

SAC VISITOR REQUEST FORM

&

Foreign National Vetting Request

Screenshots

HOST - SAC VISITOR REQUEST FORM

Security Appointment Center (SAC) Visitor Request Form

Sponsors Dashboard

Hours of Operation

6:00 A.M. - 4:30 P.M. EST,
Monday-Friday, (excluding Federal Holidays)
Appointment Center Contact Information: (571) 227-3777
VISITOR CENTER CONTACT: (571) 227-2141

SPECIAL NOTICE FOR PUTTING IN GROUPS OF PEOPLE

THE APPOINTMENT CENTER REQUIRES A MINIMUM OF 4 BUSINESS DAYS TO PROCESS GROUP VISIT REQUESTS.

[Click to Learn Why We Ask for DOB/SSN](#)

 [Vetting of TSA Visitors -](#)

FEDS OF DHS OR OTHER FED GOV AGENCIES

PLEASE NOTE: IF YOUR VISITOR IS A FED WITH DHS, ONE OF ITS COMPONENTS, OR ANOTHER FEDERAL GOVERNMENT AGENCY THERE IS NO NEED TO OBTAIN DOB AND SSN FROM THEM. THE VISITOR CATEGORY DROPDOWN ON THE VISITOR FORM HAS 3 CATEGORIES. REVIEW THEM AND SELECT THE APPROPRIATE CATEGORY AS IT APPLIES TO YOUR VISITOR.

[New Online Visitor Request](#)

My Request(s)

Show entries Search:

Tracking Number	Visit Start	Location
+ 2020-01-22T10:21:55	01/22/2020 14:30:00	Metro Park

Showing 1 to 1 of 1 entries Previous Next

Please provide the following Privacy Act statement to visitors:

AUTHORITY: 40 U.S.C. § 1315; 41 C.F.R. Part 102-81; E.O. 9397.

PURPOSE: The information will be used to conduct screening checks to permit and maintain records of access to DHS facilities.


ROUTINE USES: The information requested on this form may be shared externally as a "routine use" to the Department of Justice Federal Bureau of Investigation and other government agencies as part of the screening process. A complete list of the routine uses can be found in the system of records notice, "Department of Homeland Security/ALL-024 Facility and Perimeter Access Control and Visitor Management System of Records."

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information, including SSN, is voluntary. However, failure to provide the information requested may result in being denied access to a DHS facility; failure to provide the SSN may prevent completion of screening.

VISIT AND HOST INFORMATION

Security Appointment Center (SAC) Visitor Request		OMB Control No. 1652-0068 Expires 11/30/2020
Today's Date: 2020-06-16		Form Completed By: ,
Visit Information	Host Information	
Select Type of Visit: <input checked="" type="radio"/> Single Day <input type="radio"/> Recurring		
Date of Visit: <input type="text"/>	First Name: <input type="text"/>	
Time of Visit: <input type="text"/> * <input type="text"/> * <input type="text"/> *	Last Name: <input type="text"/>	
Location of Visit: <input type="text"/> *	Host is: <input checked="" type="radio"/> Employee <input type="radio"/> Contractor	
<input type="button" value="Submit as a NEW request"/>	Email Address: <input type="text" value="hostname@tsa.dhs.gov"/>	
	Office Phone: <input type="text" value="###-###-####"/> *	
	Cell Phone: <input type="text" value="###-###-####"/>	
	Alt Host Name: <input type="text"/>	
	Alt Host Phone: <input type="text" value="###-###-####"/>	
Contractors must comply with the vetting requirements set forth in the Personnel Security policies and procedures prior to providing services to TSA under contract.		

DATE OF BIRTH (REQUIRED) & SOCIAL SECURITY # (VOLUNTARY)

First Name	Last Name	Agency, Company, or Airport	Law Enforcement Officer (LEO)?	Visitor Type	Visitor Details		
<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Visitor	Foreign National? <input type="radio"/> Y <input checked="" type="radio"/> N	Date Of Birth **/**/ <input type="text"/> * 	Social Security # ***_**- <input type="text"/> ###-##-####

FOREIGN NATIONAL INFORMATION

First Name	Last Name	Agency, Company, or Airport	Law Enforcement Officer (LEO)?	Visitor Type	Visitor Details			
JOH	DOE	TD OF ARUBA	<input type="radio"/> Yes <input checked="" type="radio"/> No	Visitor	Foreign National? <input checked="" type="radio"/> Y <input type="radio"/> N	Date Of Birth 6/16/2000	Passport # and Expiration Date A123456789	Country of Citizenship Aruba
					Gender Male	Position/Title *	Country of Birth Aruba	
					Classification Unclassified	Purpose *		

AUTHORITY, PURPOSE, ROUTINE USES, CONSEQUENCES OF FAILURE TO PROVIDE, PRA STATEMENT

ADD ANOTHER VISITOR

AUTHORITY: 40 U.S.C. § 1315; 41 C.F.R. Part 102-81; E.O. 9397.


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Paperwork Reduction Act Statement: Through this voluntary information collection, TSA is gathering information to facilitate your request for access to TSA facilities. It is estimated that the total average burden per response associated with this collection is approximately 0.01667 hours. 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 1652-0068, which expires 11/30/2020. 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 1652-0068.

SAC REQUEST FORM (PAPER)



Transportation
Security
Administration

PLEASE PRINT CLEARLY

OMB 1652-XXXX
EXP. XX/XX/XXXX

SAC Request Form

*Today's Date (mm/dd/yyyy): / /	
<input type="checkbox"/> *Single Day Visit	*Date of Visit (mm/dd/yyyy): / /
- OR -	*Date of Visit [from] (mm/dd/yyyy): / /
	*Date of Visit [to] (mm/dd/yyyy): / /
<input type="checkbox"/> *Recurring Visit	Host Email Address:
<input type="checkbox"/> All Days <input type="checkbox"/> Selected Days (check all that apply below)	*Host Office Phone Number: () -
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Host Cell Phone Number: () -
*Time of Visit (hh/mm): : :	

Contractors must comply with the vetting requirements set forth in the Personnel Security policies and procedures prior to providing services to TSA under a contract.

*First Name	*Last Name	*Agency/Company/Airport	*TSA Contractor?	*Law Enforcement Officer?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NON-PIV CARD HOLDER VISITOR DOB*:	MO DAY YEAR / /	NON-PIV CARD HOLDER SOCIAL SECURITY #*:	- -	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NON-PIV CARD HOLDER VISITOR DOB*:	MO DAY YEAR / /	NON-PIV CARD HOLDER SOCIAL SECURITY #*:	- -	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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