



Transportation
Security
Administration

Certification of Identity

INSTRUCTIONS: Please provide the following information so that TSA can verify your identity and complete the passenger screening process. Please print legibly.

Full Name: _____

Current Address*: _____

*If a current address is unavailable, provide a previous address.

Signature: _____ Date: _____

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. § 114(f) and 49 C.F.R. §§ 1540.105(a)(2), 1540.107 **Principle Purpose(s):** This information is being collected in order to verify your identity and complete the passenger screening process. **Routine Use(s):** This information may be shared with the Department of Justice or other Federal agency in the review, settlement, defense, and prosecution of claims, complaints, and lawsuits over matters in which TSA exercises jurisdiction, or for routine uses identified in TSA's systems of records, DHS/TSA 001 Transportation Security Enforcement Record System (TSERS) or DHS/TSA 002 Transportation Security Threat Assessment System (TSTAS). **Disclosure:** Disclosure of this information is voluntary; however, failure to furnish the requested information may result in an inability to complete the security screening process and, consequently, an inability to grant you access to the sterile area.

False statements may be punishable under the provisions of 18 U.S.C. Section 1001 by fine, imprisonment or both.

For TSA Use Only

IVCC Identification Verification Reference Number: _____