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TSA Pre ✓ <sup>®</sup> 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 with TT followed by seven letters and/or numbers

\* Last Name

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

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

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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.

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#### Programs/ TSA Pre 🗸 Renewal / Apply

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

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	Verify Email
Country Code	Phone 1
United States (+1)	
Country Code	Phone 2
United States (+1)	
Preferred Method of Contact * Preferred Language	
Email	

X Cancel

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\* Required Fields

Espanol





\* Required Fields

## Espanol

## Please enter your information below.

Note: At this time, only U.S. citizer	s, U.S. Nationals an	nd Lawful Permanent Residents (LPF	<b>(</b> )
are eligible for the application.			

## \* Country of Birth

Choose One	
------------	--

\* City of Birth

\* Country of Citizenship

-- Choose One --

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

Yes O No

Yes O No \* Have you lived at your current residential address for more than five (5) years?

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Conceled Card List





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\* Required Fields

US Metric			
* Height			
feet	ft	inches	in
* Weight			,
pounds	lbs		
Hair Color		* Eye Color	
Choose One	\$	Choose One	\$

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# HOME PROGRAMS ABOUT HELP CENTER

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## \* Required Fields Enter Address Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit. Mailing Address \* Country United States ٠ \* Address Line 1 2110 McGavock Pike Address Line 2 \* City Nashville \* State/Province \* Postal Code • 37214 Tennessee

Residential Address		
* Country		
United States	*	
Address Line 1		
15 Century Blvd		
Address Line 2		
* City		
Nashville		
* State/Province	* Postal Code	

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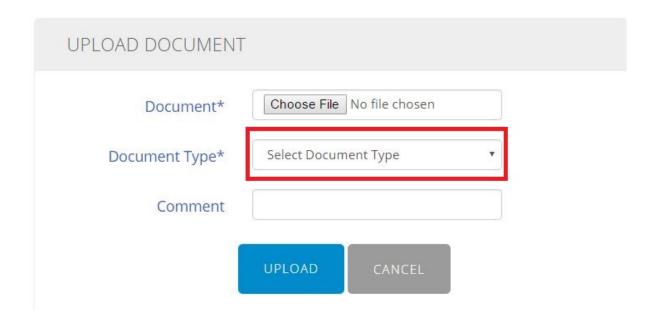
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If you need to upload any additional documentation about yourself, such as updated identity, citizenship, or lawful permanent resident information, please do so below.



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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

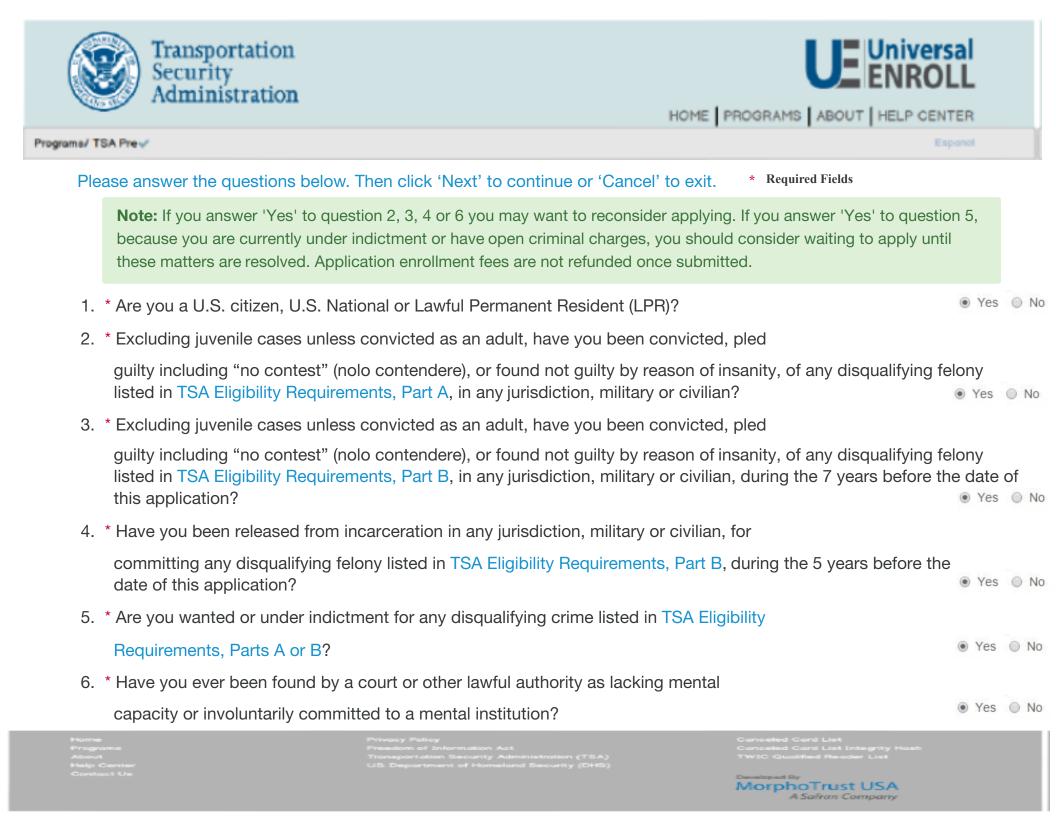
-- Choose One --

\* Document Number

\* Document Expiration Date

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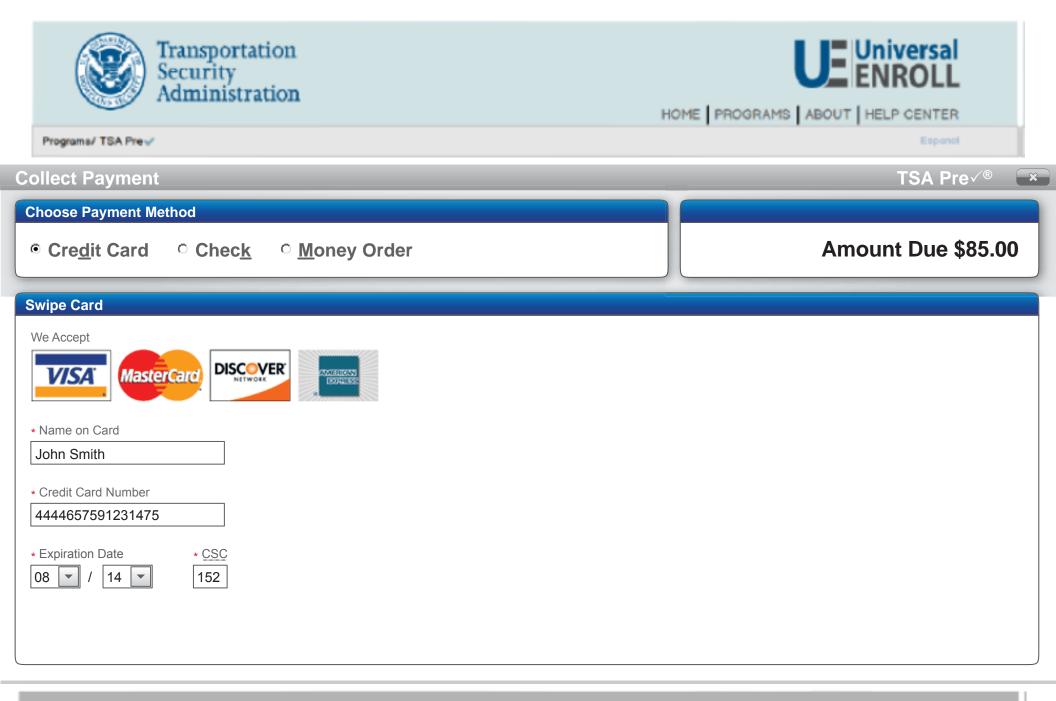
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I understand my continuing obligation to notify TSA within 24 hours if I am convicted or found not guilty by reason of insanity of any disqualifying crime, or adjudicated as a mental defective or committed to a mental institution, while I am enrolled in the TSA  $Pre \sqrt{*}$  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 Preè Application Program by TSA.

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TSA PRE  $\checkmark$  ®

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

# UE Universal ENROLL

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

Credit Card Authorization 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.

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