



Checkpoint Sign-In Log

INSTRUCTIONS: Those individuals authorized specialized screening in Chapter 1 of the Specialized Screening SOP must complete all applicable fields before entering a U.S. airport sterile area. An airport assigned LEO, TSA STSO, or designated TSA Representative may fill in the information; however, the individual authorized specialized screening must sign in the appropriate block. For questions or to provide feedback, please email TSA ScreeningSOPs@tsa.dhs.gov.

Airport: _____ Checkpoint: _____ Month: _____

Date	Full Name	Agency Name	Badge/Credential #	<input type="checkbox"/> Federal Officer	Airline/Flight#
Time	Agency Address			<input type="checkbox"/> State or Local LEO: <input type="checkbox"/> NLETS Flying Armed ID:	
TSA USE	Provided: Badge Credential Second Photo ID Airline Flying Armed Form Boarding Pass	Cell Phone Number	Agency Phone Number	<input type="checkbox"/> I am authorized to fly armed on official agency business. <input type="checkbox"/> I have an operational need to have my weapon accessible during this flight, in accordance with Title 49, C.F.R Part 1544.	Carrying: <input type="checkbox"/> Firearm
	TSA/SIDA Badge #	Supervisor/LEO/SIDA Badge #	Name of Individual Under Escort		<input type="checkbox"/> Knife (CBP only) <input type="checkbox"/> Electroshock Weapon
I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (See 18 U.S.C. 1001)		Signature		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not flying
Completed Required LEO Flying Armed Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Date	Full Name	Agency Name	Badge/Credential #	<input type="checkbox"/> Federal Officer	Airline/Flight#
Time	Agency Address			<input type="checkbox"/> State or Local LEO: <input type="checkbox"/> NLETS Flying Armed ID:	
TSA USE	Provided: Badge Credential Second Photo ID Airline Flying Armed Form Boarding Pass	Cell Phone Number	Agency Phone Number	<input type="checkbox"/> I am authorized to fly armed on official agency business. <input type="checkbox"/> I have an operational need to have my weapon accessible during this flight, in accordance with Title 49, C.F.R Part 1544.	Carrying: <input type="checkbox"/> Firearm
	TSA/SIDA Badge #	Supervisor/LEO/SIDA Badge #	Name of Individual Under Escort		<input type="checkbox"/> Knife (CBP only) <input type="checkbox"/> Electroshock Weapon
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Completed Required LEO Flying Armed Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
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Completed Required LEO Flying Armed Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

WARNING: This record contains Sensitive Security Information that is controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "need to know", as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in civil penalty or other action. For U.S. Government agencies, public disclosure is governed by 5 U.S.C. 552 and 49 CFR parts 15 and 1520.