

DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration

**TRAVEL SUPPORT REQUEST**

**INSTRUCTIONS:** Complete all applicable fields for request consideration. Reference Office of Security Operations Administrative Directive, Travel Protocol Office. The Transportation Security Operations Center (TSOC) will retain the record and the Airport will retain a copy in accordance with the TSA Records Disposition Schedules.

**SECTION I. Passenger Information**

Request Date	<input type="text"/>	Name (first, middle, last )	<input type="text"/>		
Internal Control No.	<input type="text"/>	Official Title	<input type="text"/>	Country	<input type="text"/>
Traveler Coordinator Name	<input type="text"/>			Title	<input type="text"/>
Email	<input type="text"/>	Phone Number	<input type="text"/>	Itinerary Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION II. Passenger Flight Information**

Airline and Flight Number <input type="text"/>	Departure Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Arriving Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Airline and Flight Number <input type="text"/>	Departure Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Arriving Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Airline and Flight Number <input type="text"/>	Departure Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Arriving Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Airline and Flight Number <input type="text"/>	Departure Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Arriving Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Previous editions of this form are obsolete.

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**SECTION III. Traveling Party Members**

Number of Family	<input type="text"/>	Number of Staff	<input type="text"/>
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**SECTION IV. Additional Passengers** (provide first and last names of all additional traveling passengers.)

**SECTION V. TSA Travel Protocol Office Contact Information**

Telephone: 703-603-0503	Fax: 703-603-1558	Email: <a href="mailto:tsa.tpo@tsa.dhs.gov">tsa.tpo@tsa.dhs.gov</a>	TSA TPO Liaison	<input type="text"/>
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**SECTION VI. Notes**

**Privacy Act Statement:** 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 USES(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.

**Paperwork Reduction Act Statement:** The collection involves the submission of travel information to Transportation Security Administration to provide wounded warrior, severely injured military personnel, and certain other travelers with assistance through the airport security screening process. This is a voluntary collection. It is estimated that the total average burden per response associated with this collection is approximately 5 minutes. 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.