



HOME PROGRAMS ABOUT HELP CENTER

Programs/ TSA Pre

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TSA Preè is an expedited security screening program connecting travelers departing from the United States with smarter security and a better air travel experience. Passengers can apply for the TSA Pre√® Application Program to determine if they are low-risk and eligible to receive expedited screening. Learn more about TSA Pre√®

5 YEARS

for \$85

**New Enrollment** 

Renewal



What to Bring

Find out which documents to bring to complete your in-person enrollment.



Manage Appointments

Create a new appointment or change cancel an existing appointment.



Lookup KTN

Get your KTN (Known Traveler Number) if you have completed a TSA Preè enrollment.

Check My Service Status

Find an Enrollment Center

Programs
About
Help Center

Privacy Policy
Freedom of Information Act
Transportation Security Administration (TSA)
U.S. Department of Homeland Security (DHS)

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# TSA Pre ✓ ® Application Program Enrollment Renewal

\* Required Fields

Please enter the information below to determine if you may renew your enrollment online (letters, spaces, hyphens, and apostrophes are allowed in name fields).

* Known Traveler Number (KTN): Will start	t with TT followed by	seven letters	and/or number
* Last Name			
* Date of Birth (MM/DD/YYYY)			

Programs
About
Help Center

Privacy Policy Freedom of Information Act Transportation Security Administration (TSA) U.S. Department of Homeland Security (DHS Canceled Card List Canceled Card List Integrity Host TWIC Qualified Reader List



TSA located a record of your previous enrollment with the information you provided. Please begin the online re-enrollment process on the next screen.

Programs
About
Help Center

Privacy Policy
Freedom of Information Act
Transportation Security Administration (TSA)
US Department of Homeland Security (DHS)

Conceled Card List Conceled Card List Integrity Hash TWIC Qualified Reader List





TSA requires you to enroll in person because of a change in your information since your previous enrollment or because your fingerprints were of insufficient quality during your previous enrollment. Please visit universalenroll.dhs.gov to find a list of enrollment centers nationwide to begin your re-enrollment.

Programs
About
Help Center
Contact Us

Privocy Policy
Freedom of Information Act
Transportation Security Administration (TSA
US Department of Homeland Security (DHS

Canceled Card List
Canceled Card List Integrity Hast
TWIC Qualified Reader List





Programs/ TSA Pre ✓ Renewal / Apply

Espanol

#### Step 1 of 4 Update Current Contact Information

\* 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.

Please provide a current method of contact.			
Method of Contact  Email  Country Code  United States (+1)  Country Code  United States (+1)	\[ \tau \]	Verify Email Phone 1 Phone 2	
Preferred Method of Contact  Email	* Preferred Language English	<b>V</b>	Next <b>&gt;</b>

Programs
About
Help Center

Freedom of Information Act
Transportation Security Administration (TSA)
U.S. Department of Homeland Security (DHS)

Canceled Card List
Canceled Card List Integrity Hash
TWIC Qualified Reader List



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#### \* Required Fields

## Please enter your information below.

**Note:** At this time, only U.S. citizens, U.S. Nationals and Lawful Permanent Residents (LPR) are eligible for the application.

\* Country of Birth



\* City of Birth

\* Country of Citizenship



Programs
About
Help Center
Contact Us

Privacy Policy
Freedom of Information Act
Transportation Security Administration (TSA)
US Department of Homeland Security (DHS

Concelled Card List
Concelled Card List Integrity Hash
TWIC Qualified Recycler List



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# \* Required Fields US Metric \* Height feet ft inches in \* Weight pounds lbs \* Eye Color \* Hair Color -- Choose One ---- Choose One --**\$ \$**

Programs About Help Center Privacy Policy Freedom of Information Act Transportation Security Administration (TSA U.S. Department of Homeland Security (DH) Concelled Card List
Cancelled Card List Integrity Hash
TWIC Qualified Reader List





Enter Address			* Required Fi
Please enter your information below.	hen click 'Next' to co	ntinue or 'Cancel' to exit.	
- Mailing Address			
* Country			
United States		<u>*</u>	
* Address Line 1			
2110 McGavock Pike			
Address Line 2			
* City			
Nashville			
* State/Province		* Postal Code	
Tennessee	•	37214	
* Country United States		•	
* Address Line 1			
15 Century Blvd			
Address Line 2			
* City			
Nashville			
* State/Province		* Postal Code	

Programs About Help Cente Privacy Policy
Freedom of Information Act
Transportation Security Administration (TSA
US. Department of Homeland Security (DHS

Canceled Card List
Canceled Card List Integrity Hash
TWIC Qualified Reader List





If you need to upload any additional documentation about yourself, such as updated identity, citizenship, or lawful permanent resident information, please do so below.

UPLOAD DOCUMENT	
Document*	Choose File No file chosen
Document Type*	Select Document Type
Comment	
	UPLOAD CANCEL

Programs
About
Help Center
Contact Us

Privacy Policy
Freedom of Information Act
Transportation Security Administration (TSA
U.S. Department of Homeland Security (DHS

Canceled Card List
Canceled Card List Integrity Hash
TWIC Qualified Reader List



Espanol

If you need to update information about your photo identification, such as a passport, driver's license, or permanent resident card, please do so below.

* Document Type	
Choose One	<b>\$</b>
* Document Number	
* Document Expiration Date	
* Document Expiration Date	



Please answer the guestions below. Then click 'Next' to continue or 'Cancel' to exit. \* Required Fields

**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, because you are currently under indictment or have open criminal charges, you should consider waiting to apply until these matters are resolved. Application enrollment 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 TSA Eligibility Requirements, 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 TSA Eligibility Requirements, 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 TSA Eligibility Requirements, 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 TSA Eligibility Requirements, 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?

Yes 
 No

Reflect Card List

YesNo

YesNo

YesNo





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 TSA Pre√° Application 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 TSA  $Pre\checkmark$  Application Program by TSA.

Programs About Help Center Contact Us Privacy Policy Freedom of Information Act Transportation Security Administration (TSA) U.S. Department of Homeland Security (DHS Canceled Card List Canceled Card List Integrity Hash TWIC Qualified Reader List





# **Collect Payment**

TSA Preè ×



## **Choose Payment Method**

Credit Card

Check

○ <u>M</u>oney Order

Amount Due \$85.00

#### **Swipe Card**

We Accept









\* Name on Card

John Smith

\* Credit Card Number

4444657591231475

\* Expiration Date

\* CSC

08





152

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Developed By

MorphoTrust USA



**TSA PRE** √ ®

**⊘** You have successfully completed the online application.



Date: 09/05/2017@10:32 AM Customer: UNASSIGNED KTN: UZZY1YZ4KG UE ID: Services \$85.00 TSA PRE **√**® - Enroll \$85.00 SubTotal: \$85.00 Total: Payment Credit Card ending in (1898) \$85.00

#### Credit Card Authorization

\$85.00

By signing, I authorize MorphoTrust USA and/or their agents to charge my credit card for service(s) performed and/or products purchased. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Programs About Help Center

Amount Paid:

Privacy Policy
Freedom of Information Act
Transportation Security Administration (TSA
US. Department of Homeland Security (DHS

Concelled Card List
Concelled Card List Integrity Has
TWIC Qualified Reader List

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