## SENSITIVE SECURITY INFORMATION

Transportation Security Administration

This record will contain Sensitive Security Information (SSI) when completed

OMB number 1652-NEW Exp. xx/xx/xxxx

## **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 <a href="mailto:TSAScreeningSOPs@tsa.dhs.gov">TSAScreeningSOPs@tsa.dhs.gov</a>.

Airpo	ort:			Checkpoint:			Month:	
Date		Full Na	nme	Agency Name		Badge/Credential #	☐ Federal Officer	Airline/Flight#
Time Agency Ade			y Address				☐ State or Local LEO: ☐ NLETS Flying Armed ID:	-
TSA USE		adge Credential Second Photo ID g Armed Form Boarding Pass ge # Supervisor/LEO/SIDA Badge #		Cell Phone Number  Name of Individual Under E		ncy Phone Number	☐ I am authorized to fly armed on official agency business. ☐ I have an operational need to have my weapon accessible during this flight, in accordance with Title 49, C.F.R Part 1544.	Carrying:  Firearm  Knife (CBP only)
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			Other:  Completed Required LEO Flying Armed Training?	Electroshock Weapon  Not flying
Date	Date		me	Agency Name		Badge/Credential #	☐ Federal Officer	Airline/Flight#
Time Agency Address						State or Local LEO:  NLETS Flying Armed ID:		
TSA USE	Provided: Badge Credential Second Photo ID Airline Flying Armed Form Boarding Pass			Cell Phone Number Ager		ncy Phone Number	☐ I am authorized to fly armed on official agency business.	Carrying:
	TSA/SIDA Badge # Supervisor/LEO/SIDA Badge #		Name of Individual Under Escort			☐ I have an operational need to have my weapon accessible during this flight, in accordance with Title 49, C.F.R Part 1544.	☐ Knife (CBP only)	
	tement on this	form	knowing and willful false can be punished by fine or oth (See 18 U.S.C. 1001)	Signature			Other: Completed Required LEO Flying Armed Training? Yes No N/A	Electroshock Weapon  Not flying
Date Full Name			ame	Agency Name		Badge/Credential #	Federal Officer	Airline/Flight#
Time Agency Address						State or Local LEO:  NLETS Flying Armed ID:		
TSA USE	Provided: Badge Airline Flying Armed		Credential Second Photo ID Form Boarding Pass	Cell Phone Number Age		ncy Phone Number	☐ I am authorized to fly armed on official agency business.	Carrying:
	TSA/SIDA Badge #		Supervisor/LEO/SIDA Badge #	Name of Individual Under Escort			☐ I have an operational need to have my weapon accessible during this flight, in accordance with Title 49, C.F.R Part 1544.	☐ Knife (CBP only)
			nowing and willful false	Signature			Other:	<ul> <li>Electroshock</li> <li>Weapon</li> </ul>
sta			can be punished by fine or oth (See 18 U.S.C. 1001)				Completed Required LEO Flying Armed Training?	☐ Not flying

*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 Administrator 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.

TSA Form 413A (4/18) rev. [File: 400.7.5]

Previous editions of this form are obsolete

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