# Intelligence and Analysis (IA) Program Management Division – Aviation Branch

# Alien Flight Student Program (AFSP)

## Provider Application Guide

Month 2019



# **Application for Training**

- **Applicants** must provide the following using the AFSP online portal for each training event:
  - □ Basic Information
    - name, gender, height, weight, DOB, eye color, hair color
  - Other Names
    - alias type: birth, Americanized, maiden, geographic, variations
  - ☐ *Citizenship Types (*current, dual, historical)
  - ☐ *Document Information* (current & all previous)
    - unexpired passport and visa, all airman certificate & type rating, permanent resident card, border crossing card, employment authorization card, all airman certificates & type ratings, US driver's license
  - ☐ *Address Information* (current, historical at least 5 years)
  - ☐ *Employment History (*current)
  - □ Dates and location for training
- Fingerprints required for training application approval
- Applicant must start training within 180 days from date request is accepted by provider
- Applicant must **complete** training within 365 days of date training request is approved

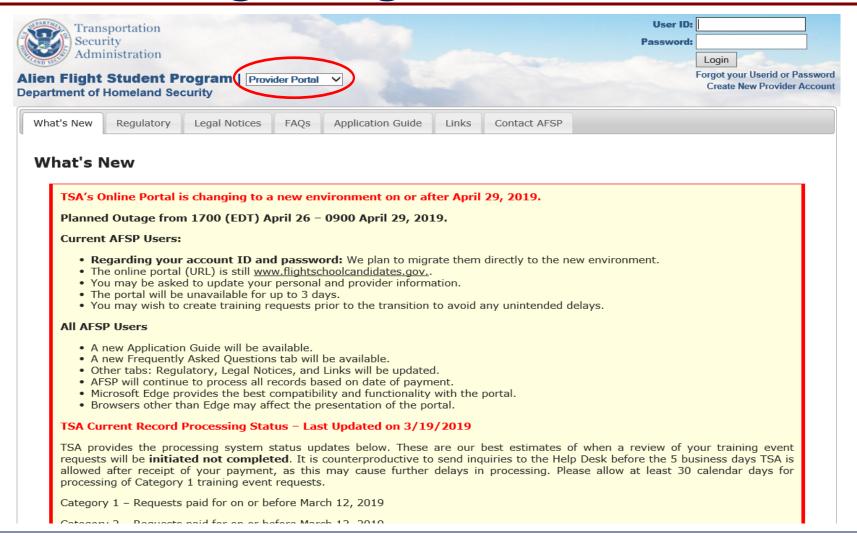


# Categories of Training

- Category 1: for applicant not eligible for expedited processing for flight training in the operation of aircraft with MTOW of 12,500 pounds or more
- Category 2: for applicant eligible for expedited processing for flight training in the operation of aircraft with MTOW of 12,500 pounds or more
- Category 3: for applicant applying for flight training in the operation of aircraft with MTOW of 12,500 pounds or less
- Category 4: for applicant requesting for recurrent training
  - Flight schools are required to submit similar training and identifying information for applicant in Category 4, but are not required to submit the applicant's fingerprints.

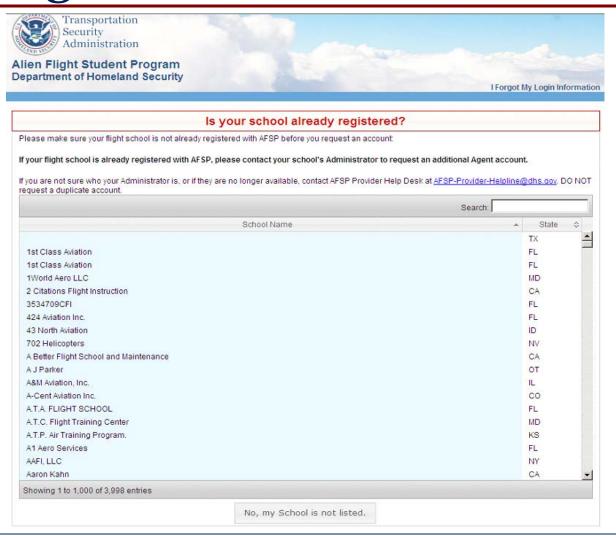


# Provider Login Page



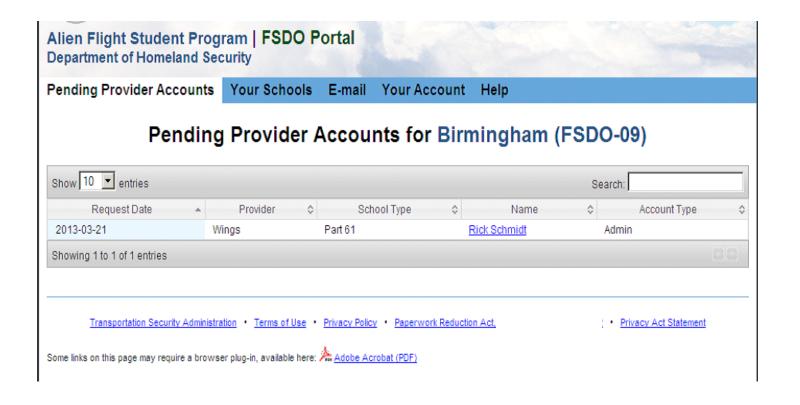


# Requesting AFSP Provider ID





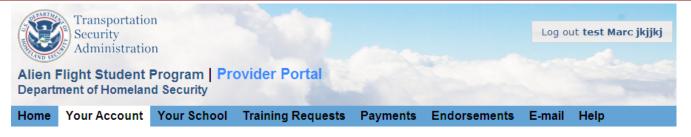
# **FSDO Request Confirmation**





# Flight Training Provider Activities within AFSP

# Initial AFSP Sign-in



AFSP has designed a new process to increase the security and usability of this website. You must now answer three security questions to personalize your account information. If you forget your login information and no longer have access to the e-mail address on file, you can change your e-mail address online after correctly answering the security questions.

If you choose not to answer these questions, you may log out from the the AFSP site. You may not be allowed to use the AFSP site until these questions are answered.

Website Security Questions						
Choose answers that you can easily remember.						
AFSP will not be able to supply these answers if you forget them. If you forget your login information and no longer have access to the e-mail address on file, you can now change your e-mail address online after correctly answering the security questions.						
In what city were you born?						
What is your favorite food?						
What is your favorite color?						
Submit Answers Cancel						

Transportation Security Administration • Terms of Use • Privacy Policy • Paperwork Reduction Act, 1652-0

Some links on this page may require a browser plug-in, available here: Adobe Acrobat (PDF)

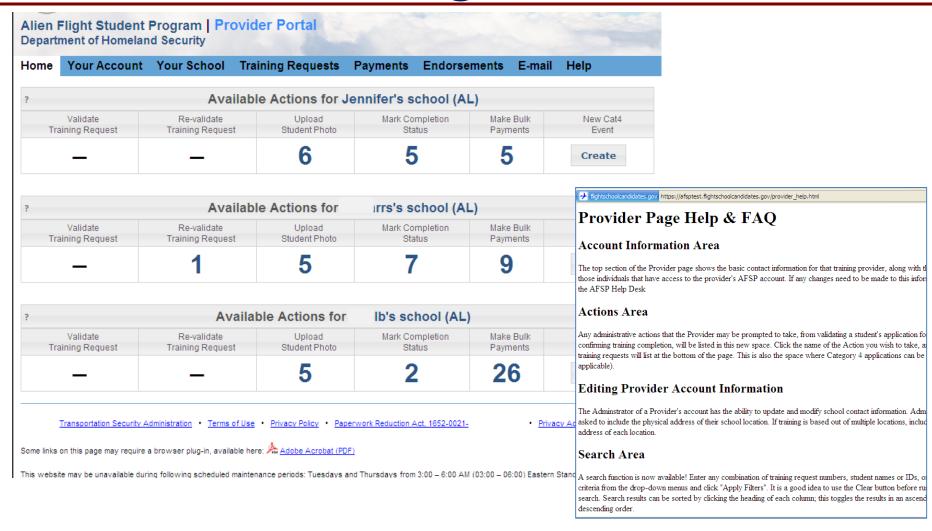
This website may be unavailable during following scheduled maintenance periods: Tuesdays and Thursdays from 3:00 - 6:00

If you do not already have an AFSP account, please send request for access to:

APSP-Provider-Helpline@dhs.gov

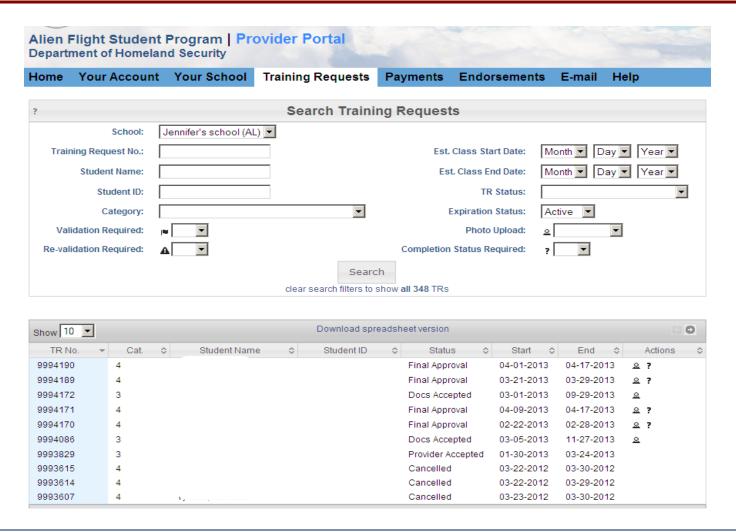


# Provider: Home Page



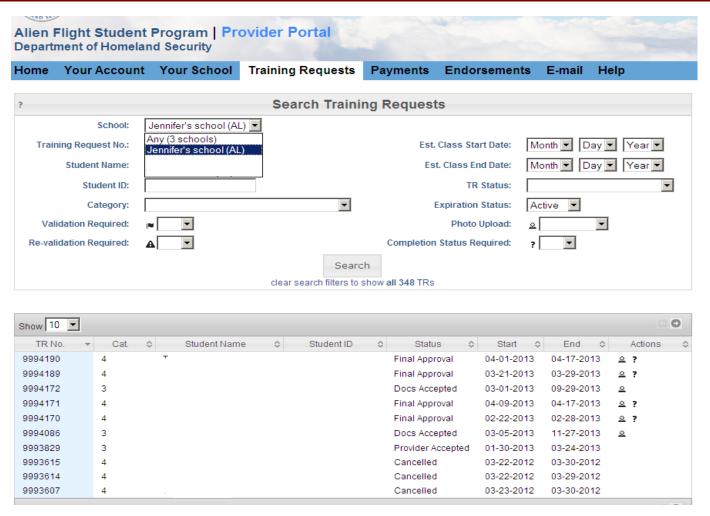


# **Provider: Training Requests**



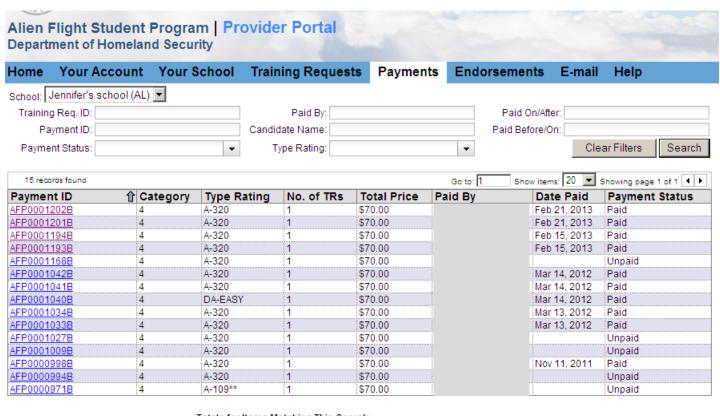


# Provider: Training Requests (cont.)





# **Provider: Payments**



Totals for Items Matching This Search:

	No. Paid	No. Unpaid	No. of TRs	Total Price
All Matching Items:	10	5	15	\$1050.00

Create a NEW Category 4 Training Event



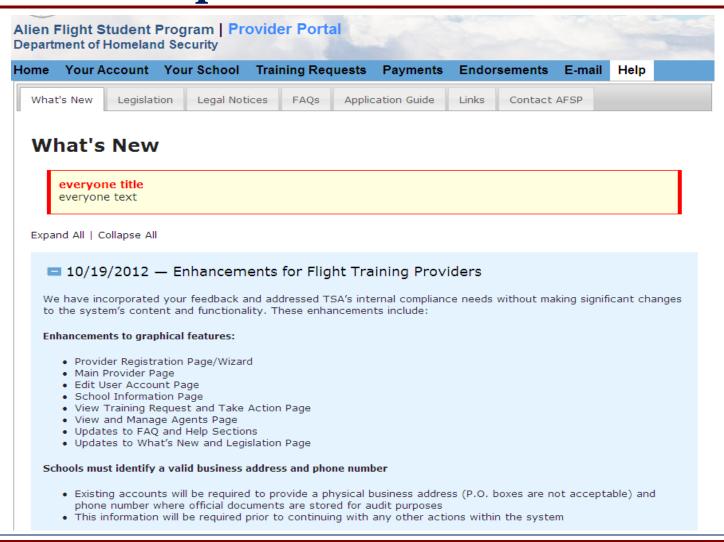
## **Provider: DOD Endorsements**

This tab only appears for providers who have received DOD Endorsements. The majority of providers will not have an Endorsements tab.





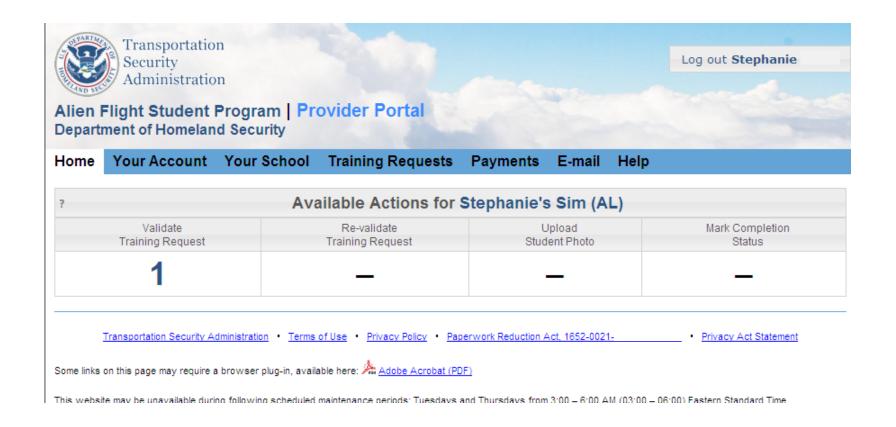
# Provider: Help





### **Provider Actions: Validate TR**

New provider with a TR just submitted to validate, click on the 1





## **Provider Actions Needed**

#### **Missing Information:**

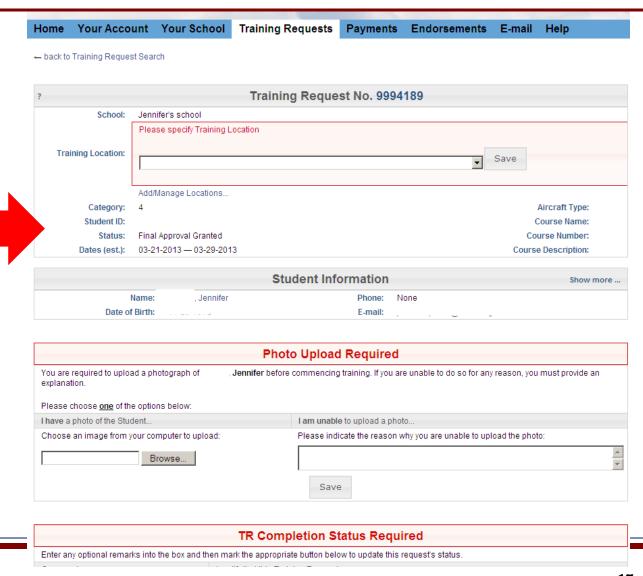
- Contact Info
- Training Location





## **Provider Actions Needed**

- Upload photo at start of training
- Change TR Status as needed
- Training dates ONLY estimates





# Paperwork Reduction Act

#### **Paper Reduction Act Statement**

The public reporting burden to complete this information collection is estimated at 5 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. TSA may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. The OMB control number assigned to this collection is 1652-0021, EXP. 03/31/2019. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to TSA/TSNM, 601 S 12th Street Arlington, VA 20598-6019 : ATTN: PRA (1652-0021).





# Privacy Act and Assertion of Data

#### PRIVACY ACT NOTICE

#### UNDER U.S. LAW, THE FOLLOWING NOTICE APPLIES ONLY TO U.S. CITIZENS AND U.S. PERMANENT RESIDENT ALIENS

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 the biographic 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 US-VISIT 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. 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.

#### INFORMATION VERIFICATION

- 1. Section 1001 of Title 18 of the U.S. Code provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison or both. By submitting this training request form, I am certifying that the information provided in each and every electronic entry on this training request form is true and complete to the best of my knowledge and ability.
- 2. I further certify that I am the individual whose name is on this training request form being submitted. I understand that this is a legally binding document, that my agreement (by clicking the box marked "I Agree" below the declaration against perjury which follows this paragraph) constitutes an electronic signature, and that any false, misleading, or incomplete statements by me in response to any part of this submission constitutes a violation of federal law and may lead to criminal prosecution or other legal action.
- I, Aundreacandidate -, hereby declare each time this training request form is submitted, including but not limited to 26-JUN-2015 09:11 PST (GMT-5), that the information entered on this training request form is true and correct.

Please enter today's date. (Format: MM-DD-YYYY)				06-26-2015
	I Agree	I Disagree		

