

Checkpoint Sign-In Log

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| 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 Screening SOPs@tsa.dhs.gov . | | | | | | |
| Airport: _____ | | Checkpoint: _____ | | | Month: _____ | |
| Date | Full Name | | Agency Name | Badge/Credential # | Federal Officer | |
| 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 | Agency Phone Number | | Carrying: Firearm Knife Electroshock Weapon |
| | TSA/SIDA Badge # | Supervisor/LEO/SIDA Badge # | Name of Individual Under Escort | | | |
| 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? Yes No N/A | |
| Date | Full Name | | Agency Name | Badge/Credential # | Federal Officer | |
| 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 | Agency Phone Number | | Carrying: Firearm Knife Electroshock Weapon |
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| | | | | | Completed Required LEO Flying Armed Training? Yes No N/A | |
| Date | Full Name | | Agency Name | Badge/Credential # | Federal Officer | |
| 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 | Agency Phone Number | | Carrying: Firearm Knife Electroshock Weapon |
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| 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? Yes No 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.

PAPERWORK REDUCTION ACT STATEMENT: TSA is collecting this information to perform specialized screening for LEOs flying armed. The public burden for collecting this information is estimated to be approximately 1 minute. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0072, 6595 Springfield Center Drive, Springfield, VA 22150. This is a mandatory collection of information. An agency may not conduct or sponsor, and persons are not required to respond to a collection of information, unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1652-0072, Law Enforcement Officers (LEOs) Flying Armed, which expires 12/31/2022