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

Full company Name:						
Address:						
City:		State: _	State:		Zip Code:	
Corporate Flight Department	artment Location:					
Flight Department Ma	ailing Address:					
City:		State: _	State:		Zip Code:	
Airport used as base	of operation (use airport i	dentifier):		_		
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	e					
Applicant's Name:						
Applicant Telephone Number (s):			Email Address:			
Applicant's Signature	& Title:				·	
** Completed applica	tions can be emailed to:	OASSP@tsa.dhs.gov	faxed to <b>(703)603-40</b>	30. **		

## **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 0MB control number. The control number assigned to this collection is 0MB 1652—0035, which will expire on July 31, 2019.