

OMB Control Number: 1652-0035 Expiration: 8/31/2025

DEPARTMENT OF HOMELAND SECURITY Transportation Security Administration

ARMED SECURITY OFFICER 18 U.S.C. 922(g) CERTIFICATION

INSTRUCTIONS: In order to participate in the Transportation Security Administration (TSA) Law Enforcement/Federal Air Marshal Service (LE/ FAMS) Armed Security Officer (ASO) Program candidates shall read Section I and certify in Section II. Current ASOs shall certify annually and completed forms must be stored in accordance with TSA File Code 3400.21.

Section I. Purpose

Any person who is an unlawful user of or addicted to any controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)); who has been adjudicated as a mental defective or who has been committed to a mental institution; or who, having been a citizen of the United States, has renounced his citizenship; cannot lawfully possess, ship, transport, or receive firearms and/or ammunition under the provisions cited in 18 U.S.C. § 922(g)(3), (4) and (7). Individuals whose position or application for position requires them to possess, ship, transport or receive firearms and/or ammunition are required to certify whether they are an unlawful user or addicted to any controlled substance, adjudicated as a mental defective or been committed to a mental institution, or renounced their U.S. citizenship. Knowingly providing false or fraudulent information on this form may be punishable by a fine or imprisonment, or both, under 18 U.S.C. § 1001.

SECTION II. Certification		
Part A. ASO Candidate		
Ithe Controlled Substances Act).	certify I am not an unlawful user of or addicted to any controlled substance (as defined in section 102 of	
I	certify I have not been adjudicated as a mental defective or have been committed to a mental institution.	
I	certify having been a citizen of the United States, I have not renounced my U.S. citizenship.	
I certify that to the best of my knowledge and belief, all of the information provided by me is true, correct, complete and made in good faith. I understand providing false or fraudulent information on this form may be punishable by a fine or imprisonment, or both, under 18 U.S.C. § 1001, and removal from the application process.		
ASO Signature:		Date of ASO Signature:
Part B. ASO Annual Certification		
Ithe Controlled Substances Act).	_certify I am not an unlawful user of or addicted to any controlled substance (as defined in section 102 of	
I	_certify I have not been adjudicated as a mental defective or have been committed to a mental institution.	
I	certify having been a citizen of the United States, I have not renounced my U.S. citizenship.	
I certify to the best of my knowledge and belief, all of the information provided by me is true, correct, complete and made in good faith. I understand providing false or fraudulent information on this form may be punishable by a fine or imprisonment, or both, under 18 U.S.C. § 1001, and removal from the ASO program.		
ASO Signature:		Date of ASO Signature:

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 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 0MB control number. The control number assigned to this collection is 0MB 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.