:

11/25/2005

November 25, 2005

*Expiration Date:

11/24/2015

November 24, 2015

Comment:

Scan

Back

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit

Next



Calculate Fee

\$86.50 - Full Fee (HME expires approximately May 2014)

\$86.50

Authorization Code

Apply

Fee: \$86.50

Back

Service > Identity > **Fee** > Payment > Biographics > Fingerprints > Disclosure > Survey > Submit

Next

Collect Payment



Choose Payment Method

Credit Card Check Money Order

Amount Due \$86.50

Swipe Card

We Accept



* Name on Card

John Smith

* Credit Card Number

4444657591231475

* Expiration Date

08 / 14

* CSC

152

Charge

Back

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit

Next

Collect Payment



Choose Payment Method

Credit Card Check Money Order

Amount Due \$86.50

Swipe Card

We Accept



**Credit Card ending in 5012
was successfully charged
\$86.50**

* Name on Card

John Smith

* Credit Card Number

4444657591231475

* Expiration Date

08 / 14

* CSC

152

Charge

Back

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit

Next



Answer Personal Questions

- * 1. Have you ever used a maiden/previous name? Yes No
- * 2. Have you ever used an alias? Yes No
- * 3. Is your mailing address the same as your residential address? Yes No
- * 4. Have you lived at your current residential address for more than five (5) years? Yes No

Key Pad Functions

1 = Yes **2** = No **7** = Move back to previous question

◀ Back

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit

Next ▶

Capture Biographics



Enter Personal Information

First Name: John Middle Name: Steven Last Name: Smith Suffix: Date of Birth: 12/30/1972 Gender: Male
December 30, 1972

* Maiden/Previous Name

* First Name: Jimmy * Middle Name: NMN * Last Name: John Suffix: [Dropdown]

* Alias

* First Name: Jimmy * Middle Name: Hunter * Last Name: John Suffix: [Dropdown]

US Metric

* Height: 6 ft 2 in * Weight: 205 lbs * Hair Color: Brown * Eye Color: Multi-color

Social Security Number: [Redacted]

Social Security Number: 111-08-5114

[Back](#)

Service > Identity > Fee > Payment > **Biographics** > Fingerprints > Disclosure > Survey > Submit

[Next](#)



Enter Mailing Address

* Country
United States

* Address Line 1
15 Century Blvd

Address Line 2
Suite 110

* City
Nashville

* State/Province
Tennessee

* Postal Code
37214 - 0129

Back

Service Identity Fee Payment **Biographics** Fingerprints Disclosure Survey Submit

Next



Enter Residential Address

* Country

United States

* Address Line 1

123 Elm Hill Pike

Address Line 2

* City

Nashville

* State/Province

Tennessee

* Postal Code

37214 - 0129

Back

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit

Next



Enter Previous Address

* Country
United States

* Address Line 1
125 Main Street

Address Line 2
Suite 110

* City
Murfreesboro

* State/Province
Tennessee

* Postal Code
37129 - 0129

Back

Service Identity Fee Payment **Biographics** Fingerprints Disclosure Survey Submit

Next



Enter Employment Information

* Employment Status

Currently Employed

Occupation or Trade

Trucker

* Current Employer Name

ACME Supply Company

* Country

Canada

Address Line 1

123 Great White North Road

Address Line 2

* City

Montreal

* State/Province

Quebec

Postal Code

37214 - 0129

Country Code

Canada (+1)

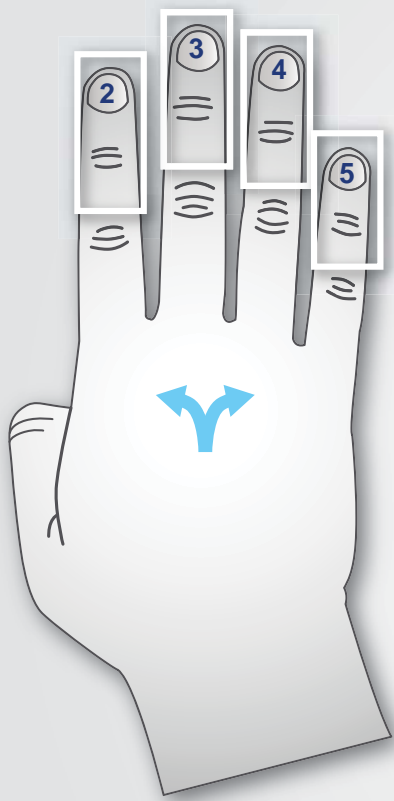
Phone

408-688-7942

Back

Service > Identity > Fee > Payment > **Biographics** > Fingerprints > Disclosure > Survey > Submit

Next



Place Fingers on Device

Capture Fingerprints



Rescan

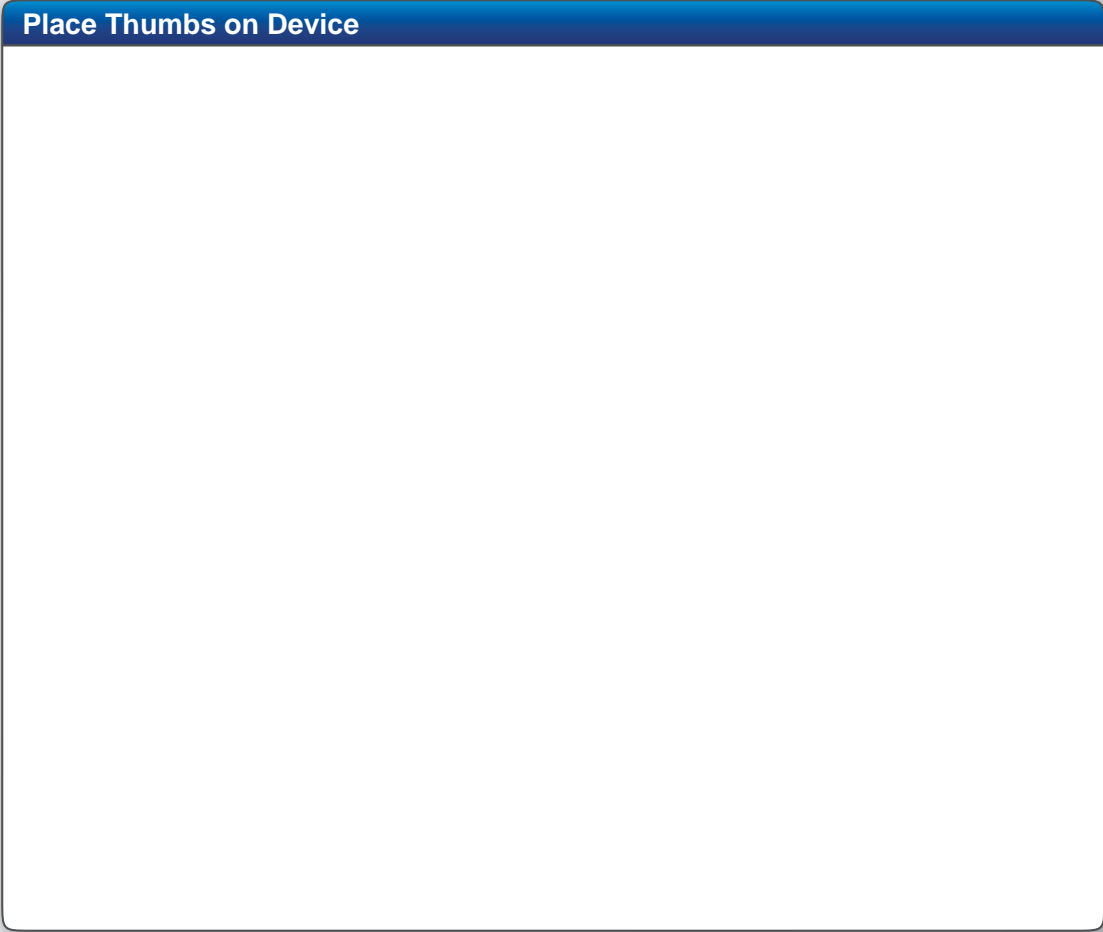
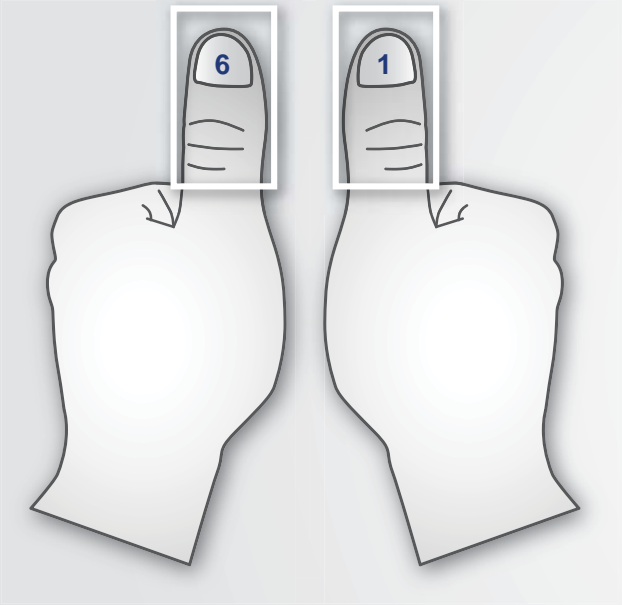
✓ Passed

Service > Identity > Fee > Payment > Biographics > **Fingerprints** > Disclosure > Survey > Submit

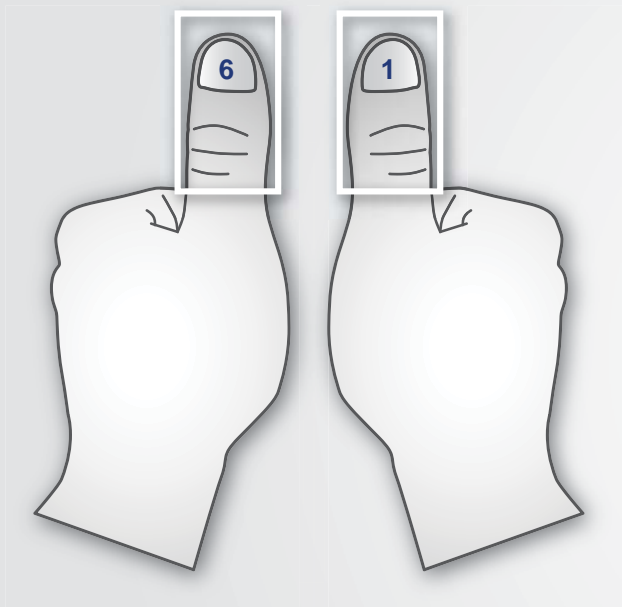
Next ▶



Place Thumbs on Device



Capture Fingerprints



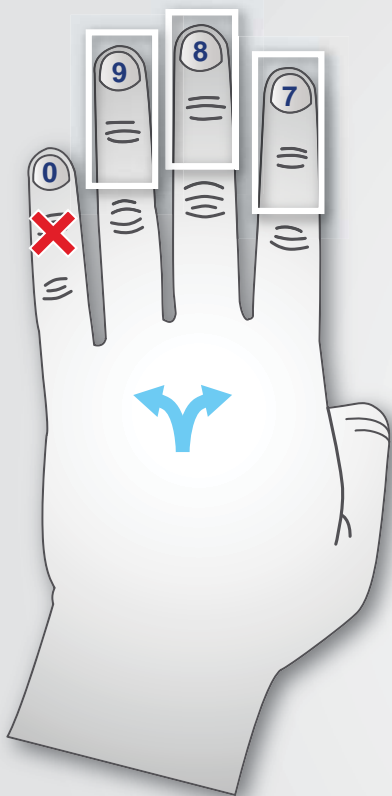
Rescan

Passed

The image shows a large white rectangular area containing two captured fingerprints. The fingerprint on the left is labeled with the number '6' above it, and the fingerprint on the right is labeled with the number '1' above it. Both fingerprints are enclosed in blue rectangular borders. Above the entire white area is a blue header bar with a green checkmark icon and the text 'Passed'.

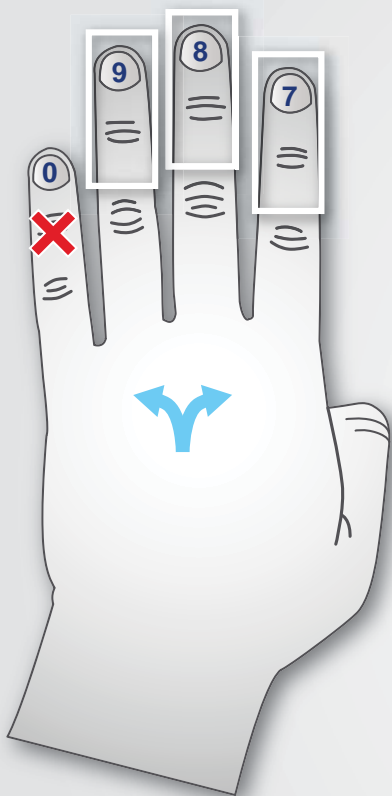
Service > Identity > Fee > Payment > Biographics > **Fingerprints** > Disclosure > Survey > Submit

Next >



Place Fingers on Device

Capture Fingerprints



Rescan

Passed

9 8 7

Service > Identity > Fee > Payment > Biographics > **Fingerprints** > Disclosure > Survey > Submit

Next >



Answer Questions

If you answer 'Yes' to question 5, because you are currently under indictment or have open criminal charges, you should consider waiting to apply until these matters are resolved as enrollment fees are not refunded.

- 1. Are you a U.S. citizen? Yes No
- 2. Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest", or found not guilty by reason of insanity, of any disqualifying felony listed in 49 CFR 1572.103 ([Section VII, Part A](#)), in any jurisdiction, military or civilian? Yes No
- 3. Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest", or found not guilty by reason of insanity, of any disqualifying felony listed in 49 CFR 1572.103 ([Section VII, Part B](#)), in any jurisdiction, military or civilian, during the 7 years before the date of this application? Yes No
- 4. Have you been released from incarceration in any jurisdiction, military or civilian, for committing any disqualifying felony listed in 49 CFR 1572.103 ([Section VII, Part B](#)), during the 5 years before the date of this application? Yes No
- 5. Are you wanted or under indictment for any disqualifying crime listed in listed in 49 CFR 1572.103 ([Section VII, Parts A and B](#))? Yes No
- 6. Have you ever been found by a court or other lawful authority as lacking mental capacity or involuntarily committed to a mental institution?** Yes No

Key Pad Functions

1 = Yes **2** = No **7** = Move back to previous question



Accepted

I understand my continuing obligation to notify 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 am enrolled in the Hazardous Materials Endorsement Threat Assessment Program.

The information I 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 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 my application for the Hazardous Materials Endorsement Threat Assessment Program by TSA.

John S. Smith

Comment:

Translator used to interpret disclosure

John Doe

Comment:

Scan

Back

Service > Identity > Fee > Payment > Biographics > Fingerprints > **Disclosure** > Survey > Submit

Next



Answer Survey Questions

Each question is viewable only by you and will allow only one (1) answer.

- 1. Are you satisfied with the your overall experience at the enrollment center today? Yes No
- 2. If you experienced an issue that required a resolution, are you satisfied with the resolution? Yes No NA
- 3. Did the enrollment center representative(s) conduct themselves in a professional and courteous manner? Yes No
- 4. Are you satisfied with the enrollment center location and appearance? Yes No

Thank you for participating. If you would like to provide additional feedback, please contact UES CUSTOMER SUPPORT at 855-DHS-UES1 (855-347-8371) or use the 'Contact Us' link on the UES website at universalenroll.dhs.gov.


Key Pad Functions

1 = Yes **2** = No **3** = Not Applicable (NA) **7** = Move back to previous question **9** = Exit Survey



Access Agent's TWIC

*PIN
***** [Access](#)



Steven Jones

Place Right or Left Finger on Device

By placing my finger on the device, I, STEVEN JONES, certify that the information captured for **John Smith** has been reviewed and verified.

[Back](#)

[Service](#) > [Identity](#) > [Fee](#) > [Payment](#) > [Biographics](#) > [Fingerprints](#) > [Disclosure](#) > [Survey](#) > [Submit](#)



Summary

Applicant:	JOHN S. SMITH
UE ID:	U11F-193H9F
Service:	HME ENROLL
Fee:	\$86.50
Paid:	\$86.50
Method:	CARD (1475)
Auth Number:	123ABC

Customer Support:
855-DHS-UES1
(855-347-8371)

Website:
universalenroll.dhs.gov

Date/Time: **07/16/2013 / 8:56 AM**
Enrollment Location: **UES Enrollment Center**
Notification Method: **1-615-123-4567**
Email Receipt to: **jsmith@comcast.net**

Reprint

Service > Identity > Fee > Payment > Biographics > Fingerprints > Disclosure > Survey > **Submit**

Finish

Privacy Act and Paperwork Reduction Act Statements**PRIVACY ACT STATEMENT:**

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

Principal Purpose(s): This information is needed to verify your identity and to conduct a security threat assessment to evaluate your suitability for the Hazardous Materials Endorsement Threat Assessment Program. Furnishing this information, including your SSN or alien registration number, is voluntary; however, all information provided during the enrollment process assists in the timely processing of your security threat assessment. Failure to provide it will delay and may prevent completion of your security threat assessment.

Routine Use(s): 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.

PAPERWORK REDUCTION ACT STATEMENT: Statement of Public Burden: This is a voluntary collection of information, but failure to provide the information may result in an inability to approve your eligibility for the requested TSA program or benefit. TSA estimates that the total average burden per response associated with this collection for enrollment is approximately 30 minutes. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number for this collection is OMB 1652-0027.

Service

Identity

Fee

Payment

Biographics

Fingerprints

Disclosure

Survey

Submit