



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

*Specialized Template for
Information Collections (IC) and Forms*

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number: TSA Forms 412 and 417

Form Title: TSA Form 412 – Travel Support Request
TSA Form 417 – Screening Assistance Request

Component: Transportation Security Administration (TSA) **Office:** Military Severely Injured Joint Support Operations Center/Travel Protocol Office

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title: Military Severely Injured Joint Support Operations Center (MSIJSOC) and Travel Protocol Office (TPO) Programs

OMB Control Number: 1652-NEW **OMB Expiration Date:** Click here to enter a date.

Collection status: New Collection **Date of last PTA (if applicable):** Click here to enter a date.

PROJECT OR PROGRAM MANAGER

Name: Daryush Mazhari
Office: OSO **Title:** Branch Manager
Phone: 703-603-1560 **Email:** Daryush.Mazhari@tsa.dhs.gov

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name: Kenneth Corgan
Office: ORCA **Title:** Program Analyst
Phone: 571-227-3330 **Email:** Kenneth.corgan@tsa.dhs.gov



SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*

If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

The purpose of this collection is to enable TSA personnel to assist through airport security screenings severely injured or disabled active-duty service members and veterans; US accredited ambassadors; foreign dignitaries; and others whose presence at a screening checkpoint may pose undue risk or distraction to other travelers and the screening process.

b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

Under the Aviation & Transportation Security Act (PL 107-71) TSA is responsible for security in all modes of transportation including screening operations for passenger air transportation and for carrying out such other duties relating to the transportation security as it considers appropriate.

The Helping Heroes Fly Act (P.L. 113-27) directs TSA to “develop and implement a process to support and facilitate the ease of travel and to the extent possible provide expedited passenger screening services for severely injured or disabled members of the Armed Forces and severely injured or disabled veterans through passenger screening.”

2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



<p>b. From which type(s) of individuals does this form collect information? <i>(Check all that apply.)</i></p>	<p><input checked="" type="checkbox"/> Members of the public</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input checked="" type="checkbox"/> Non-U.S. Persons. (Form 412 only) <p><input type="checkbox"/> DHS Employees</p> <p><input type="checkbox"/> DHS Contractors</p> <p><input type="checkbox"/> Other federal employees or contractors.</p>
<p>c. Who will complete and submit this form? <i>(Check all that apply.)</i></p>	<p><input type="checkbox"/> The record subject of the form (e.g., the individual applicant).</p> <p><input type="checkbox"/> Legal Representative (preparer, attorney, etc.).</p> <p><input type="checkbox"/> Business entity.</p> <p style="padding-left: 40px;">If a business entity, is the only information collected business contact information?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 80px;"><input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input checked="" type="checkbox"/> DHS employee or contractor.</p> <p><input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i></p> <p>Click here to enter text.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input type="checkbox"/> Paper.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet)</p> <p><i>Provide link:</i></p>
<p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>	
<p>TSA Form 412: Passenger’s Full Name; Official Title; Nationality (for foreign dignitaries); Passenger’s Travel Coordinator Name and Title; Passenger’s Travel Coordinator Email and Phone Number; Complete Flight Itinerary (Dates and Times of Travel; Airline; Flight</p>	



Number; Departure & Arrival Airport); First and Last Names and additional traveling passengers; the Number of Family Members and Staff Members in traveling party.

TSA Form 417: Passenger's Name; Branch of Service; Rank; Phone Number/s; Email Address; Names and Number of Adults and Children in traveling party; Passenger's Case Manager Name and Phone Number; Complete Flight Itinerary (Dates and Times of Travel; Airline; Flight Number; Departure & Arrival Airport); and special traveling needs.

f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? *Check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Social Security number | <input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI) |
| <input type="checkbox"/> Alien Number (A-Number) | <input type="checkbox"/> Social Media Handle/ID |
| <input type="checkbox"/> Tax Identification Number | <input type="checkbox"/> Known Traveler Number |
| <input type="checkbox"/> Visa Number | <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) |
| <input type="checkbox"/> Passport Number | <input type="checkbox"/> Driver's License Number |
| <input type="checkbox"/> Bank Account, Credit Card, or other financial account number | <input type="checkbox"/> Biometrics |
| <input type="checkbox"/> Other. <i>Please list:</i> | |

g. List the **specific authority** to collect SSN or these other SPII elements.

NA

h. How will this information be used? What is the purpose of the collection? Describe **why** this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.

NA

i. Are individuals provided notice at the time of collection by DHS (*Does the records subject have notice of the collection or is*

- Yes. Please describe how notice is provided. Information is collected directly from the travelers or their representative when they voluntarily contact the Travel Protocol Office for assistance.
- No.



<i>form filled out by third party)?</i>	
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3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Local Travel Protocol Program Office Network Drive <input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.
b. If electronic, how does DHS input the responses into the IT system?	<input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. Electronic forms are completed by TPO personnel and saved to local drive. <input type="checkbox"/> Automatically. Please describe. Click here to enter text.
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?	<input checked="" type="checkbox"/> By a unique identifier. ² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Forms are retrieved by name of traveler and date of travel. <input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> Click here to enter text.
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	Forms older than three years from the travel date are deleted in accordance with NARA N1-560-10-001, Item 5/TSA File Code 5000.26.

² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>Network folder is reviewed annually and forms older than three years are deleted.</p>
<p>f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i></p>	
<p><input checked="" type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. This information is shared with arrival & departure airports to coordinate screening assistance.</p> <p><input type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> No. Information on this form is not shared outside of the collecting office.</p>	



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Jennifer L. Schmidt
Date submitted to component Privacy Office:	July 31, 2017
Date submitted to DHS Privacy Office:	August 14, 2017
Have you approved a Privacy Act Statement for this form? (<i>Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.</i>)	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. See below. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
<p>Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i></p> <p>TSA Privacy Office recommends approval of this PTA. SORN coverage is provided by DHS/TSA-001, Transportation Security Enforcement Record System (TSERS). PIA coverage is provided by DHS/TSA/PIA-043, Travel Protocol Office Program.</p> <p>Privacy Act Statement to be included on both Forms 412 & 417:</p> <p>AUTHORITY: 49 USC § 114(f)(15); 49 USC § 44927. PRINCIPAL PURPOSE(S): This information is used to coordinate and provide airport security screening assistance to eligible travelers. ROUTINE USE(S): This information may be shared in accordance with the Privacy Act of 1974, 5 USC § 552(a), or for routine uses identified in the TSA system of records, DHS/TSA-001, Transportation Security Enforcement Record System. DISCLOSURE: Furnishing this information is voluntary; however, failure to provide the requested information may prevent TSA from providing assistance through airport security screenings to eligible travelers.</p>	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Sean McGuinness
PCTS Workflow Number:	1148733
Date approved by DHS Privacy Office:	August 16, 2017
PTA Expiration Date	August 16, 2020

DESIGNATION

Privacy Sensitive IC or Form:	Yes If "no" PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	DHS PRIV has not received this ICR/Form.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	Choose an item. Privacy Act Statement approved concurrently with this PTA
PTA:	No system PTA required. Click here to enter text.
PIA:	System covered by existing PIA



	<p>If covered by existing PIA, please list: DHS/TSA/PIA-043 Travel Protocol Office Program</p> <p>If a PIA update is required, please list: Click here to enter text.</p>
<p>SORN:</p>	<p>System covered by existing SORN</p> <p>If covered by existing SORN, please list: DHS/TSA-001 Transportation Security Enforcement Record System December 9, 2013, 78 FR 73868</p> <p>If a SORN update is required, please list: Click here to enter text.</p>
<p>DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>DHS Privacy Office finds that the TSA forms, TSA Form 412 – Travel Support Request and TSA Form 417 – Screening Assistance Request, are privacy sensitive as they collect PII from members of the public (U.S. citizens or lawful permanent residents and Non-U.S. Persons. PII from Non-U.S. Persons is collected on TSA Form 412 only).</p> <p>The purpose of these forms is to collect necessary PII to provide expedited passenger screening services for severely injured or disabled members of the Armed Forces and severely injured or disabled veterans and foreign dignitaries through passenger screening.</p> <p>PRIV agrees with TSA Privacy that PIA coverage is provided under DHS/TSA/PIA-043 Travel Protocol Office Program. DHS/TSA/PIA-043 outlines how the TSA Travel Protocol Office (TPO) supports and facilitates the movement of eligible travelers (in this case members of the U.S. Armed forces or Veterans that have been severely injured or disabled and foreign dignitaries) whose presence at a security screening checkpoint may distract other travelers and/or reduce the efficiency of the screening process. It is TSA’s prerogative to collect limited PII on these individuals in order to facilitate airport transit and to conduct security screening operations.</p> <p>PRIV agrees with TSA Privacy that SORN coverage is provided under DHS/TSA-001 Transportation Security Enforcement Record System. DHS/TSA-001 outlines how TSA maintains an enforcement and inspections system for all modes of transportation for which TSA has security-related duties and to maintain records related to the investigation or prosecution of violations or potential violations of Federal, State, local, or international criminal law.</p> <p>A Privacy Act Statement is required as this form collects PII via personal identifier. The Privacy Act Statement is being approved concurrently with this PTA. PRIV understands that both forms are still in draft and do not currently have the Privacy Act Statement on</p>	



**Homeland
Security**

Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
202-343-1717, pia@hq.dhs.gov
www.dhs.gov/privacy

them. The Privacy Act Statement must be added to both forms before they can be used for this program.