OMB control number: 1652-XXXX Exp.: xx/xx/xxxx

## 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 <u>TSA MD 2800.15</u>, <u>Foreign Visitor Management</u>. <u>DHS MD 11052</u>, <u>Internal Security Program</u>, 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 <u>Security Appointment Center (SAC) Visitor Request Form</u>.

If the TSA sponsor cannot access the online SAC Form, then the sponsor is required to submit <u>TSA Form 2816A</u>, <u>Foreign National Visitor Request - Individual</u>, or for a group of foreign nationals of two or more, <u>TSA Form 2816B</u>, <u>Foreign National Visitor Request - Group</u>, 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: <u>ForeignVisitor.TSA@tsa.dhs.gov</u>. **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	sport Expiration Date
Employer		Country of Employer
Title or Position	Email	Pho ne Number
TSA SPONSOR DATA		
Sponsor Name	Sponsor Title/Position	
Sponsor Email	Sponsor Phone Number	rnate Phone Number
Sponsor Organization/Location		
Date of Request	Visit Start Date	t End Date
TSA Escort	Escort Phone Number	ort 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

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/xxxxx. 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.