

List of Questions for TSA Reimbursable Screening Services Program Pilot Request

Category	Questions to Answer
Stakeholder Information	<p>What is your contact information and do you have the designated authority to apply on behalf of your organization? Reference the corporate resolution, by-law, Aircraft Operator Standard Security Program (AOSSP) etc., that reference this authority.</p> <p>Does your organization have the legal authority to enter into an agreement with TSA? Reference the authority that confirms this information.</p>
Services Being Requested	<p>Provide a description of the activities requiring TSA services.</p> <p>What is the environment of requested services (airport, seaport)?</p> <p>What are the targeted days and hours for service requests?</p> <p>What is the frequency of services (daily, weekly, monthly, seasonal, holidays, etc.)?</p> <p>What is the projected monthly hours of requested services based on frequency?</p> <p>How many passengers are expected to be screened (per month and per year)?</p>

Paperwork Reduction Act Statement: Transportation Security Administration (TSA) is collecting this information from public and private entities interested in participating in the Reimbursable Screening Services Program. TSA estimates that the average burden for this collection is 32 hours per request and 8 hours per amendments. This is a voluntary collection of information. Send comments regarding this burden estimate or any other aspect of this collection to: TSA-11, Attention: PRA 1652-0073 TSA Reimbursable Services Program Request, 6595 Springfield Center Drive, Springfield, VA 20598-6011. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0073, which expires 04/30/2023.

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Location of Requested Services	Provide requested services location address and description.
Available Facilities To Perform Requested Services	Provide a general description of the current facilities at the location of requested services.
Funding For Requested Services	<p>What is the source of funding for requested services?</p> <p>What is the applicant's available program budget for the first fiscal year (month and quarter)?</p>

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