

SAC Visitor Request Form

&

Foreign National Vetting Request

Security Appointment Center (SAC) Visitor Request

OMB 1652-XXXX

EXP: XX/XX/XXXX

Today's Date: 2017-09-12

Form being completed By: [REDACTED]

Visit Information

Select Type of Visit: Single Day Recurring

Date of Visit: [REDACTED]

Time of Visit: [REDACTED] [REDACTED] [REDACTED]

Location of Visit: [REDACTED]

Host Information

First Name: [REDACTED]

Last Name: [REDACTED]

Host is: Employee Contractor

Email Address: [REDACTED]@tsa.dhs.gov

Office Phone: ###-###-#### *

Cell Phone: ###-###-####

Alt Host Name: [REDACTED]

Alt Host Phone: ###-###-####

Contractors must comply with the vetting requirements set forth in the Personnel Security policies and procedures prior to providing services to TSA under contract.

First Name	Last Name	Agency, Company, or Airport	Law Enforcement Officer (LEO)?	Visitor Type	Visitor Details	
<- Click here to add or remove visitors						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Visitor	Foreign National? <input type="radio"/> Y <input checked="" type="radio"/> N	Date of Birth: <input type="text"/> Social Security #: <input type="text"/>
ADD ANOTHER VISITOR						
*Note: To add additional visitors, select the "Add Another Visitor link" above.						

Voluntary

**Red Asterisks and Red Dotted Outlines indicate fields that are required or have errors.
Move the mouse cursor over these indicators to review the error message.**

TSA Form 2802, SAC Visitor Request

AUTHORITY: 40 U.S.C. § 1315; 41 C.F.R. § 102-81; E.O. 9397.

PURPOSE: The information will be used to conduct screening checks to permit and maintain records of access to DHS facilities.

ROUTINE USES: The information requested on this form may be shared externally as a "routine use" to the Department of Justice Federal Bureau of Investigation and other government agencies as part of the screening process. A complete list of the routine uses can be found in the system of records notice, "Department of Homeland Security/ALL-024 Facility and Perimeter Access Control and Visitor Management System of Records."

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information, including SSN, is voluntary. However, failure to provide the information requested may result in being denied access to a DHS facility; failure to provide the SSN may prevent completion of screening.

Consequences of Failure to Provide Information



PLEASE PRINT CLEARLY

OMB 1652-XXXX
EXP. XX/XX/XXXX

SAC Request Form

*Today's Date (mm/dd/yyyy): / /		
<input type="checkbox"/> *Single Day Visit	*Date of Visit (mm/dd/yyyy): / /	*TSA Host:
	*Date of Visit [from] (mm/dd/yyyy): / /	*Host: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor
- OR -	*Date of Visit [to] (mm/dd/yyyy): / /	Host Email Address:
<input type="checkbox"/> *Recurring Visit	<input type="checkbox"/> All Days <input type="checkbox"/> Selected Days (<i>check all that apply below</i>)	*Host Office Phone Number: () -
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Host Cell Phone Number: () -
*Time of Visit (hh/mm): : :		

Contractors must comply with the vetting requirements set forth in the Personnel Security policies and procedures prior to providing services to TSA under a contract.

*First Name	*Last Name	*Agency/Company/Airport	*TSA Contractor?	*Law Enforcement Officer?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NON-PIV CARD HOLDER VISITOR DOB*:	MO DAY YEAR / /	NON-PIV CARD HOLDER SOCIAL SECURITY #*:	- -	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NON-PIV CARD HOLDER VISITOR DOB*:	MO DAY YEAR / /	NON-PIV CARD HOLDER SOCIAL SECURITY #*:	- -	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Privacy Act Statement:

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Paperwork Reduction Act Statement: Through this voluntary information collection, TSA is gathering information to facilitate your request for access to TSA facilities. It is estimated that the total average burden per response associated with this collection is approximately 0.01667 hours. 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 assigned to this collection is OMB 1652-xxxx, which expires XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to TSA PRA Officer, 601 S. 12th Street, Arlington, VA 20598-6011. ATTN: PRA 1652-xxxx.

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DHS control number: 1402-0100
File: TSA Form 2816A

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration
FOREIGN NATIONAL VISITOR REQUEST – INDIVIDUAL

INSTRUCTIONS: To access TSA facilities within the U.S. and its Territories, Foreign Nationals must be vetted in accordance with [TSA MD 2800.15, Foreign Visitor Management](#), [DHS MD 11052, Internal Security Program](#), requires that Department Agencies report Foreign National Visitor Data to the DHS Chief Security Officer (CSO) via the DHS Foreign National Vetting System. The TSA office sponsoring the visit is responsible for obtaining the required vetting information from the foreign national and then submitting the information through one of two established procedures at least twenty (20) business days in advance of the visit. The primary procedure to request the vetting of foreign nationals is through the [iShare](#) online [Security Appointment Center \(SAC\) Visitor Request Form](#).

If the TSA sponsor cannot access the online SAC Form, then the sponsor is required to submit [TSA Form 2816A, Foreign National Visitor Request - Individual](#), or for a group of foreign nationals of two or more, [TSA Form 2816B, Foreign National Visitor Request - Group](#), at least twenty (20) business days in advance of the visit, to the Security Branch, Security Services and Assessments Division, OLE/FAMS to the following address: ForeignVisitor.TSA@dhs.dhs.gov. NOTE: This form is for internal TSA use only.

FOREIGN NATIONAL VISITOR DATA		
Full Name (Family Name, followed by all other names on passport)		Country of Citizenship
Gender	Date of Birth	Country of Birth
Passport Country	Passport Number	Passport Expiration Date
Employer		Country of Employer
Title or Position	Email	Phone Number
TSA SPONSOR DATA		
Sponsor Name	Sponsor Title/Position	
Sponsor Email	Sponsor Phone Number	Alternate Phone Number
Sponsor Organization/Location		
Date of Request	Visit Start Date	Visit End Date
TSA Escort	Escort Phone Number	Escort Email
If any of the following categories of information are requested to be shared with the visitors, the sponsor will be directed to the appropriate office(s) for further action.		
CLASSIFIED NATIONAL SECURITY INFORMATION		OTHER
Purpose of Visit		
Location(s) of Visit (List all that apply)		
FOR OFFICE OF SECURITY USE ONLY		
Processed by (Name)	Date Entered into ISMS	FNV Number

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Previous editions of this form are obsolete.

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DMB control number 1652-XXXX; Exp. xx/xx/xxxx

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

FOREIGN NATIONAL VISITOR REQUEST - GROUP

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FOREIGN NATIONAL VISITOR DATA

No.	Family Name	Other Names	Country/ Citizenship	Gender (M/F)	Date of Birth	Country/Birth	Passport Country	Passport Number	Passport Expiration Date	Position/ Employer	FNV Visitor Number (Do not fill in)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Previous editions of this form are obsolete.

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New Window Arrange All Split Window

View Side by Side Synchronous Scrolling Reset Window Position Window

Switch Windows Macros

OMB control number 1652-XXXX;
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13												
14												

OMB control number 1652-XXXX, Exp. XX/XX/XXXX

TSA SPONSOR DATA		
Sponsor Name		Sponsor Title/Position
Sponsor Email	Sponsor Phone Number	Alternate Phone Number
Sponsor Organization/Location		
Date of Request	Visit Start Date	Visit End Date
TSA Escort	Escort Phone Number	Escort Email
If any of the following categories of information are requested to be shared with the visitors, the sponsor will be directed to the appropriate office(s) for further action.		
CLASSIFIED NATIONAL SECURITY INFORMATION		OTHER
<input type="text"/>		<input type="text"/>
FOR OFFICE OF SECURITY USE ONLY		
Processed By (Name)	Date entered into ISMS	FNV Number

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