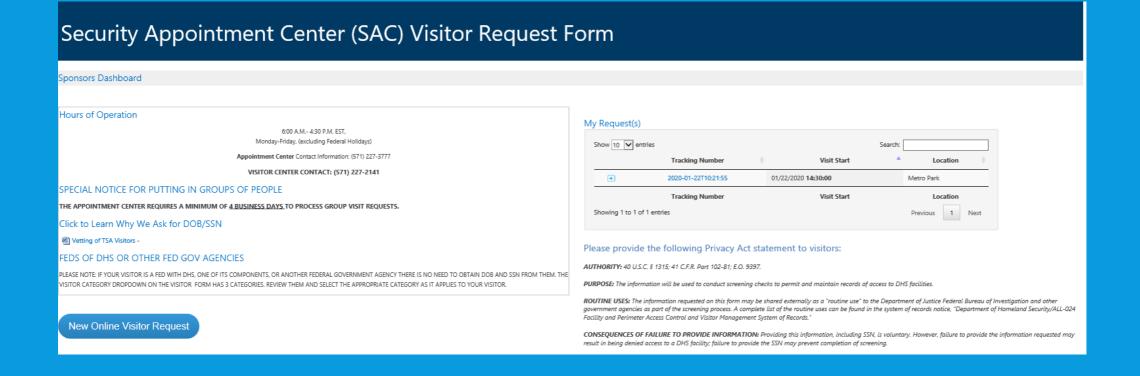
SAC VISITOR REQUEST FORM

&

Foreign National Vetting Request

Screenshots

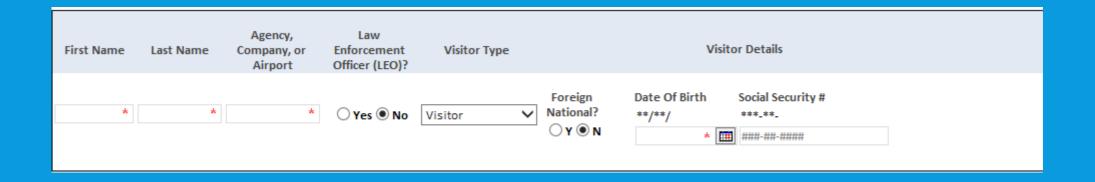
HOST - SAC VISITOR REQUEST FORM



VISIT AND HOST INFORMATION

Security Appoir Visito	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: ● Single Day ○ Recurring							
Date of Visit:	First Name:						
Time of Visit:	Last Name:						
V V V V	Host is:	● Employee ○ Contractor					
	Email Address:	hostname@tsa.dhs.gov					
Location of Visit: * V							
Escation of Visit	Office Phone:	***************************************					
Submit as a NEW request	Cell Phone:	###-###-####					
	Alt Host Name:						
	Alous and						
	Alt Host Phone:	###-###					
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)



FOREIGN NATIONAL INFORMATION



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.

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.

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)

*Today's Date (mm/dd/mm): / /				SAC Request Form		
□ *Single Day Visit	*Date of Visit (mm/dd/2000): / *Date of Visit [from] (mm/dd/2002): /		*TSA Host: *Host: □ Employee □ Contractor			
- OR -		*nost: L	*Host: Li Employee Li Contractor			
	*Date of Visit [to] (mm/g	Host Email	Host Email Address:			
□ *Recurring Visit	☐ All Days ☐ Selected !	*Host Offi	*Host Office Phone Number: () -			
	□ Mon □ Tues □ Weds □ Thu □ Fri □ Sat □ Sun		Host Cell Phone Number: () -			
*Time of Visit (hh/mm)						
*First Name	*Last Name	*Agency/Company/Airport		*TSA Contractor?	*Law Enforcement Officer?	
				LI YES LINO	LI YES LIN	
NON-PIV CARD HOLDER VISITOR DOB*		NON-PIV CARD HOLDER SOCIAL SECURITY #*:				
				□ YES □ NO	□ YES □ N	
NON-PIV CARD HOLDER VISITOR DOB*		NON-PIV CARD HOLDER SOCIAL SECURITY #*:				
				□ YES □ NO	□ YES □ N	
	41 C.F.R. § 102-81; E.O. 9397.					