

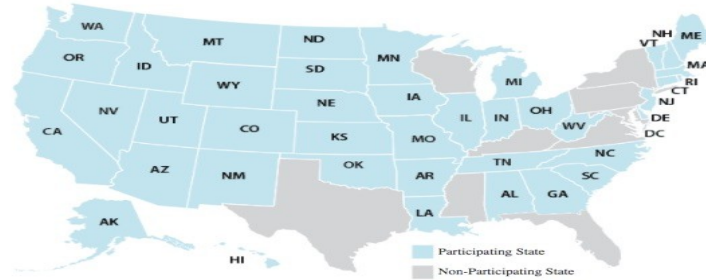
# Pre-Enrollment



Select Your State (Step 1 of 11)

\* Required Fields

Select the state from which your Commercial Drivers License has been issued. Then click 'Next' to continue.



\* Select State  
-- Choose One --

✕ Cancel

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PRIVACY ACT STATEMENT

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 your 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 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, or DHS/TSA 021, TSA PreV® Application Program for applicants to that program. Records may be disclosed to contractors and their agents, grantees, experts, consultants, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for DHS, when necessary to accomplish an agency function related to this system of records. 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.

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.



Enter Information (Step 2 of 11)

\* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to continue or 'Cancel' to exit.

- Legal Name must match exactly on all identification documents brought to enrollment.
- Remember the email address and phone numbers provided below, as they will be used to look-up application information during your in person appointment and to check your status online.

**Legal Name**

\* First Name

\* Middle Name (or NMN if no middle name)

\* Last Name

Suffix

\* Gender

\* Date of Birth (MM/DD/YYYY)

\* Preferred Language

\* Method of Contact (At least one method is required)

Email

Country Code

Country Code

Verify Email

Phone 1

Phone 2

\* Preferred Method of Contact

✖ Cancel

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### Determine Citizenship (Step 3 of 11)

\* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

\* Country of Birth

\* City of Birth

\* Country of Citizenship

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### Answer Personal Questions (Step 4 of 11)

\* Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

\* Have you ever used a maiden/previous name?

Yes No

\* Have you ever used an alias?

Yes No

\* Is your mailing address the same as your residential address?

Yes No

\* Have you lived at your current residential address for more than five (5) years?

Yes No

\* If you currently hold a TWIC®, would you like to use it for a HME reduced fee enrollment if eligible? ([View a list of states that offer comparability to their drivers.](#))

Yes No

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Enter Personal Information (Step 5 of 11)

\* Required Fields

US Metric

\* Height

feet ft

inches in

\* Weight

pounds lbs

\* Hair Color

-- Choose One --

\* Eye Color

-- Choose One --

\* Commercial Driver License Number

CDL Issuing State/Province

Alabama

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### Enter Address (Step 6 of 11)

\* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Mailing Address

\* Country

\* Address Line 1

Address Line 2

\* City

\* Postal Code

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### Enter Employment Information (Step 7 of 11)

\* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

\* Employment Status

\* Occupation or Trade

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Answer Disclosure Questions (Step 8 of 11)

\* Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

Note: If you answer 'Yes' to question 2, 3, 4 or 6 you may want to reconsider applying. If you answer 'Yes' to question 5, you should wait to apply until these matters are resolved. Application fees are not refunded once submitted.

- 1. \* Are you a U.S. citizen, U.S. National or Lawful Permanent Resident (LPR)?
- 2. \* Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (nolo contendere), 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?
- 3. \* Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (nolo contendere), 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?
- 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?
- 5. \* Are you wanted or under indictment for any disqualifying crime listed in 49 CFR 1572.103 (Section VII, Parts A or B)?
- 6. \* Have you ever been found by a court or other lawful authority as lacking mental capacity or involuntarily committed to a mental institution?



Determine Documents (Step 9 of 11)

\* Required Fields

Please select the required documents to bring to your enrollment. Then click 'Next' to continue or 'Cancel' to exit.

\* Document

-- Choose One --

\* Do the names (first, middle, last) on your identity documents match (ex. driver's license and birth certificate)? For Example:

Yes No

- Answer NO if your driver's license has your married name and your birth certificate has your maiden name. In this example, you must provide a marriage certificate that links the name on the birth certificate to the name on the driver's license. In some cases, multiple name change documents are necessary to link identity documents.
- Answer YES, if your FIRST and LAST NAMES MATCH on all documents. It is acceptable if one document includes your full middle name and a second document includes your middle initial, as long as first and last names match exactly.

✖ Cancel

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Select Appointment Location (Step 10 of 11)

Enter a Postal Code, City, Airport Code or Special Location Access Code to 'Search' for a location to schedule your appointment. Use the to search closest to your physical location. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

37128 111168, Appointment

Number of Results

5 10 20

Select the location row. Then click 'Next' to continue.

City	Location	Appts. Remaining (next 14 days)	First Available Appt.	
Columbia, TN	Anderson Place Shopping Center	417	Nov 24, 8:30am	30.8 mi
Columbia, TN	<b>Hours:</b> <b>Monday - Thursday: 08:00 AM - 12:30 PM &amp; 01:30 PM - 04:30 PM</b> <b>Friday: 08:00 AM - 12:30 PM &amp; 01:30 PM - 03:30 PM</b>			 <b>SELECTED</b>
	<b>Location ID: 8231</b> <b>Identigo</b> Anderson Place Shopping Center 2516 Hospitality Ln Columbia, TN 38401-0216 <a href="#">Sign Up for Alerts</a>			
Nashville, TN	2501 McGavock Pike	1170	Nov 24, 7:30am	31.0 mi
Fairview, TN	2096 Fairview Blvd.	297	Nov 24, 8:00am	39.4 mi
Fairview, TN	2592 Fairview Blvd.	297	Nov 24, 8:00am	39.9 mi
Cookeville, TN	580 S Jefferson Ave	297	Nov 24, 9:30am	58.1 mi
Decatur, AL	116 IPSCO St	396	Nov 24, 9:00am	89.6 mi
Chattanooga, TN	6231 Perimeter Dr	391	Nov 24, 9:00am	89.7 mi
Jackson, TN	621 Old Hickory Blvd	330	Nov 24, 9:30am	135.3 mi
Knoxville, TN	6923 Maynardville Pike	297	Nov 24, 10:30am	142.6 mi
Cartersville, GA	958 Joe Frank Harris Pkwy SE	462	Nov 24, 8:30am	145.8 mi

Cancel

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Select Date and Time (Step 11 of 11)

Select a preferred date and time for your appointment at the specified location. Then click 'Submit' to confirm or 'Cancel' to exit. If you are unable to make an appointment for the available times or all appointments are booked, click the 'Back' button below, (not the browser's back button) to select another location. TWIC and HME walk-in applicants will be prioritized due to employment requirements.

Appointment Date and Time (first available displayed by default)

\* Select Date: Thursday, Nov 24th, 2016

\* Select Time: 08:30 AM

- OR -

Walk-In

Location Details

Columbia, TN

Location ID: 8231

IdentoGO

Anderson Place Shopping Center  
2516 Hospitality Ln  
Columbia, TN 38401-0216

Hours:

Monday - Thursday: 08:00 AM - 12:30 PM & 01:30 PM - 04:30 PM

Friday: 08:00 AM - 12:30 PM & 01:30 PM - 03:30 PM

Get Email Alerts for this location

Cancel

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HME

You have successfully completed the online application.

You should receive a confirmation email if you provided an email address.

**Pre-Enrolled**

**Please visit an enrollment center within 120 days to complete your enrollment.**

1. Provide required documentation and be fingerprinted.
2. Pay a non-refundable fee with a credit card, money order, company check or certified/cashier's check.

Status as of 11/23/2016.

**Note:** In-person enrollment must be completed within 120 days of pre-enrollment date.

**Appointment Information**

**BRING THE FOLLOWING DOCUMENT(S) TO YOUR APPOINTMENT:**

1. **Driver's License issued by a State or outlying possession of the U.S.**
2. **Passport Book or Card**

Legal Name must match exactly on all identification documents brought to enrollment.

**Appointment Time:**

**12/5/2016 @ 9:40 AM (CST)**

**Location:**

**Columbia, TN**

**IdentoGO**

Anderson Place Shopping Center

2516 Hospitality Ln

Columbia, TN 38401-0216

[Get Email Alerts](#) for this location

[Cancel Appointment](#)

[Reschedule Appointment](#)

Please provide 24 hours notice when canceling/rescheduling an appointment.

After you have visited an application center and completed the process, you can [check the status](#) of your service at the Universal Enrollment Services (UES) website.

Date:

**11/23/2016**

UE ID:

**UZZY-113B26**

Service:

**111168 - Enroll**

Done

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