

Workstation Enrollment

Enter Customer Information

Enrolling Under

*First Name

HME

*Middle Name

NMN

*Last Name

Enrollment

Suffix



*Gender

Male

*Date of Birth

02/24/1983

February 24, 1983

Contact

*Preferred Language

English

*Method of Contact (At least one method is required)

Email

.....

Email (Confirm)

Country Code

United States (+1)

Phone 1

- -

Country Code

United States (+1)

Phone 2

- -

*Preferred Method of Contact

Email

Back

Next



Select Program



OR - Enter Service Code

HME

Select Customer Service

Enroll

*CDL State of Issuance

Alabama

Back

Next

Important Notes**IMPORTANT!**

1. If you have a record of any crimes identified in the criminal disqualifiers list, you may not wish to apply for the HME application program, as NO REFUNDS will be given for applicants who have been deemed ineligible.
2. Enrollment for HME is available only for participating states.
3. Once payment has been submitted as part of your HME enrollment, NO REFUNDS will be provided, regardless of the eligibility assessment outcome.
4. Reduced fee (comparable) enrollments must be executed on the web at universalenroll.dhs.gov.

Waiting for Customer Response...

Back

Next

Privacy Act and Paperwork Reduction Act Statements

PRIVACY ACT STATEMENT

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use your information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System, or DHS/TSA 021, TSA Pre✓® Application Program for applicants to that program. Records may be disclosed to contractors and their agents,

Page Down Using Key Pad

3 Page Down 9 Page Up

Back

Begin

Information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(5) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System, or DHS/TSA 021, TSA Pre✓® Application Program for applicants to that program. Records may be disclosed to contractors and their agents, grantees, experts, consultants, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for DHS, when necessary to accomplish an agency function related to this system of records. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

PAPERWORK REDUCTION ACT STATEMENT

Statement of Public Burden: This is a voluntary collection of information, but failure to provide the information may result in an inability to approve your eligibility for the requested TSA program or benefit. TSA estimates that the total average burden per response associated with this collection for enrollment is approximately 30 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 for this collection is OMB 1652-0027, which expires 11/30/2018.

Determine Citizenship

*Country of Birth

United States ▼

*City of Birth

Nashville

*State/Province of Birth

Alabama ▼

*Country of Citizenship

United States ▼

Waiting for Customer Response...

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

Determine Documents

*Document

Driver's License issued by a State or outlying possession of the U.S. ▾

*Additional Document

Passport Book or Card ▾

* Does the name you are enrolling under match on all documents provided?

Yes No

Required Identity Documents:

- * Driver's License issued by a State or outlying possession of the U.S.
- * Passport Book or Card

Optional Identity Documents:

[Back](#)

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

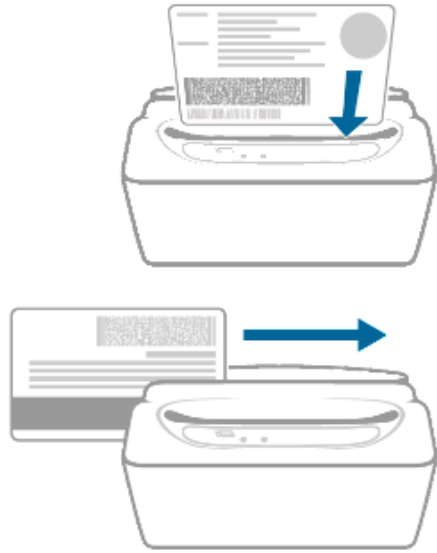
Survey

Submit

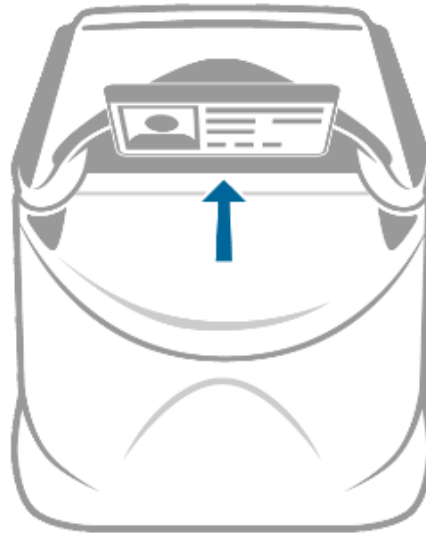
[Next](#)

Dip Then Scan Document Driver's License issued by a State or outlying possession of the U.S.

1 Dip or Swipe document



2 Scan by inserting document face down, bottom first



*Document Number

Issuance Date

*Expiration Date

*Country of Issue

United States ▾

*State/Province of Issue

▾

Standard Comments:

Additional Comments:

Flatbed Scan

[Back](#)

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

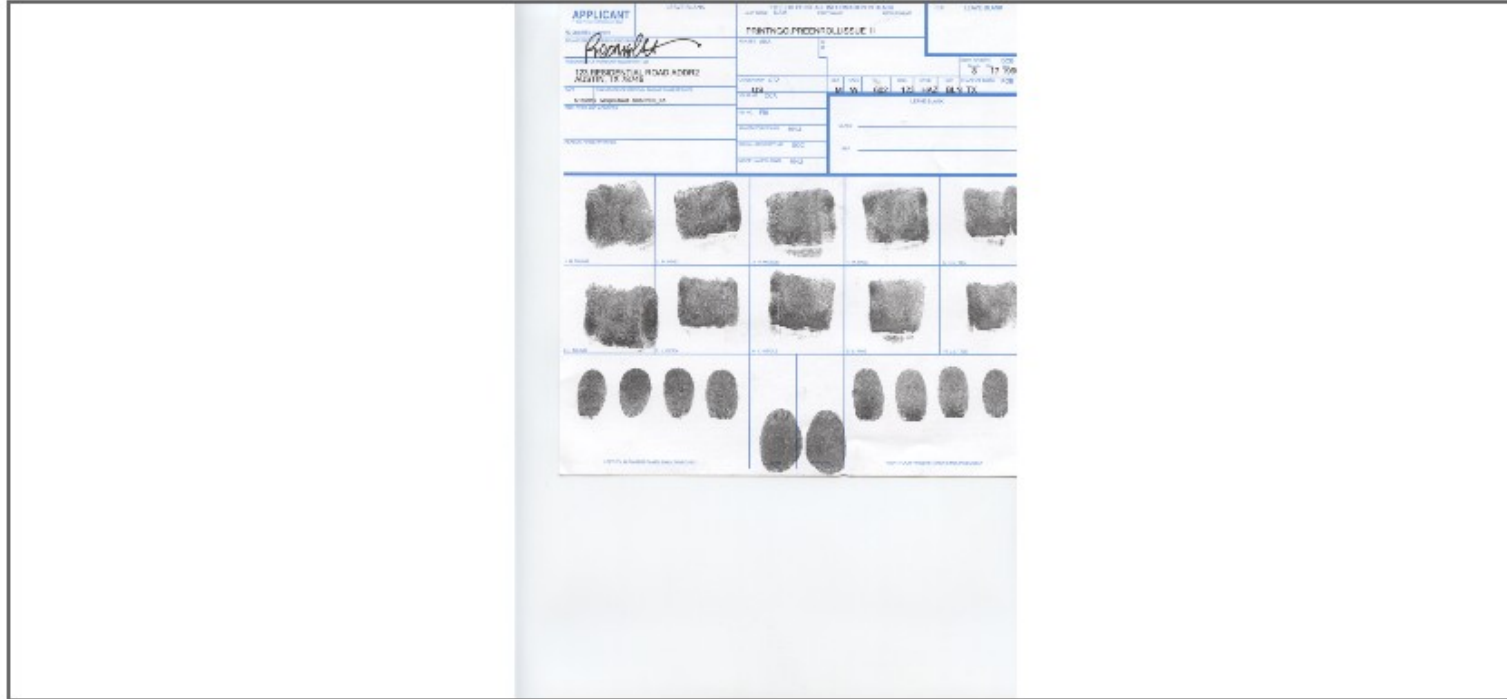
Signature

Survey

Submit

[Next](#)

✔ Accepted Driver's License issued by a State or outlying possession of the U.S.



*Document Number

3216549

Issuance Date

01/01/2001

January 01, 2001

*Expiration Date

01/01/2020

January 01, 2020

*Country of Issue

United States

*State/Province of Issue

Alabama

Standard Comments:

Additional Comments:

Flatbed Scan

Back

Identity Biographics Fingerprints Disclosure Fee Payment Signature Survey Submit

Next



Answer Personal Questions

1. Have you ever used a maiden/previous name? Yes No
2. Have you ever used an alias? Yes No
3. Is your mailing address the same as your residential address? Yes No
4. Have you lived at your current residential address for more than five (5) years? Yes No

1 = Yes **2** = No **7** = Move back to previous question

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

Enter Personal Information

*First Name

*Middle Name

*Last Name

Suffix

*Date of Birth

*Gender

US Metric

*Height

 ft in

*Weight

 lbs

*Hair Color

*Eye Color

Social Security Number

Social Security Number

[Back](#)

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

[Next](#)

Enter Mailing Address

*Country

United States

*Address Line 1

123 Fake St

Address Line 2

*City

Springfield

*State/Province

Missouri

*Postal Code

37128

Waiting for Customer Response...

Back

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

Enter Employment Information

*Employment Status

Pre-Employment/Unemployed ▾

*Occupation or Trade

Federal Government Employee ▾

Waiting for Customer Response...

Back

Identity

Biographics

Fingerprints

Disclosure

Fee

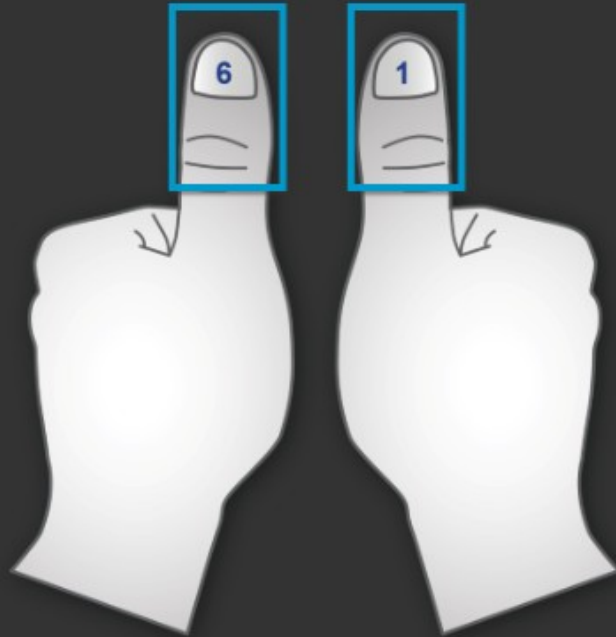
Payment

Signature

Survey

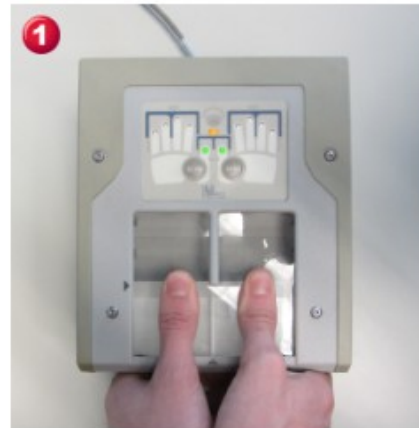
Submit

Next



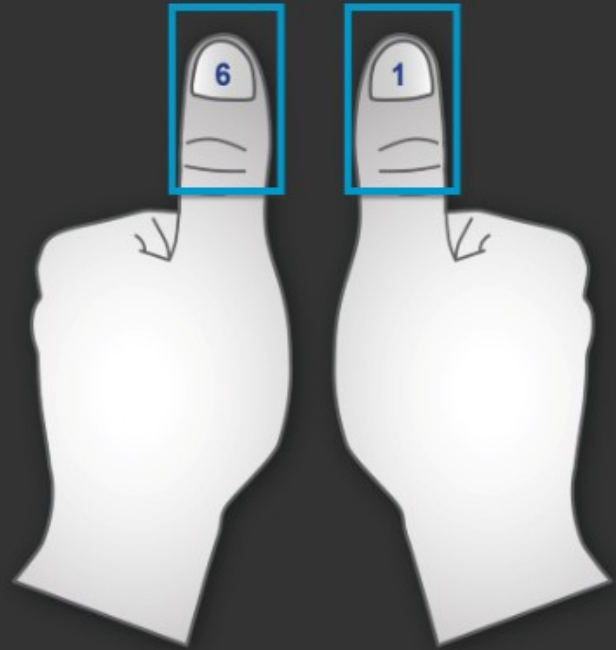
Place Thumbs on Device

1. Warming thumbs will improve print quality.
2. Have customer stand and place thumbs on glass. Thumbs must be straight.
3. When ready, click 'Capture' to begin.
4. LEDs Will change from red to green when finger contact and image contrast is acceptable.
5. If thumb is unprintable, toggle thumb as bandaged.
6. Bandaging both thumbs is not allowed.

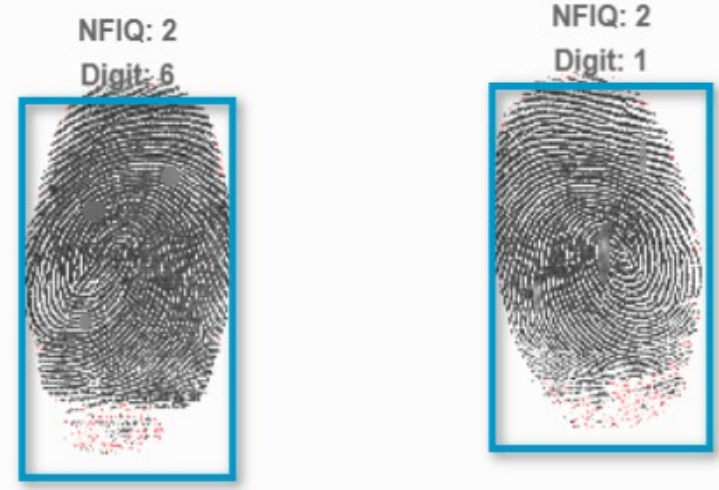


Capture

Comment:



✔ Accepted

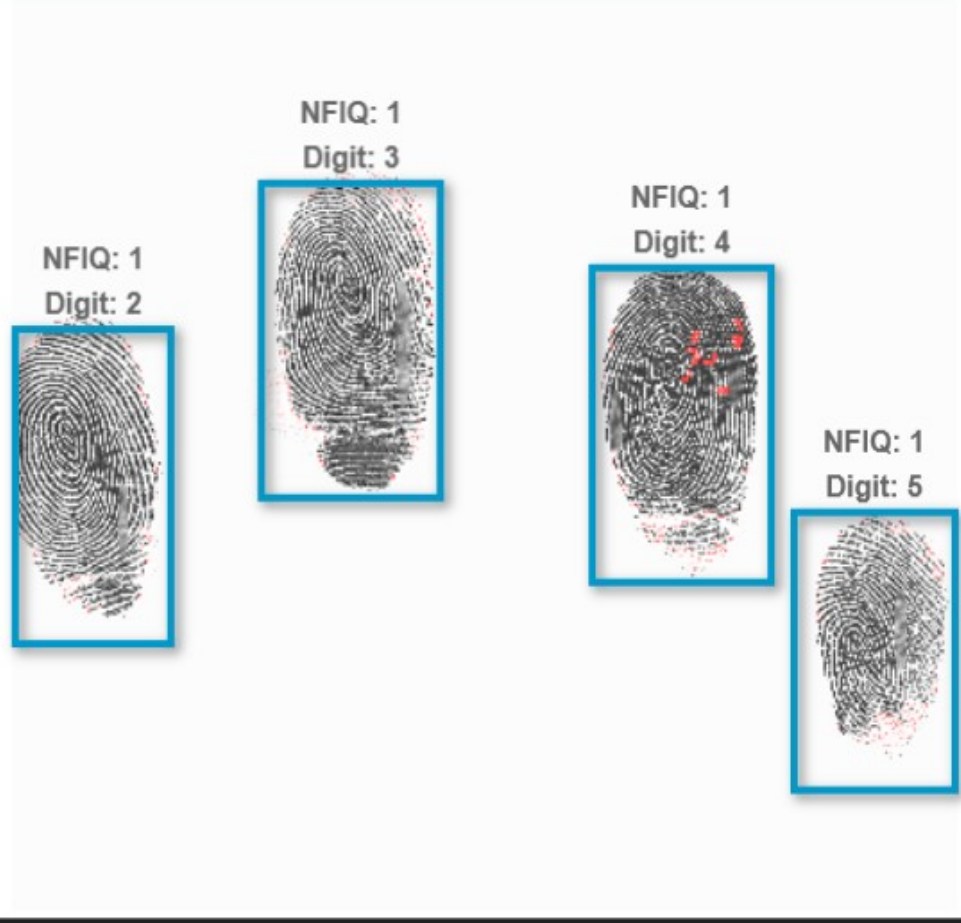


Recapture

Comment:



Accepted



Recapture

Comment:

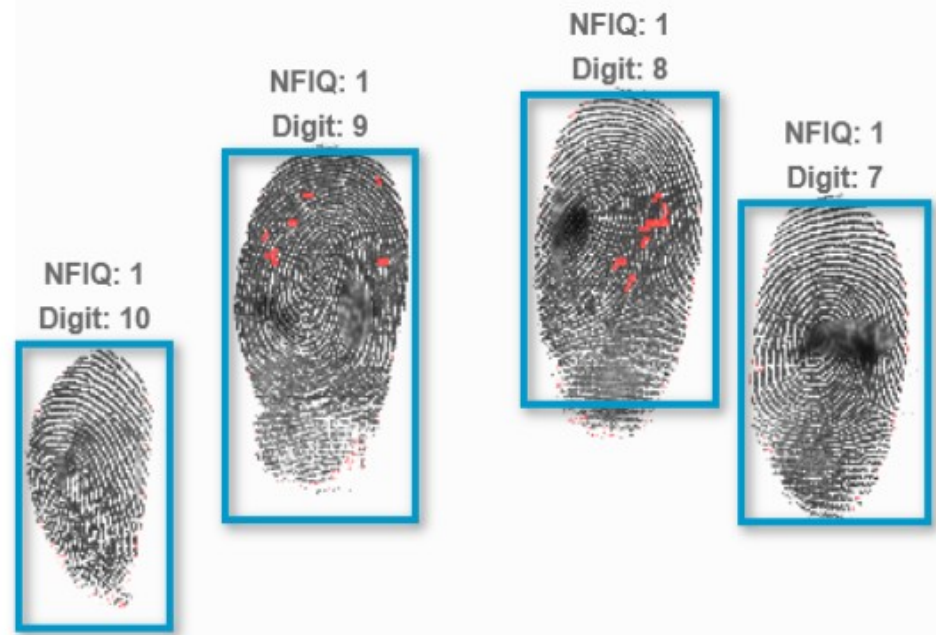
Back

Identity > Biographics > **Fingerprints** > Disclosure > Fee > Payment > Signature > Survey > Submit

Next



Accepted



Recapture

Comment:

Back

Next

Answer Disclosure Questions (Page 1 of 2)

Note: If you answer 'Yes' to questions 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)?

Yes No

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?

Yes No

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?

Yes No

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?

Yes No

5. Are you wanted or under indictment for any disqualifying crime listed in TSA Eligibility Requirements, Parts A or B?

Yes No

1 = Yes **2** = No **7** = Move back to previous question

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

Answer Disclosure Questions (Page 2 of 2)

Note: If you answer 'Yes' to questions 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.

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

1 = Yes **2** = No **7** = Move back to previous question

[Back](#)

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

[Next](#)

Calculate Total Fee

\$86.50 - Full Fee (Security Threat Assessment expires in approximately 5 years) **\$86.50**

Authorization Code

Apply

Non-Refundable Amount Due: \$86.50

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

Choose Payment Method

Credit Card Check Money Order

Non-Refundable Amount Due: \$86.50

Swipe Card

We Accept:



*Name on Card

*Credit Card Number

*Expiration Date

 /

*CSC

Cardholder other than the Applicant

Charge

Back

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

Choose Payment Method

- Credit Card
- Check
- Money Order

Non-Refundable Amount Due: \$86.50

Swipe Card

We Accept:



*Name on Card

HME Enrollment

*Credit Card Number

4111111111111111

*Expiration Date

02 / 20

*CSC

202

Cardholder other than the Applicant

 Credit Card ending in 1111 was successfully charged **\$86.50**

Charge

Next

Disclosure

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 Hazardous Material Endorsement Threat Assessment 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 Hazardous Material Endorsement Threat Assessment program by TSA.

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.

Applicant Signature

Comment:

 Translator used to interpret disclosure[Recapture](#)[Accept](#)

Answer Survey Questions

1. Are you satisfied with your overall experience at the enrollment center today?
2. If you experienced an issue that required a resolution, are you satisfied with the resolution?
3. Did the enrollment center representative(s) conduct themselves in a professional and courteous manner?
4. Are you satisfied with the enrollment center location and appearance?

1 = Yes **2** = No **7** = Move back to previous question

9 = Exit Questions

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

✔ Accepted

*PIN

Access



CONDIT, JEFFREY M.

Place Right Index or Left Middle finger on device.

By placing my finger on the device, I,
CONDIT, JEFFREY M., certify that the
information captured for
HME Enrollment
has been reviewed and verified.

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Submit

Summary

Services

HME - Enroll	\$86.50
SubTotal:	\$86.50
Total:	\$86.50

Payment

Credit Card ending in (1111)	\$86.50
Amount Paid:	\$86.50

Customer: HME ENROLLMENT
UE ID: UZZY-113B26
Auth #: ET100214
Date/Time: 11/23/2016@02:31 PM
Enrollment Location: UES Mobile Engineering (8203)
Notification Method: jcondit@morphotrust.com

Reprint

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Finish