

**FEDERAL FLIGHT DECK OFFICERS (FFDO)  
FFDO – VOLUNTEER QUESTIONNAIRE FORM SCREENSHOTS**

**OMB CONTROL NUMBER 1652-0011  
EXPIRATION 3/31/2025**

**WARNING:**This document contains Sensitive Security Information that is controlled under 49 CFR Part 1520. No part of this document may be released to persons without a need to know, as defined in 49 CFR 1520, except with the written permission of the Administrator of the Transportation Security Administration, Washington, DC. Unauthorized release may result in civil penalty or other action. For U.S. Government agencies, public release is governed by 5 U.S.C. 552.

Are you a US Citizen? \*

Yes  No

General Information

Pilot Cert: 9 Digits use Leading Zeroes if Necessary    SSN: No Hyphens

Pilot Certificate \*    SSN \*    DOB \*

First Name \*    Last Name \*    Middle Name    Suffix  
Select Suffix ▼

Cell Phone \*    Home Phone    Email \*

Address 1 \*    Address 2

City \*    State \*  
Select State ▼    Zip Code \*    Country \*  
Select Country ▼

Birth City \*    Birth Country \*    Birth State \*  
Select State ▼    Birth Country \*  
Select Country ▼

Dual Citizen \*  
 Yes  No    Dual Citizen Country  
Select Country ▼    Naturalization Certificate

Employment Status \*    Airman Certificate \*    Medical Certificate \*  
Select Employment Status ▼    Select Certificate ▼    Select Medical Certificate ▼

Medical Certificate Issued Date \*    Medical Certificate Exp. Date \*    Examiner First Name \*    Examiner Last Name \*

What portion of the flights on which you are a flight crew member are entirely domestic (i.e., no segment outside the United States) \*  
Select Flight Percentage ▼

Are you currently a flight crew member flying 100% international flights \*    Do you currently fly an aircraft with a Phase II (hardened) cockpit door \*  
 Yes  No     Yes  No

Have you previously served as an FFDO? \*  
 Yes  No

As an FFDO candidate will you be able to complete the week-long initial training course held in Artesia, New Mexico; two firearms qualifications per year; and also attend a two day recurrent training program every three to five years? \*  
 Yes  No

Do you expect to carry your government issued firearm on ALL authorized flights? \*  
 Yes  No

**Current Employment** ▾

Airline Name \*  
Select Airline ▾

Current Employer City \*  
Current Employer State \*  
Select State ▾

Current Employer Country \*  
Select Country ▾

Current Employer Phone \*  
Current Employer FAX  
Employee Number \*

Current Employer Position \*  
Select Position ▾

Current Employer Status \*  
Select Status ▾

Start Date \*

Do you have a current flight schedule? \*  
 Yes  No

Are you actively flying (AF) with your air carrier as a hard line or reserve line holder? \*  
 Yes  No

Chief Pilot First Name \*  
Chief Pilot Last Name \*  
Chief Pilot Phone Number \*

Current Employer Domicile \*  
Select Domicile ▾

Domicile Start Date \*

**Previous Employment** ▼

Previous Airline Name Select Airline <span style="float: right;">▼</span>	Previous Employer International <input type="radio"/> Yes <input type="radio"/> No		
Previous Employer City	Previous Employer State Select State <span style="float: right;">▼</span>	Previous Employer Country Select Country <span style="float: right;">▼</span>	
Previous Employer Phone	Previous Employer FAX	Previous Employee Number	
Previous Employer Position Select Position <span style="float: right;">▼</span>	Previous Employer Job Status Select Job Status <span style="float: right;">▼</span>	Previous Start Date	Previous End Date
Previous Chief Pilot First Name	Previous Chief Pilot Last Name	Previous Chief Pilot Phone Number	
Previous Reason for Leaving (500 characters max)			

**Previous Employment 2** ▼

Previous Airline 2 Name  Previous Employer 2 International  
Select Airline ▼  Yes  No

Previous Employer 2 City  Previous Employer 2 State  Previous Employer 2 Country   
Select State ▼ Select Country ▼

Previous Employer 2 Phone  Previous Employer 2 FAX  Previous Employee Number 2

Previous Employer 2 Position  Previous Employer 2 Status  Previous Employer 2 Start Date  Previous Employer 2 End Date   
Select Position ▼ Select Status ▼

Previous Employer 2 Chief Pilot First  Previous Employer 2 Chief Pilot Last  Previous Employer 2 Chief Pilot Photo

Previous Employer 2 Reason for Leaving (500 characters max)

**Previous Employment 3** ▼

Previous Airline 3 Name  Previous Employer 3 International  
 Yes  No


Previous Employer 3 City  Previous Employer 3 State Previous Employer 3 Country

Previous Employer 3 Phone  Previous Employee Number 3

Previous Employer 3 Position  Previous Employer 3 Status Previous Employer 3 Start Date Previous Employer 3 End Date

Previous Employer 3 Chief Pilot First  Previous Employer 3 Chief Pilot Photo

Previous Employer 3 Reason for Leaving (500 characters max)



<b>Unemployment</b>			
Unemployment Activity	Did you reside outside the United States <input type="radio"/> Yes <input type="radio"/> No	Unemployment Start Date	Unemployment End Date
Unemployment City	Unemployment State Select State	Unemployment Country Select Country	
Unemployment Ref First Name	Unemployment Ref Last Name	Unemployment Ref Phone	



**Personal History**

Have you been formally disciplined for any reason by an entity for which you have worked (include all formal discipline regardless of reason)? \*

Yes  No

Has your pilot's certificate been suspended within the last 10 years? \*

Yes  No

Has your pilot's certificate been revoked within the last 10 years? \*

Yes  No

Have you held a federal security clearance within past 5 years? \*

Yes  No

If applicable, has your security clearance ever been revoked? \*

Yes  No

Have you ever been denied a security clearance from a federal agency? \*

Yes  No

Have you ever been a member of a foreign or domestic organization, association, movement, group, or combination of persons which for one or more of the following descriptions: "Is totalitarian, social, communist, or subversive"; "Has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States"; "Seeks to alter the form of the United States Government by unconstitutional means." \*

Yes  No

Within the last 7 years, have you been detained, arrested, charged, or convicted of any misdemeanor? \*

Yes  No

Within the last 7 years, have you been detained, arrested, charged, or convicted of any felony? \*

Yes  No

A misdemeanor crime of domestic violence is defined as one that includes the use or attempted use of physical force, or the threatened use of deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian of the victim.

Have you ever been convicted of a misdemeanor crime of domestic violence according to the preceding definition? \*

Yes  No

Within the last 7 years, have you ever been detained, arrested, charged, or convicted of a firearms or explosives offense? \*

Yes  No

Within the last 7 years, have you ever been detained, arrested, charged, or convicted of any offense related to alcohol or drugs? \*

Yes  No

Within the last 7 years, have you ever been subject to court martial or other disciplinary proceedings under Uniform Code of Military Justice including non-judicial punishments? \*

Yes  No

Within the last 7 years, have you been detained, arrested, charged, or convicted of any offense not listed in response to the above (Leave out traffic fines less than \$150 unless the violation was alcohol or drug related)? \*

Yes  No

Education Level \*

Select Education

Race/Ethnic \*

Select Race/Ethnic

Gender \*

Select Gender

Reason to become PFDO (OR) candidate (max 1 file, limited to approximately 50000) \*

Text area for providing reasons to become a PFDO (OR) candidate, with a file upload icon in the bottom right corner.

<b>Sworn Law Enforcement Experience</b> ▾
Served as a sworn Law Enforcement Officer(LEO)? * <input type="radio"/> Yes <input type="radio"/> No
<b>Military Experience</b> ▾
Served in the Military? * <input type="radio"/> Yes <input type="radio"/> No
<b>References 1</b> ▾
Reference 1 Name *
Reference 1 Phone *      Reference 1 Email *
Reference 1 Address 1 *      Reference 1 Address 2
Reference 1 City *      Reference 1 State * Select State      ▾      Reference 1 Zip *
Reference 1 Relationship * Select Relationship      ▾      Reference 1 From *      Reference 1 To *

### References 2

Reference 2 Name \*

Reference 2 Phone \*      Reference 2 Email \*

Reference 2 Address 1 \*      Reference 2 Address 2

Reference 2 City \*      Reference 2 State \*  
Select State      ▼      Reference 2 Zip \*

Reference 2 Relationship \*  
Select Relationship      ▼      Reference 2 From \*      Reference 2 To \*

### References 3

Reference 3 Name \*

Reference 3 Phone \*      Reference 3 Email \*

Reference 3 Address 1 \*      Reference 3 Address 2

Reference 3 City \*      Reference 3 State \*  
Select State      ▼      Reference 3 Zip \*

Reference 3 Relationship \*  
Select Relationship      ▼      Reference 2 From \*      Reference 3 To \*

## Certification and Release of Information

- I understand that a false statement on any part of this questionnaire may be grounds for not selecting me for or removing me from the FFDO Program. I also understand that I may be punished by fine or imprisonment for falsification of my volunteer questionnaire in accordance with 18 U.S.C. 1001 and/or other applicable provisions.
- I understand that information I give may be investigated as allowed by law or Presidential order.
- I understand that any information I provide or that is collected about me may be provided to the FAA consistent with TSA policies for doing so.
- I certify that, to the best of my knowledge and belief, ALL of the information provided on this questionnaire is true, accurate, complete, and is made in good faith.
- I understand that if accepted into the FFDO program I must be available on my own time to attend all initial and subsequent training to achieve or retain FFDO status.
- I understand that if deputized as an FFDO I must be willing and may be required to use deadly force.
- I understand that if deputized as an FFDO it is my responsibility to self-report to TSA any change in my circumstances that may affect my eligibility to remain in the FFDO program.
- Participation in the FFDO program is voluntary so you are not eligible for compensation from the federal government for your service as a program member. Do you understand and are you willing to commit the time and personal resources necessary to complete those training requirements?
- As an FFDO you will be required to input all flight schedules to include short notice schedule changes into a secured database known as the FFDO Dashboard. These entries are instrumental in the management of assets during national security incidents. Will you fully comply with this requirement?
- As an FFDO you are considered a federal law enforcement officer only for the limited purposes of carrying firearms and using force, including deadly force to defend the flight deck of an aircraft from air piracy or criminal violence. FFDOs are not granted or authorized to exercise other law enforcement powers such as to make arrests, to seek or execute search warrants, to seize evidence, or to otherwise act as a federal law enforcement officer outside the jurisdiction of aircraft flight deck. Do you understand and will you fully comply with this very limited jurisdiction and authority?
- As an FFDO, you are only authorized to carry the firearm in your issued holster while inside a locked flight deck. When transporting the weapon, it must be locked in the issued Non Descript Bag. You are not authorized to carry the firearm in any other manner outside of the locked flight deck. Do you understand this restriction and will you fully comply with this directive?
- Information regarding the FFDO program such as your identity as an FFDO and program Standard Operating Procedures are considered Sensitive Security Information, or SSI. Because of this SSI designation, you may only disclose your participation in the program to persons with a need to know. FFDOs cannot use their position, credentials, or program information outside of program guidelines. Will you comply with the restrictions associated with this SSI designation?
- Once you are deputized, you will be fingerprinted and an additional, extensive criminal history check will be conducted. If it is discovered that you have provided false information or omitted any criminal history, even beyond the requested 10-year period, and that information is determined to be, or to have been, a disqualifier from entry in to the FFDO program, the Program Office reserves the right to revoke deputation and direct you to return all TSA issued equipment. Do you acknowledge and understand this statement?

SUBMIT

Contact Us: [FFDOApplicant@tsa.dhs.gov](mailto:FFDOApplicant@tsa.dhs.gov)

[Transportation Security Administration](#) | [U.S. Department of Homeland Security](#)

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#### PRIVACY ACT STATEMENT:

**Authority:** 49 U.S.C. 114 and 49 U.S.C. 44921 authorize collection of this information.

**Purpose:** TSA will use this information to assess your qualification and suitability to participate in the Federal Flight Deck Officer (FFDO) program, including conducting a security threat assessment and credit history check. TSA will also use this information to administer the FFDO Program.  
EmploymentDetails

**Routine Uses:** TSA may share this information with U.S. Department of Transportation (DOT) and the Federal Aviation Administration (FAA) when relevant or necessary to the issuance, maintenance, or renewal of a license, certificate, contract, grant, or other benefit; to your employing air carrier or airport to the extent relevant and necessary for the maintenance of a secured-area access credential; to the FBI to retrieve your criminal history record; to TSA contractors or other agents who assist in the maintenance and operation of this system; and appropriate governmental agencies for law enforcement, security or regulatory purposes, or in the interests of national security, or for other routine uses identified in TSA system of records, DHS/TSA 002, Transportation Security Threat Assessment System (T-STAS); DHS/TSA 013, Federal Flight Deck Officer Record System (FFDORS); and the Office of Personnel Management's General Personnel Records (OPM/GOVT-1).  
EmploymentDetails

**Disclosure:** Furnishing this information, including your Social Security number (SSN), is voluntary. Your SSN will be used to verify your identity and may be used as your identification number in this process. However, failure to furnish the requested information may delay or prevent the completion of your security threat assessment and the psychological evaluation, which may result in your inability to enter the FFDO Program.  
EmploymentDetails

**PAPERWORK REDUCTION ACT STATEMENT OF PUBLIC BURDEN:** TSA is gathering information to assess the qualifications and suitability of prospective and current Federal Flight Deck Officers. The total average burden per response associated with this collection is estimated to be one hour. 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 OMB control number assigned to this collection is OMB 1652-0011, which will expire on 03/31/2025. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0011, 6595 Springfield Center Drive, Springfield, VA 20598-6011.