



DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

ARMED SECURITY OFFICER VOLUNTARY QUESTIONNAIRE

INSTRUCTIONS: In order to participate in the Transportation Security Administration (TSA) Law Enforcement/Federal Air Marshal Service's (LE/FAMS) Armed Security Officer (ASO) Program, this application form must be completed in its entirety. Please fill out all applicable information, sign, date and return to your assigned field office point of contact (POC). This form shall be stored in accordance with [TSA File Code 3400.21](#).

SECTION I. CANDIDATE INFORMATION

First Name:	Middle Name:	Last Name:	
Suffix:	Email Address:		
Street Address:			
City:	State:	Country:	Zip Code:
Home Phone	Cell Phone:	Birth Date:	US Citizen: ☐ Yes or ☐ No

SECTION II. NOMINATING ENTITY INFORMATION

In order to apply, a candidate must be nominated by a company or organization approved as an aircraft operator and have security coordinators listed by the DCA Access Standard Security Program (DASSP). Nominating companies may also be a fixed base operator approved by TSA.

Fixed Based Operator: ☐ YES ☐ NO	Aircraft Operator: ☐ YES ☐ NO	
Company Name:		
Company Address:		
City:	State:	Zip Code:
Security Coordinator First Name:		Security Coordinator Last Name:
Security Coordinator Phone Number:		Security Coordinator Email Address:
Upon qualification, I request to be added to the list of qualified ASOs that may be provided to DASSP approved fixed based operators, aircraft operators, and security companies that require the list. ☐ YES ☐ NO		
☐ I certify this Armed Security Officer Voluntary Questionnaire submission is true and accurate.		
☐ I certify I have read the eligibility criteria fully and I meet the requirements for program participation. I also understand the provided employment information is subject to verification during prior employment background check.		
☐ I certify that I have spoken with the security coordinator and they have nominated me to undergo TSA vetting and participation in the Armed Security Officer Program for general aviation operations into and out of Reagan National Airport.		

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. § 114; Pub. L.108-176. **PRINCIPAL PURPOSES(S):** To identify individuals eligible to serve as armed security officers aboard general aviation flights into DCA. **ROUTINE USE(S):** This information you provide may be shared with aircraft and airport operators, and the FAA, or for routine uses identified in TSA system of records, DHS/TSA 002, Transportation Security Threat Assessment System. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in delays in processing or denial of your nomination.

PAPERWORK STATEMENT ACT: This is a mandatory collection to participate in the ASO Program. The total average burden per response associated with this collection is estimated to be approximately 50 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- 0035, which will expire on August 31, 2025. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0035, 6595 Springfield Center Drive, Springfield, VA 20598-6011.

Previous editions of this form are obsolete.

SECTION III. CURRENT/MOST RECENT LAW ENFORCEMENT EMPLOYER INFORMATION

ASO applicants **MUST list all current and prior** law enforcement employment. If you have more than four previous law enforcement positions to report please supply the additional law enforcement employment information on a separate page.

Current Employer Name:

Current Employer City:

Current Employer State:

Current Employer Country:

Current Employer Zip Code

Current Employer Phone:

Current Employer Fax:

Current Employer Job Title:

Current Employer Job Status: ☐ Full Time or ☐ Part Time

Current Employer Start:

End Date:

SECTION IV. PREVIOUS LAW ENFORCEMENT EMPLOYMENT**PREVIOUS EMPLOYER 1:**

Previous Employer Name:

Previous Employer City:

Previous Employer State:

Previous Employer Country:

Previous Employer Phone:

Previous Employer Fax:

Previous Employer Job Title:

Previous Employer Job Status: ☐ Full time or ☐ Part time

Previous Employer Start Date:

Previous Employer End Date:

Previous Employer Reason for Leaving:
(Use space provided):

Previous Employer Supervisor First Name:

Previous Employer Supervisor Last Name:

Previous Employer Supervisor Phone Number:

PREVIOUS EMPLOYER 2:

Previous Employer Name:

Previous Employer City:

Previous Employer State:

Previous Employer Country:

Previous Employer Phone:

Previous Employer Fax:

Previous Employer Job Title:

Previous Employer Job Status: ☐ Full time or ☐ Part time

Previous Employer Start Date:

Previous Employer End Date:

Previous Employer Reason for Leaving
(Use space provided):

Previous Employer Supervisor First Name:	
Previous Employer Supervisor Last Name:	
Previous Employer Supervisor Phone Number:	
PREVIOUS EMPLOYER 3:	
Previous Employer Name:	
Previous Employer City:	Previous Employer State:
Previous Employer Country:	Previous Employer Phone:
Previous Employer Fax:	Previous Employer Job Title:
Previous Employer Job Status: ☐ Full time or ☐ Part time	Previous Employer Start Date:
Previous Employer End Date:	Previous Employer Reason for Leaving (Use space below):
Previous Employer Supervisor First Name:	
Previous Employer Supervisor Last Name:	
Previous Employer Supervisor Phone Number:	
SECTION V. Certification and Release of Information	
☐ 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 ASO program I must be available on my own time to attend all initial and subsequent training to achieve or retain ASO status.	
☐ I understand that if credentialed as an ASO I must be willing and may be required to use deadly force in accordance with the Department of Homeland Security's Policy Statement 044-05, Department Policy on the Use of Force .	
☐ 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 ASO Program. I also understand that I may be punished by fine or imprisonment for falsification of my voluntary questionnaire in accordance with 18 U.S.C. 1001 and/or other applicable provisions.	
Signature:	Date:

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