



Hazardous Materials Endorsement (HME)

Information Collection/Paperwork
Reduction Act Enrollment Workflow

Contents

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- **Part 1:** Pre-Enrollment Workflow
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- **Part 4:** Post-Enrollment Survey

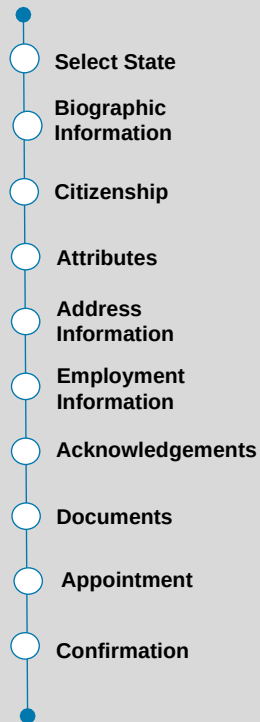


Introduction

HME Workflow Trees

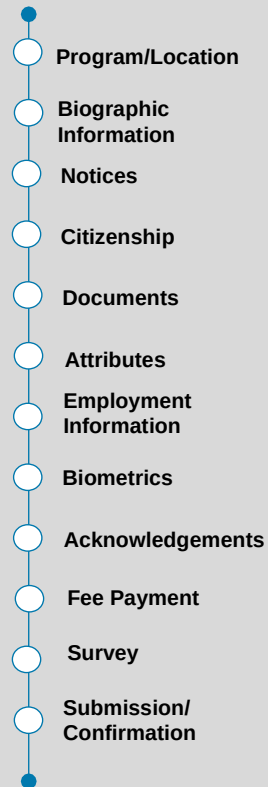
Workflows: Pre-Enrollment, Standard Enrollment & Renewal

Pre-Enrollment (Optional)



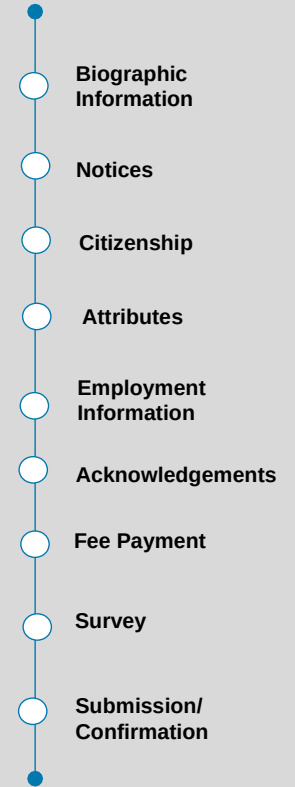
All applicants may pre-enroll online or via call center representative and provide required enrollment information and schedule appointment for biometric collection.

Standard Enrollment



All Items except Biometrics, Fee Payment, and the Post Enrollment Survey may be done during pre-enrollment.

Online Renewal



Eligible applicants may renew online unless they have had a change in biographic information or have been informed they must submit additional biometrics or documentation.

Agent v. Non-Agent

Agent States:

TSA and its enrollment provider (i.e., Agent) collect biometric (i.e., fingerprints) and biographic information from applicants in 43 States, including the District of Columbia, ("Agent States").

TSA's provider submits the biometrics to the Federal Bureau of Investigation (FBI) for a fingerprint-based criminal history records check (CHRC). The provider channels or sends the results of the CHRC to TSA for vetting purposes.

TSA uses the applicant's information and FBI criminal history records information (CHRI) to vet and adjudicate the individual's HME application in accordance with 49 CFR 1572 Subpart B, Standards for Security Threat Assessments.

The TSA Agent State enrollment process is outlined in the *Pre-Enrollment (optional)*, *Standard Enrollment*, and *Online Renewal* workflows depicted on slide #4.

Non-Agent States:

Eight (8) Non-Agent States, not including outlying U.S. possessions, do not send applicant fingerprints to TSA.

49 CFR part 1572.15(b)(2), *Procedures for HME security threat assessment*, permits States to collect the fingerprints and biographic information from applicants directly, transmit fingerprints to the FBI, and provide this information, as well as the resulting FBI CHRI information, to TSA electronically for purposes of conducting the security threat assessment.

While each Non-Agent State's enrollment process may vary, these States must generally adhere to the TSA Agent's *Standard Enrollment* process depicted on the previous slide #4 to collect and transmit the required applicant data specified in 49 CFR 1572.9.

Note: TSA Non-Agent State applicants are not eligible for the *Pre-Enrollment* and *Online Renewal* options that are provided by TSA via its enrollment provider, at this time.



Introduction

HME Disclosures

Disclosure: Privacy Act Statement

PRIVACY ACT STATEMENT

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use your information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: This system may disclose information in accordance with the Privacy Act, 5 U.S.C. 552a(b), including as a routine use pursuant to 5 U.S.C. 552a(b)(3) with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application under the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System, or DHS/TSA 021, HME Threat Assessment Program for applicants to that program. Disqualifying criminal offenses uncovered during your application limit your ability to access TSA PreCheck expedited screening. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

Disclosure: Paperwork Reduction Act Statement

PAPERWORK REDUCTION ACT STATEMENT

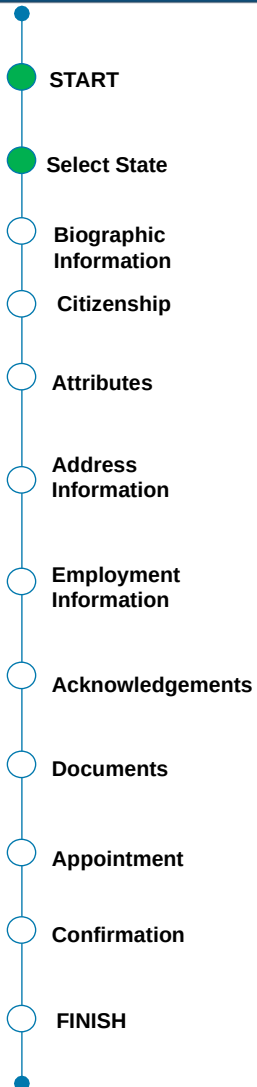
Statement of Public Burden: This is a voluntary collection of information, but failure to provide the information may result in an inability to approve your eligibility for the requested TSA program or benefit. TSA estimates that the total average burden per response associated with these information collections is approximately 10 minutes for online renewals; 1 hour for enrollment; and 2 minutes for online survey. 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 for this collection is OMB 1652-0027, which expires 08/31/2026. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0027 Security Threat Assessment for Individuals Applying for a Hazardous Materials Endorsement for a Commercial Driver's License, 6565 Springfield Center Drive, Springfield, VA 20598-6011.



Part 1

HME Online Pre-Enrollment Workflow (Optional)

HME Pre-Enrollment



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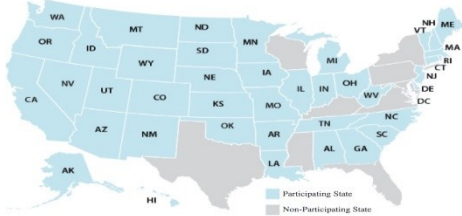
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Spanish

Select Your State (Step 1 of 11)

Select the state from which your Commercial Drivers License has been issued. Then click 'Next' to continue.

* Required Fields



* Select State

-- Choose One --

[Cancel](#) [Next](#)

PRIVACY ACT STATEMENT

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-52, August 3, 2007); and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use your information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System, or DHS/TSA 021, TSA Pre-Check Application Program for applicants to that program. Records may be disclosed to contractors and their agents, grantees, experts, consultants, and others performing or working on a contract, service, grant, cooperative agreement, or other assignment for DHS, when necessary to accomplish an agency function related to this system of records. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

PAPERWORK REDUCTION ACT STATEMENT:

Statement of Public Burden: This is a voluntary collection of information, but failure to provide the information may result in an inability to approve your eligibility for the requested TSA program or benefit. TSA estimates that the total average burden per response associated with this collection for enrollment is approximately 30 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 for this collection is OMB 1652-0027.

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HME Pre-Enrollment

- START
- Select State
- Biographic Information**
- Citizenship
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Enter Information (Step 2 of 11)

* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to continue or 'Cancel' to exit.

- Legal Name must match exactly on all identification documents brought to enrollment.
- Remember the email address and phone numbers provided below, as they will be used to look-up application information during your in person appointment and to check your status online.

Legal Name

* First Name

* Middle Name (or NMN if no middle name)

* Last Name

Suffix

-- Choose One --

* Gender

-- Choose One --

* Date of Birth (MM/DD/YYYY)

* Preferred Language

English

* Method of Contact (At least one method is required)

Email

Country Code

United States(+1)

Country Code

United States(+1)

Verify Email

Phone 1

Phone 2

* Preferred Method of Contact

Email

✕ Cancel

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Determine Citizenship (Step 3 of 11)

* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

* Country of Birth

-- Choose One --

* City of Birth

* Country of Citizenship

-- Choose One --

✕ Cancel

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Answer Personal Questions (Step 4 of 11)

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

* Required Fields

* Have you ever used a maiden/previous name?

YesNo

* Have you ever used an alias?

YesNo

* Is your mailing address the same as your residential address?

YesNo

* Have you lived at your current residential address for more than five (5) years?

YesNo

* If you currently hold a TWIC®, would you like to use it for a HME reduced fee enrollment if eligible? (View a list of states that offer comparability to their drivers.)

YesNo

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Enter Personal Information (Step 5 of 11)

* Required Fields

USMetric

* Height

feetftinchesin

* Weight

poundslbs

* Hair Color

-- Choose One --

* Eye Color

-- Choose One --

* Commercial Driver License Number

CDL Issuing State/Province

Alabama

✖ Cancel

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Enter Address (Step 6 of 11)

* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Mailing Address

* Country

-- Choose One --

* Address Line 1

Address Line 2

* City

* Postal Code

✖ Cancel

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Enter Employment Information (Step 7 of 11) * Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

* Employment Status

-- Choose One --

* Occupation or Trade

-- Choose One --

✖ Cancel

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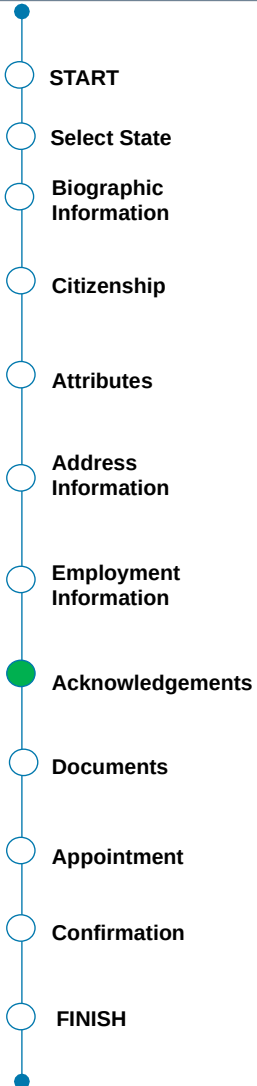
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Answer Disclosure Questions (Step 8 of 11)

Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

Note: If you answer 'Yes' to question 2, 3, 4 or 6 you may want to reconsider applying. If you answer 'Yes' to question 5, you should wait to apply until these matters are resolved. Application fees are not refunded once submitted.

1. * Are you a U.S. citizen, U.S. National or Lawful Permanent Resident (LPR)?

YesNo

2. * Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (nolo contendere), or found not guilty by reason of insanity, of any disqualifying felony listed in 49 CFR 1572.103 (Section VII, Part A), in any jurisdiction, military or civilian?

YesNo

3. * Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (nolo contendere), or found not guilty by reason of insanity, of any disqualifying felony listed in 49 CFR 1572.103 (Section VII, Part B), in any jurisdiction, military or civilian, during the 7 years before the date of this application?

YesNo

4. * Have you been released from incarceration in any jurisdiction, military or civilian, for committing any disqualifying felony listed in 49 CFR 1572.103 (Section VII, Part B), during the 5 years before the date of this application?

YesNo

5. * Are you wanted or under indictment for any disqualifying crime listed in 49 CFR 1572.103 (Section VII, Parts A or B)?

YesNo

6. * Have you ever been found by a court or other lawful authority as lacking mental capacity or involuntarily committed to a mental institution?

YesNo

Cancel

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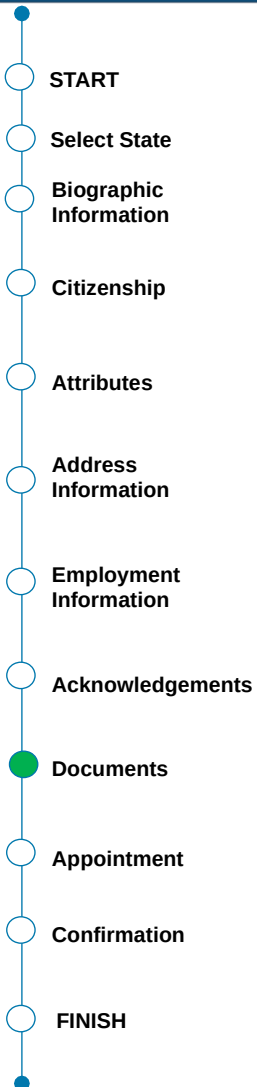
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Determine Documents (Step 9 of 11)

* Required Fields

Please select the required documents to bring to your enrollment. Then click 'Next' to continue or 'Cancel' to exit.

* Document

-- Choose One --

* Do the names (first, middle, last) on your identity documents match (ex. driver's license and birth certificate)? For Example:

Yes No

- Answer NO if your driver's license has your married name and your birth certificate has your maiden name. In this example, you must provide a marriage certificate that links the name on the birth certificate to the name on the driver's license. In some cases, multiple name change documents are necessary to link identity documents.
- Answer YES, if your FIRST and LAST NAMES MATCH on all documents. It is acceptable if one document includes your full middle name and a second document includes your middle initial, as long as first and last names match exactly.

✕ Cancel

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HME Pre-Enrollment

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Select Appointment Location (Step 10 of 11)
Enter a Postal Code, City, Airport Code or Special Location Access Code to 'Search' for a location to schedule your appointment. Use the  to search closest to your physical location. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

37128

111168, Appointment

Q

Number of Results

5

10

20

Select the location row. Then click 'Next' to continue.

City	Location	Appts. Remaining (next 14 days)	First Available Appt.	
Columbia, TN	Anderson Place Shopping Center	417	Nov 24, 8:30am	30.8 mi
Columbia, TN	Location ID: 8231  Identigo Anderson Place Shopping Center 2516 Hospitality Ln Columbia, TN 38401-0216  Sign Up for Alerts		Hours: Monday - Thursday: 08:00 AM - 12:30 PM & 01:30 PM - 04:30 PM Friday: 08:00 AM - 12:30 PM & 01:30 PM - 03:30 PM	 SELECTED
Nashville, TN	2501 McGavock Pike	1170	Nov 24, 7:30am	31.0 mi
Fairview, TN	2096 Fairview Blvd.	297	Nov 24, 8:00am	39.4 mi
Fairview, TN	2592 Fairview Blvd.	297	Nov 24, 8:00am	39.9 mi
Cookeville, TN	580 S Jefferson Ave	297	Nov 24, 9:30am	58.1 mi
Decatur, AL	116 IPSCO St	306	Nov 24, 9:00am	89.6 mi
Chattanooga, TN	6231 Perimeter Dr	391	Nov 24, 9:00am	89.7 mi
Jackson, TN	621 Old Hickory Blvd	330	Nov 24, 9:30am	135.3 mi
Knoxville, TN	6923 Maynardville Pike	297	Nov 24, 10:30am	142.6 mi
Cartersville, GA	958 Joe Frank Harris Pkwy SE	462	Nov 24, 8:30am	145.8 mi

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Select Date and Time (Step 11 of 11)

Select a preferred date and time for your appointment at the specified location. Then click 'Submit' to confirm or 'Cancel' to exit. If you are unable to make an appointment for the available times or all appointments are booked, click the 'Back' button below, (not the browser's back button) to select another location. TWIC and HME walk-in applicants will be prioritized due to employment requirements.

Appointment Date and Time (first available displayed by default)

* Select Date

Thursday, Nov 24th, 2016

* Select Time

08:30 AM

- OR -

☐ Walk-In

Location Details

Columbia, TN
Location ID: 8231
📍 IdentoGO
Anderson Place Shopping Center
2516 Hospitality Ln
Columbia, TN 38401-0216

Hours:
Monday - Thursday: 08:00 AM - 12:30 PM & 01:30 PM - 04:30 PM
Friday: 08:00 AM - 12:30 PM & 01:30 PM - 03:30 PM

⚠️ Get Email Alerts for this location

✖ Cancel

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Submit ▶

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Español

HME

☑ You have successfully completed the online application.
You should receive a confirmation email if you provided an email address.

Pre-Enrolled
Please visit an enrollment center within 120 days to complete your enrollment.
1. Provide required documentation and be fingerprinted.
2. Pay a non-refundable fee with a credit card, money order, company check or certified/cashier's check.

Status as of 11/23/2016.

Note: In-person enrollment must be completed within 120 days of pre-enrollment date.

Appointment Information
BRING THE FOLLOWING DOCUMENT(S) TO YOUR APPOINTMENT:
1. **Driver's License issued by a State or outlying possession of the U.S.**
2. **Passport Book or Card**
Legal Name must match exactly on all identification documents brought to enrollment.

Appointment Time: 12/5/2016 @ 9:40 AM (CST)
Location: Columbia, TN
📍 **IdentoGO**
Anderson Place Shopping Center
2516 Hospitality Ln
Columbia, TN 38401-0216

🔔 Get Email Alerts for this location

🗑 Cancel Appointment

🗓 Reschedule Appointment

Please provide 24 hours notice when canceling/rescheduling an appointment.

After you have visited an application center and completed the process, you can [check the status](#) of your service at the Universal Enrollment Services (UES) website.

Date: 11/23/2016
UE ID: UZZY-113B26
Service: 111168 - Enroll

Done

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Part 2

HME In-Person Standard (New) Enrollment Workflow

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Universal Enrollment Services

Select Program



OR - Enter Service Code

HME

Select Customer Service

Enroll

*CDL State of Issuance

Alabama

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HME Standard Enrollment

- START
- Program/Location
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- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Universal Enrollment Services

Enter Customer Information

Enrolling Under

*First Name
HME

*Middle Name
NMN

*Last Name
Enrollment

Suffix

*Gender
Male

*Date of Birth
02/24/1983
February 24, 1983

Contact

*Preferred Language
English

*Method of Contact (At least one method is required)

Email
.....

Email (Confirm)

Country Code
United States (+1)

Phone 1
- - -

Country Code
United States (+1)

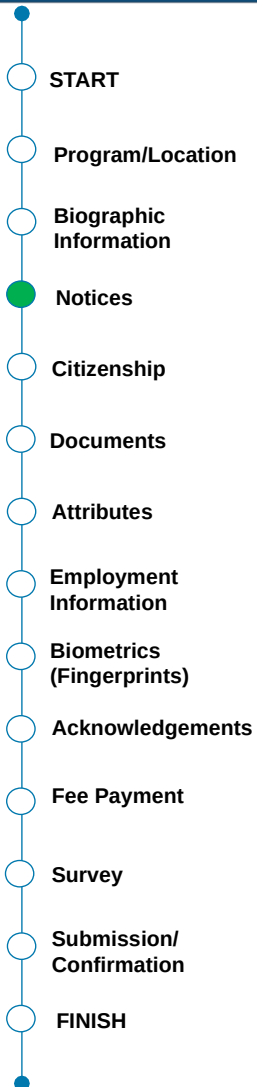
Phone 2
- - -

*Preferred Method of Contact
Email

Back

Next

HME Standard Enrollment



Universal Enrollment Services

HME - ENROLL

Important Notes

IMPORTANT!

1. If you have a record of any crimes identified in the criminal disqualifiers list, you may not wish to apply for the HME application program, as NO REFUNDS will be given for applicants who have been deemed ineligible.
2. Enrollment for HME is available only for participating states.
3. Once payment has been submitted as part of your HME enrollment, NO REFUNDS will be provided, regardless of the eligibility assessment outcome.
4. Reduced fee (comparable) enrollments must be executed on the web at universalenroll.dhs.gov.

Waiting for Customer Response...

Back

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship**
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Prove IdentityHME - ENROLL

Determine Citizenship

*Country of Birth

United States

*City of Birth

Nashville

*Country of Citizenship

United States

*State/Province of Birth

Alabama

Waiting for Customer Response...

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents**
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Prove Identity

HME - ENROLL

Determine Documents

*Document

Driver's License issued by a State or outlying possession of the U.S.

*Additional Document

Passport Book or Card

*Does the name you are enrolling under match on all documents provided?

☒ Yes ☐ No

Required Identity Documents:

*Driver's License issued by a State or outlying possession of the U.S.

*Passport Book or Card

Optional Identity Documents:

Back

IdentityBiographicsFingerprintsDisclosureFeePaymentSignatureSurveySubmit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes**
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

**Transportation Security Administration**



HOME | PROGRAMS | ABOUT | HELP CENTER

Programs / HME / Apply

Español

Answer Personal Questions (Step 4 of 11)

* Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

* Have you ever used a maiden/previous name?

YesNo

* Have you ever used an alias?

YesNo

* Is your mailing address the same as your residential address?

YesNo

* Have you lived at your current residential address for more than five (5) years?

YesNo

* If you currently hold a TWIC®, would you like to use it for a HME reduced fee enrollment if eligible? (View a list of states that offer comparability to their drivers.)

YesNo

✖ Cancel

◀ BackNext ▶

Home
Programs
About
Help Center
Contact Us

Privacy Policy
Freedom of Information Act
Transportation Security Administration (TSA)
U.S. Department of Homeland Security (DHS)

Canceled Card List
Canceled Card List Integrity Hash
TWIC Qualified Reader List

Developed By
MorphoTrust USA
A Safran Company

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes**
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Capture Biographics

HME - ENROLL

Enter Personal Information

*First Name

*Middle Name

*Last Name

Suffix

*Date of Birth

__/__/__

*Gender

☒ US ☐ Metric

*Height

5

ft

9

in

*Weight

187

lbs

*Hair Color

Black

*Eye Color

Black

Social Security Number

__-__-__

Social Security Number

__-__-__

Back

IdentityBiographicsFingerprintsDisclosureFeePaymentSignatureSurveySubmit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information**
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Capture Biographics HME - ENROLL x

Enter Employment Information

*Employment Status
Pre-Employment/Unemployed ▼

*Occupation or Trade
Federal Government Employee ▼

Waiting for Customer Response...

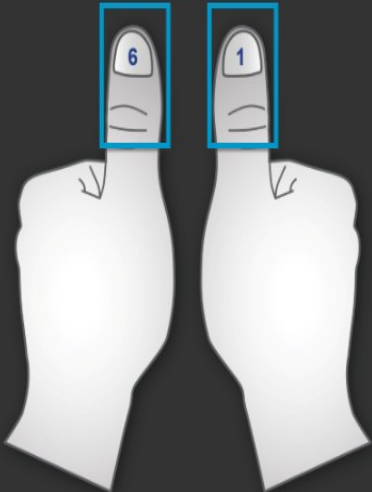
Back Identity **Biographics** Fingerprints Disclosure Fee Payment Signature Survey Submit Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)**
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Capture Fingerprints

HME - ENROLL



Place Thumbs on Device

1. Warming thumbs will improve print quality.
2. Have customer stand and place thumbs on glass. Thumbs must be straight.
3. When ready, click 'Capture' to begin.
4. LEDs Will change from red to green when finger contact and image contrast is acceptable.
5. If thumb is unprintable, toggle thumb as bandaged.
6. Bandaging both thumbs is not allowed.



Capture

Comment:

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)**
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Capture Fingerprints HME - ENROLL x

Accepted

6 1

NFIQ: 2
Digit: 6

NFIQ: 2
Digit: 1

Recapture Comment:

Identity Biographics **Fingerprints** Disclosure Fee Payment Signature Survey Submit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)**
- Acknowledgements
- Fee Payment
- Survey
- Submission/Confirmation
- FINISH

Capture Fingerprints HME - ENROLL x

✓ Accepted

NFIQ: 1
Digit: 2

NFIQ: 1
Digit: 3

NFIQ: 1
Digit: 4

NFIQ: 1
Digit: 5

Recapture Comment:

Back Identity Biographics **Fingerprints** Disclosure Fee Payment Signature Survey Submit Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)**
- Acknowledgements
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Capture Fingerprints HME - ENROLL

Accepted



NFIQ: 1
Digit: 10

NFIQ: 1
Digit: 9

NFIQ: 1
Digit: 8

NFIQ: 1
Digit: 7

Recapture

Comment:

[Back](#) [Identity](#) [Biographics](#) [Fingerprints](#) [Disclosure](#) [Fee](#) [Payment](#) [Signature](#) [Survey](#) [Submit](#) [Next](#)

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements**
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Capture DisclosureHME - ENROLL

Answer Disclosure Questions (Page 1 of 2)

Note: If you answer 'Yes' to questions 2, 3, 4 or 6 you may want to reconsider applying. If you answer 'Yes' to question 5, because you are currently under indictment or have open criminal charges, you should consider waiting to apply until these matters are resolved. Application enrollment fees are not refunded once submitted.

1. Are you a U.S. citizen, U.S. National or Lawful Permanent Resident (LPR)?

2. Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (*nolo contendere*), or found not guilty by reason of insanity, of any disqualifying felony listed in TSA Eligibility Requirements, Part A, in any jurisdiction, military or civilian?

3. Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (*nolo contendere*), or found not guilty by reason of insanity, of any disqualifying felony listed in TSA Eligibility Requirements, Part B, in any jurisdiction, military or civilian, during the 7 years before the date of this application?

4. Have you been released from incarceration in any jurisdiction, military or civilian, for committing any disqualifying felony listed in TSA Eligibility Requirements, Part B, during the 5 years before the date of this application?

5. Are you wanted or under indictment for any disqualifying crime listed in TSA Eligibility Requirements, Parts A or B?

☒ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

1 = Yes2 = No7 = Move back to previous question

IdentityBiographicsFingerprintsDisclosureFeePaymentSignatureSurveySubmitNext

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements**
- Fee Payment
- Survey
- Submission/ Confirmation
- FINISH

Capture Disclosure

HME - ENROLL

Answer Disclosure Questions (Page 2 of 2)

Note: If you answer 'Yes' to questions 2, 3, 4 or 6 you may want to reconsider applying. If you answer 'Yes' to question 5, because you are currently under indictment or have open criminal charges, you should consider waiting to apply until these matters are resolved. Application enrollment fees are not refunded once submitted.

6. Have you ever been found by a court or other lawful authority as lacking mental capacity or involuntarily committed to a mental institution? ☐ Yes ☒ No

1 = Yes **2** = No **7** = Move back to previous question

Back

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment**
- Survey
- Submission/ Confirmation
- FINISH

Determine Fee

HME - ENROLL

Calculate Total Fee

☒ \$86.50 - Full Fee (Security Threat Assessment expires in approximately 5 years)

\$86.50

Authorization Code

Apply

Non-Refundable Amount Due: \$86.50

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment**
- Survey
- Submission/ Confirmation
- FINISH

Collect Payment

HME - ENROLL

Choose Payment Method

☒ Credit Card ☐ Check ☐ Money Order

Non-Refundable Amount Due: \$86.50

Swipe Card

We Accept:


*Name on Card

HME Enrollment

*Credit Card Number

4111111111111111

*Expiration Date

02 / 20

*CSC

202

☐ Cardholder other than the Applicant

✔ Credit Card ending in 1111 was successfully charged \$86.50

Charge

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
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- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment**
- Survey
- Submission/ Confirmation
- FINISH

Signature

HME - ENROLL x

Disclosure

I understand my continuing obligation to notify TSA within 24 hours if I am convicted or found not guilty by reason of insanity of any disqualifying crime, or adjudicated as a mental defective or committed to a mental institution, while I am enrolled in Hazardous Material Endorsement Threat Assessment Program.

The information I provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact, can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of my application for the Hazardous Material Endorsement Threat Assessment program by TSA.

Credit Card Authorization
By signing, I authorize MorphoTrust USA and/or their agents to charge my credit card for service(s) performed and/or products purchased. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Applicant Signature

Comment:

☐ Translator used to interpret disclosure

Recapture

Accept

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

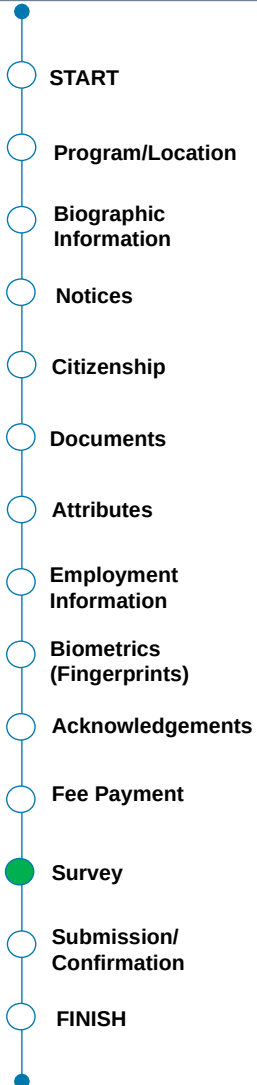
Signature

Survey

Submit

Next

HME Standard Enrollment



Voluntary Customer Survey

HME - ENROLL x

Answer Survey Questions

1. Are you satisfied with your overall experience at the enrollment center today?

2. If you experienced an issue that required a resolution, are you satisfied with the resolution?

3. Did the enrollment center representative(s) conduct themselves in a professional and courteous manner?

4. Are you satisfied with the enrollment center location and appearance?

1 = Yes

2 = No

7 = Move back to previous question

9 = Exit Questions

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

HME Standard Enrollment

- START
- Program/Location
- Biographic Information
- Notices
- Citizenship
- Documents
- Attributes
- Employment Information
- Biometrics (Fingerprints)
- Acknowledgements
- Fee Payment
- Survey
- Submission/Confirmation
- FINISH

Submit Enrollment

HME - ENROLL

Accepted

*PIN
●●●●●● Access



CONDIT, JEFFREY M.

Place Right Index or Left Middle finger on device.

By placing my finger on the device, I,
CONDIT, JEFFREY M., certify that the
information captured for
HME Enrollment
has been reviewed and verified.

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

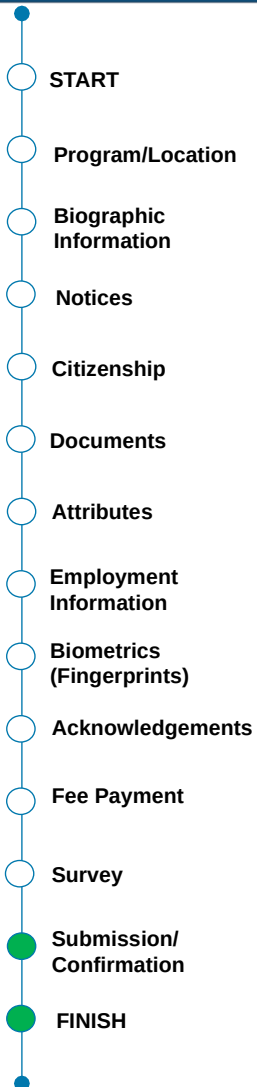
Signature

Survey

Submit

Submit

HME Standard Enrollment



Submit Enrollment

HME - ENROLL

Summary

Services		Customer	HME ENROLLMENT
HME - Enroll	\$86.50	UE ID	UZZY-113B26
	SubTotal: \$86.50	Auth #	ET100214
	Total: \$86.50	Date/Time:	11/23/2016@02:31 PM
Payment		Enrollment Location:	UES Mobile Engineering (8203)
Credit Card ending in (1111)	\$86.50	Notification Method:	jcondit@morphotrust.com
	Amount Paid: \$86.50		

Reprint

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Finish



Part 3

HME Online Renewal Workflow (Proposed)

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

START

Biographic Information

Notices

Citizenship

Attributes/State

Employment Information

Acknowledgements

Fee Payment

Submission/ Confirmation

Survey

FINISH

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to continue or 'Cancel' to exit.

- Legal Name must match exactly on all identification documents brought to enrollment.
- Remember the email address and phone numbers provided below, as they will be used to look-up application information during your in person appointment and to check your status online.

Legal Name

* First Name

* Middle Name (or NMN if no middle name)

* Last Name

Suffix

* Gender

* Date of Birth (MM/DD/YYYY)

* Preferred Language

* Method of Contact (At least one method is required)

Email

Verify Email

Country Code

Phone 1

Country Code

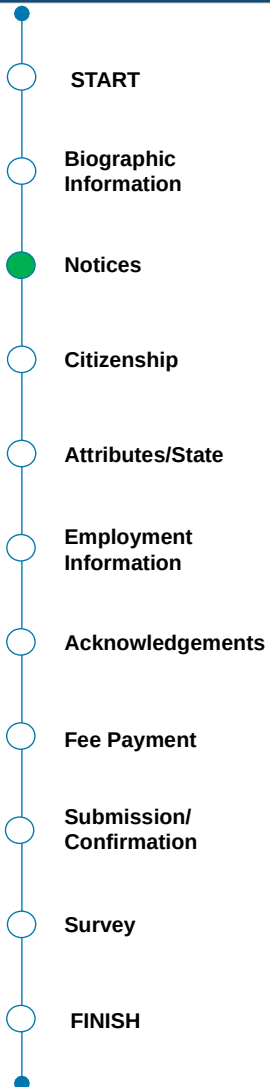
Phone 2

* Preferred Method of Contact

Applicants may be required to enter their current or expired CDL State of License and the CDL identification number, to confirm the applicant's information.

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.



Important Notes

IMPORTANT!

1. If you have a record of any crimes identified in the criminal disqualifiers list, you may not wish to apply for the HME application program, as NO REFUNDS will be given for applicants who have been deemed ineligible.
2. Enrollment for HME is available only for participating states.
3. Once payment has been submitted as part of your HME enrollment, NO REFUNDS will be provided, regardless of the eligibility assessment outcome.
4. Reduced fee (comparable) enrollments must be executed on the web at universalenroll.dhs.gov.

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

- START
- Biographic Information
- Notices
- Citizenship**
- Attributes/State
- Employment Information
- Acknowledgements
- Fee Payment
- Submission/Confirmation
- Survey
- FINISH

Determine Citizenship (Step 2 of 10) * Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

* Country of Birth

-- Choose One --

* City of Birth

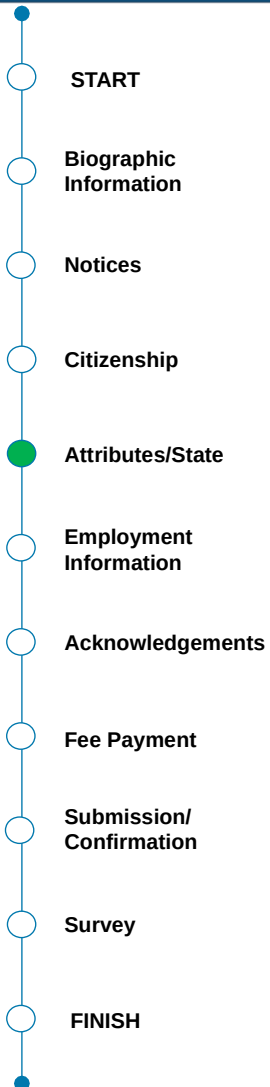
* Country of Citizenship

-- Choose One --

✖ Cancel ◀ Back Next ▶

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.



Answer Personal Questions (Step 4 of 11) * Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

* Have you ever used a maiden/previous name? Yes No

* Have you ever used an alias? Yes No

* Is your mailing address the same as your residential address? Yes No

* Have you lived at your current residential address for more than five (5) years? Yes No

* If you currently hold a TWIC®, would you like to use it for a HME reduced fee enrollment if eligible? ([View a list of states that offer comparability to their drivers.](#)) Yes No

✕ Cancel ◀ Back Next ▶

Applicants may be required to notify TSA if their State of license has changed since the previous enrollment for a TSA STA. If so, a new field or screen may be generated requesting that the applicant select their new State of license.

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

- START
- Biographic Information
- Notices
- Citizenship
- Attributes/State
- Employment Information
- Acknowledgements
- Fee Payment
- Submission/Confirmation
- Survey
- FINISH

Enter Personal Information (Step 5 of 11) * Required Fields

☒ US ☐ Metric

* Height * Weight

* Hair Color * Eye Color

* Commercial Driver License Number CDL Issuing State/Province

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

- START
- Biographic Information
- Notices
- Citizenship
- Attributes/State
- Employment Information**
- Acknowledgements
- Fee Payment
- Submission/Confirmation
- Survey
- FINISH

Enter Employment Information (Step 7 of 11)

* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

* Employment Status

-- Choose One --

* Occupation or Trade

-- Choose One --

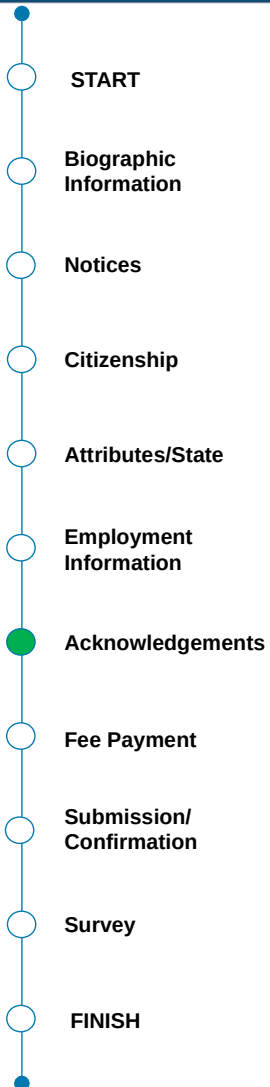
✖ Cancel

◀ Back

Next ▶

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.



Answer Disclosure Questions (Step 8 of 11)

* Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

Note: If you answer 'Yes' to question 2, 3, 4 or 6 you may want to reconsider applying. If you answer 'Yes' to question 5, you should wait to apply until these matters are resolved. Application fees are not refunded once submitted.

1. * Are you a U.S. citizen, U.S. National or Lawful Permanent Resident (LPR)?

YesNo
2. * Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (nolo contendere), or found not guilty by reason of insanity, of any disqualifying felony listed in 49 CFR 1572.103 ([Section VII, Part A](#)), in any jurisdiction, military or civilian?

YesNo
3. * Excluding juvenile cases unless convicted as an adult, have you been convicted, pled guilty including "no contest" (nolo contendere), or found not guilty by reason of insanity, of any disqualifying felony listed in 49 CFR 1572.103 ([Section VII, Part B](#)), in any jurisdiction, military or civilian, during the 7 years before the date of this application?

YesNo
4. * Have you been released from incarceration in any jurisdiction, military or civilian, for committing any disqualifying felony listed in 49 CFR 1572.103 ([Section VII, Part B](#)), during the 5 years before the date of this application?

YesNo
5. * Are you wanted or under indictment for any disqualifying crime listed in 49 CFR 1572.103 ([Section VII, Parts A or B](#))?

YesNo
6. * Have you ever been found by a court or other lawful authority as lacking mental capacity or involuntarily committed to a mental institution?

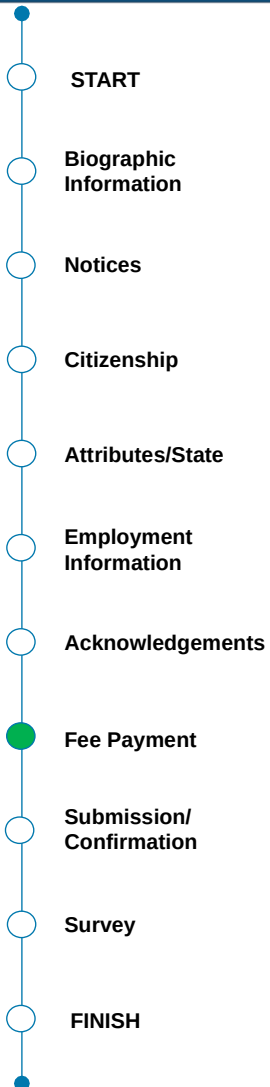
YesNo

✕ Cancel

◀ BackNext ▶

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.



Determine Fee

HME - ENROLL

Calculate Total Fee

☒ \$86.50 - Full Fee (Security Threat Assessment expires in approximately 5 years)

\$86.50

Authorization Code

Apply

Non-Refundable Amount Due: \$86.50

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

***Note: The HME online renewal fee may be reduced to reflect the enrollment segment costs of online transaction. (The example depicts the HME standard enrollment fee.)**

Applicants may enter an Authorization Code for payment if obtained from TSA or another Federal agency.

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

- START
- Biographic Information
- Notices
- Citizenship
- Attributes/State
- Employment Information
- Acknowledgements
- Fee Payment**
- Submission/Confirmation
- Survey
- FINISH

Collect Payment

HME - ENROLL

Choose Payment Method

☒ Credit Card ☐ Check ☐ Money Order

Non-Refundable Amount Due: \$86.50

Swipe Card

We Accept:



*Name on Card

HME Enrollment

*Credit Card Number

4111111111111111

*Expiration Date

02 / 20

*CSC

202

☐ Cardholder other than the Applicant

Credit Card ending in 1111 was successfully charged

\$86.50

Charge

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Next

***Note:** The HME online renewal fee may be reduced to reflect the enrollment segment costs of online transaction. (The example depicts the HME standard enrollment fee.)

Applicants may enter an Authorization Code for payment if obtained from TSA or another Federal agency.

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

- START
- Biographic Information
- Notices
- Citizenship
- Attributes/State
- Employment Information
- Acknowledgements
- Fee Payment**
- Submission/Confirmation
- Survey
- FINISH

Submit Enrollment

HME - ENROLL

Summary

Services		Customer	HME ENROLLMENT
HME - Enroll	\$86.50	UE ID	UZZY-113B26
	SubTotal: \$86.50	Auth #	ET100214
	Total: \$86.50	Date/Time:	11/23/2016@02:31 PM
Payment		Enrollment Location:	UES Mobile Engineering (8203)
Credit Card ending in (1111)	\$86.50	Notification Method:	jcondit@morphotrust.com
	Amount Paid: \$86.50		

Reprint

Identity

Biographics

Fingerprints

Disclosure

Fee

Payment

Signature

Survey

Submit

Finish

***Note: The HME online renewal fee may be reduced to reflect the enrollment segment costs of online transaction. (The example depicts the HME standard enrollment fee.)**

Applicants may enter an Authorization Code for payment if obtained from TSA or another Federal agency.

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

START

Biographic Information

Notices

Citizenship

Attributes/State

Employment Information

Acknowledgements

Fee Payment

Submission/ Confirmation

Survey

FINISH

**HME**

Post Enrollment Survey

How satisfied are you with your overall enrollment experience?

Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

☐ ☐ ☐ ☐ ☐

If you have any additional feedback about your experience that you would like to provide, please provide it here.

If you experienced an issue that required a resolution, how satisfied are you with the resolution?

Very satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very dissatisfied N/A

☐ ☐ ☐ ☐ ☐ ☐

Did the enrollment representative(s) conduct themselves in a professional and courteous manner?

- ☐ Yes
- ☐ No

How satisfied are you with the enrollment location and appearance?

Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied

☐ ☐ ☐ ☐ ☐

Submit

0%

HME Online Renewal

*Screenshots are examples only and actual online renewal screens may differ based on development considerations.

Select Appointment Location (Step 9 of 10)

Enter a Postal Code, City, Airport Code or Special Location Access Code to 'Search' for a location to schedule your appointment. Use the 📍 to search closest to your physical location. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

37128 📍 111111, Appointment 🔍

Number of Results: 5 10 20

Select the location row. Then click 'Next' to continue.

City	Location	Appts. Remaining (next 14 days)	First Available Appt.	
Franklin, TN	6840 Carothers	891	Nov 24, 8:00am	22.1 mi
Franklin, TN Location ID: 837270091 📍 UESCS-91 Test Location 6840 Carothers Franklin, TN 37067 🔔 Sign Up for Alerts	Hours: Monday - Friday: 08:00 AM - 05:00 PM			🟢 SELECTED
Columbia, TN	Anderson Place Shopping Center	417	Nov 24, 8:30am	30.8 mi
Nashville, TN	2501 McGavock Pike	1170	Nov 24, 7:30am	31.0 mi
Fairview, TN	2096 Fairview Blvd.	297	Nov 24, 8:00am	39.4 mi
Fairview, TN	2592 Fairview Blvd.	297	Nov 24, 8:00am	39.9 mi
Cookeville, TN	580 S Jefferson Ave	297	Nov 24, 9:30am	58.1 mi
Decatur, AL	116 IPSCO St	396	Nov 24, 9:00am	89.6 mi
Chattanooga, TN	6231 Perimeter Dr	391	Nov 24, 9:00am	89.7 mi
Jackson, TN	621 Old Hickory Blvd	330	Nov 24, 9:30am	135.3 mi
Knoxville, TN	6923 Maynardville Pike	297	Nov 24, 10:30am	142.6 mi

✖ Cancel

◀ Back Next ▶

If during the online renewal process TSA determines that the applicant is required to visit an enrollment center in-person to provide updated biographic or biometric information, the applicant will have the opportunity to schedule an appointment.



Part 4

HME Post-Enrollment Survey

HME Post-Enrollment Survey

*Screenshots are examples only and actual online screens may differ based on development considerations.

All applicants receive the option to complete a post-enrollment survey. Currently, this survey is offered during the in-person standard enrollment workflow at the enrollment workstation.

TSA plans to transition the optional survey to a web-based survey that will be sent to HME applicants who use TSA's enrollment provider via e-mail or hyperlink following submission of their enrollment. Applicants will have the ability to complete the optional survey after departing the enrollment site.

Do you want to participate in this optional survey?

YES

NO



HME

Post Enrollment Survey

How satisfied are you with your overall enrollment experience?

Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

☐ ☐ ☐ ☐ ☐

If you have any additional feedback about your experience that you would like to provide, please provide it here.

If you experienced an issue that required a resolution, how satisfied are you with the resolution?

Very satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very dissatisfied N/A

☐ ☐ ☐ ☐ ☐ ☐

Did the enrollment representative(s) conduct themselves in a professional and courteous manner?

- ☐ Yes
- ☐ No

How satisfied are you with the enrollment location and appearance?

Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied

☐ ☐ ☐ ☐ ☐

Submit

0%

