

**DCA Access Standard Security Program (DASSP)
Aircraft Operator Application Form**

Full company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Corporate Flight Department Location: _____

Flight Department Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Airport used as base of operation (use airport identifier): _____

Do you presently comply with a TSA Standard Security Program (i.e. TFSSP, AOSSP, or PCSSP)? Yes No

If Yes, please specify which program: _____

Security Coordinator:
Name:

First	Middle	Last	Phone	Email
Primary				
Alternate				

Applicant's Name: _____

Applicant Telephone Number (s): _____ Email Address: _____

Applicant's Signature & Title: _____

** Completed applications can be emailed to: DASSP@tsa.dhs.gov or faxed to (703)603-4030. **

PRIVACY ACT STATEMENT

AUTHORITY: 49 U.S.C. § 114; Pub. L. 108-176. PRINCIPAL PURPOSE(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 REDUCTION ACT BURDEN STATEMENT

This is a mandatory collection of information if you wish to fly into or from Ronald Reagan National Airport (DCA) in Washington, DC or act as a gateway fixed base operator for aircraft inbound to DCA. The total average burden per response associated with this collection is estimated to be approximately 45 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 April 30, 2012.

**Fixed Based Operator Standard Security Program (FBOSSP)
Fixed Based Operator Application Form**

Full company Name: _____

Airport Identifier: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Corporate Headquarters Location: _____

Corporate Headquarters Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Security Coordinator: Name:	First	Middle	Last	Phone	Email
Primary					
Alternate					

Applicant's Name: _____

Applicant Telephone Number (s): _____ Email Address: _____

Applicant's Signature & Title: _____

** Completed applications can be emailed to: DASSP@tsa.dhs.gov or faxed to (703)603-4030. **

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