

DEPARTMENT OF HOMELAND SECURITY  
 Transportation Security Administration

OMB control number 1652-xxxx  
 Exp. XX/XX/XX

**SCREENING ASSISTANCE REQUEST**

**Instructions:** This form is to be completed in accordance with OD-400-45-4B, Establishment and Functions of the Transportation Security Administration Wounded Warrior/Military Severely Injured Joint Support Operations (MSIJSOC) for service members who are verified and registered with an official U.S. military service/component of the Wounded Warrior Program and their traveling companion(s) who are eligible to receive expedited screening. The MSIJSOC will email the completed form to the respective FSD-designated employee at the appropriate airport to assist the Wounded Warrior and traveling companions.

**Section I. Administrative Information**

Date of Request	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> am <input type="checkbox"/> pm	TSA Liaison	<input type="text"/>
Internal Control Number	<input type="text"/>			Vetted By	<input type="text"/>	

**Section II. Veteran Information**

Name	<input type="text"/>	Branch	<input type="text"/>	Rank	<input type="text"/>
Phone Number	<input type="text"/>	POC Mobile Phone Number	<input type="text"/>	Email	<input type="text"/>

**Section III. Traveling Family Members**

Number of Adults (other than the service member)	<input type="text"/>	Number of Children	<input type="text"/>
Case Manager Name	<input type="text"/>	Phone Number	<input type="text"/>
			Itinerary Provided <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section IV. Traveling Family Members/Companions (complete if additional passengers are traveling)**

Name	<input type="text"/>	Name	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>

**Section V. Flight Information**

Airline and Flight Number <input type="text"/>	Departure Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> am <input type="checkbox"/> pm
	Arriving Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> am <input type="checkbox"/> pm
Airline and Flight Number <input type="text"/>	Departure Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> am <input type="checkbox"/> pm
	Arriving Airport <input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> am <input type="checkbox"/> pm

Previous editions of this form are obsolete

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Airline and Flight Number <input style="width: 100%; height: 20px;" type="text"/>	Departure Airport <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 80%; height: 20px;" type="text"/>	Time <input style="width: 80%; height: 20px;" type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm
	Arriving Airport <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 80%; height: 20px;" type="text"/>	Time <input style="width: 80%; height: 20px;" type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm
Airline and Flight Number <input style="width: 100%; height: 20px;" type="text"/>	Departure Airport <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 80%; height: 20px;" type="text"/>	Time <input style="width: 80%; height: 20px;" type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm
	Arriving Airport <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 80%; height: 20px;" type="text"/>	Time <input style="width: 80%; height: 20px;" type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm
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	Arriving Airport <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 80%; height: 20px;" type="text"/>	Time <input style="width: 80%; height: 20px;" type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm

### Section VI. Specialist Traveling Needs

### Section VII. MSIJSOC TSA Liaison Contact Information

Emailed (preferred contact method): <a href="mailto:msijsoc@tsa.dhs.gov">msijsoc@tsa.dhs.gov</a>	Phone Number: 1-888-262-2396 or 703-603-0503
Fax Number: 703-603-1558	

**Privacy Act Statement:** AUTHORITY: 49 U.S.C. § 114(f)(15); 49 U.S.C. § 44927. **PRINCIPAL PURPOSE(S):** This information is used to coordinate and provide airport security screening assistance to eligible travelers. **ROUTINE USE(S):** This information may be shared in accordance with the Privacy Act of 1974, 5 U.S.C. § 552(a), or for routine uses identified in the TSA system of records, DHS/TSA-001, Transportation Security Enforcement Record System. **DISCLOSURE:** Furnishing this information is voluntary; however, failure to provide the requested information may prevent TSA from providing assistance through airport security screenings to eligible travelers.

**Paperwork Reduction Act Statement:** The collection involves the submission of travel information to Transportation Security Administration to provide wounded warrior, severely injured military personnel, and certain other travelers with assistance through the airport security screening process. This is a voluntary collection. It is estimated that the total average burden per response associated with this collection is approximately 5 minutes. 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-XXXX, which expires XX/XX/XXXX. 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-XXXX.