

Privacy Act Statement

This notice is provided under the Privacy Act, 5 U.S.C. § 552a(e)(3), and concerns the information requested on the Office of Security and Hazardous Materials Safety (ASH) Office of Investigations (AXI) International Traveler Information Card Form for the International Travel Security Branch (ITSB). This form contains Personally Identifiable Information (PII), such as name, email address, phone number, date of birth, and certain biometric data.

Purpose: The purpose of collecting the PII is to maintain emergency contact records for agency personnel as required for ITSB as means of identification and authentication in the event that a Federal Aviation Administration (FAA) employee or contractor is involved in an isolating event or medical emergency overseas and needs to be recovered.

(SORN) OPM Govt-1, *General Personnel Records*, 88 FR 56058 and SORN DOT/ALL 22, *Emergency Contact Records* 75 FR 68852 (November 9, 2010), which are subject to the published routine uses, including:

- To notify designated third-party contact(s) to help locate a personnel member who is absent without leave, or to assist a personnel member in an evacuation or if he or she is injured, ill or incapacitated at work;
- To account for and maintain communication with personnel during an office closure, building evacuation, natural disaster, pandemic flu or other office emergency;

The Department has also published 15 additional routine uses applicable to all DOT Privacy Act systems of records, including this system. These routine uses are published in the Federal Register at 75 FR 82132, December 29, 2010, and 77 FR 42796, July 20, 2012, under "Prefatory Statement of General Routine Uses." Available at Uniform Resources Locator (URL) <https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notice>.

Disclosure: Submission of the information is required ; however, failure to submit the requested information will result in the FAA's inability to authenticate and identify the employee upon recovery.

Acknowledge

← ↻ 📁 https://portalsc.ash.faa.gov/ITSP/ITIC/TravelerList.aspx 🔍 ⭐ 📱 🌐 🔄 🛠 📄 ⭐ 🗂 🌱 ⋮ 🖼

My FAA

Welcome, Paula Warwick

ITSP Destination Dashboard

You currently do not have any International Traveler Information Card created. [Add International Traveler Information Card](#)

 **Federal Aviation Administration**

ITSP Destination Dashboard

Welcome, Paula Warwick

[+ Expand All](#) [- Collapse All](#) [Mark Completed](#)

INSTRUCTIONS. Please fill in the below information to the best of your ability. If you are departing and do not have your information at the initial time of completion, be certain to enter "TBD"; in appropriate fields and fill-in the information as you receive it when you are at Post. If you are required to travel with FAA Loaner Devices, and have not received them, enter "TBD"; in appropriate fields and fill-in the information once you have the device. Enter "N/A" for any fields that do not apply to you but are marked as required. All Fields marked with a red asterisk (*) require a response.

NOTICE. *This information is used exclusively to help save your life in an isolating event abroad.* The accuracy and timeliness of the information that you provide may prove critical in assisting you and your family members in an isolating event abroad.

Personal Information

* Last Name:

* First Name:

Middle Initial:

* DOB:

* Gender:

* Routing Symbol:

Professional Email:

Personal Email:

Cell Phone Number #1:

IMEI Number #1: ?

Cell Phone Number #2:

IMEI Number #2: ?

Physical Description

Please use U.S. Customary Units, i.e. feet, inches, pounds

* Height (ft.' in"):

* Weight (lbs):

* Hair Color:

* Eye Color:

Shirt Size:

Pant Size:

Shoe Size:

Ethnic Group:

Blood Type:

Scars/Marks/Tattoos:

If none indicate by "N/A"

CAUTION. *Providing this medical information is optional and completely voluntary. The information is stored on the Federal Aviation Administration SBU network with access limited to certain security personnel. It is not part of any medical record and the risk of inadvertent release is very small but present. It may be disclosed to rescue and support personnel and assist them if you are involved in an emergency incident*

* ☒ *I have read the above statement and understand that providing this information is optional and completely voluntary.*

* **Type:**

---Please Select---

* **Description:**

Save

Save and Close

Close

CAPABILITY/TRAINING INFORMATION

*

Type:

---Please Select---

*

Description:

Save

Save and Close

Close

Authentication Information

* Duress Word: ?

* Personal Authenticator Statement
#1:



* Personal Authenticator Statement
#2:



Medical Conditions

CAUTION. Providing this medical information is optional and completely voluntary. The information is stored on the Federal Aviation Administration SBU network with access limited to certain security personnel. It is not part of any medical record and the risk of inadvertent release is very small but present. It may be disclosed to rescue and support personnel and assist them if you are involved in an emergency incident

* ☐ I have read the above statement and understand that providing this information is optional and completely voluntary.

Continue

Close

✖

📄 NEXT OF KIN CONTACT INFORMATION

Last Name:

First Name:

Middle Initial:

Address:

Address, City, State\Country, Zip Code

* Relationship:

---Please Select---

Personal Email Address:

Telephone Number:

() -

Save and Close

Close

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Welcome, Paula Warwick

+ Expand All

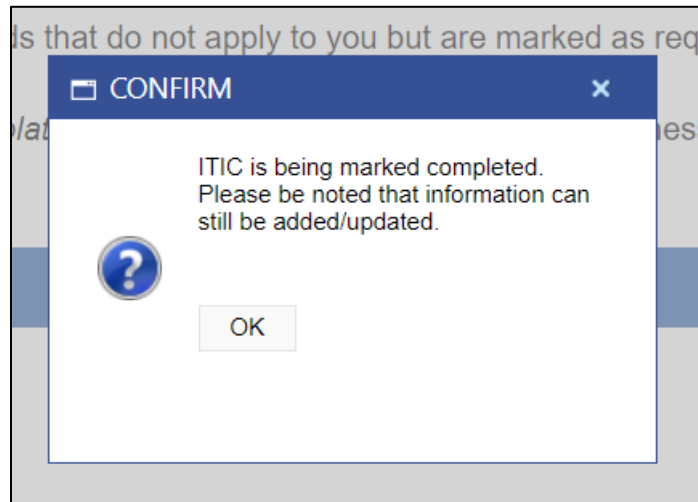
- Collapse All

Mark Completed



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+ Expand All

- Collapse All

ITIC is marked complete on 07/17/2024

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