

**PERSONAL IDENTIFICATION NUMBER (PIN) REQUEST FORM****HYDE FIELD**

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Airmen Certificate No. \_\_\_\_\_

Student:  Pvt:  Com:  ATP: 

Home Tele #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Aircraft Make/Model (state various, if applicable) \_\_\_\_\_

FAA Registration No. \_\_\_\_\_

Renter  Rental Org.: \_\_\_\_\_**Hyde Field Security Interview**

I have been briefed as to airspace, security, and airport procedures by Hyde Field airport security staff. I have been given the opportunity to ask questions and I have been apprised of my security responsibilities. I understand that I may be subject to questioning by FAA, TSA or USSS officials as part of airport inspections or surveillance activities. I further understand that failure to comply with the security procedures may result in suspension or revocation of my privileges to operate an aircraft to or from this airport or any of the MD3 airports

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed and photocopied the applicant's airman certificate and a government issued identification with photograph. I have included copies of these documents in the Airport Security Procedures Appendix. I have briefed the applicant as required and furnished a copy of the Hyde Field Security Procedures and the ADIZ/FRZ flight procedures.

Acting Airport Security Coordinator Print name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Transportation  
Security  
Administration**

**MD-3 PIN Application-W32**

**INSTRUCTIONS:** Complete all applicable fields. In Section 1, check the Maryland Three (MD-3) airport where you are based. If you own an aircraft, **complete all** of Section 3. If you do not own an aircraft, leave make/model and FAA Registration No. fields blank in Section 3. Take this form with you to the FAA Flight Standards District Office (FSDO) for an official to sign and to also to the fingerprinting site. Submit completed application via email to pinprocessing.@hydefield.com or fax to (301)-297-7897.

<b>Section 1: MD-3 Airports Access</b>			
<b>Check One:</b>	<input type="checkbox"/> College Park	<input type="checkbox"/> Hyde Field	<input type="checkbox"/> Potomac Air Field
	<input type="checkbox"/> Transient		
<b>Section 2: Applicant Information</b>			
<b>Name:</b>		<b>Date of Birth:</b>	<b>SSN Last 4 digits:</b>
<b>Home Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Section 3: Airman/Aircraft Information</b>			
<b>Airman Certificate No.:</b>		<input type="checkbox"/> ATP <input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Student	
<b>Aircraft Make/Model</b> (e.g., enter "C-172" if a Cessna 172):		<b>FAA Registration No.:</b>	
<b>Section 3: Approvals</b>			
<b>FAA FSDO OFFICIAL (NO LONGER REQUIRED)</b>			
I have inspected the applicant's airman certificate, flight medical certificate, and all other appropriate information.			
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>	<i>Phone Number</i>
<b>FAA Inspector No. on 110A:</b>			
<b>DCA SECURITY COORDINATOR (Complete only if fingerprints taken at DCA)</b>			
The applicant has been fingerprinted and completed the appropriate paperwork for a background check. Reference code SON = 644F / SOI = TD30.			
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>	<i>Phone Number</i>
I will complete the TSA-approved security training module under the supervision of the airport security coordinator. I will comply with the procedures outlined in the security training. I have been provided an opportunity to ask questions of the airport manager or been directed by the airport manager to appropriate Federal Aviation Administration (FAA), Transportation Security Administration (TSA), or United States Secret Service (USSS) officials to resolve any questions. I have been apprised of my security responsibilities as outlined in the airport security procedures, and am aware of my reporting and security responsibilities.			
I have completed the items required above and understand that I may be subject to questioning by FAA, TSA, or USSS officials as part of airport inspections or surveillance activities. I further understand that failure to comply with the airport security procedures may result in suspension of my privileges to operate an aircraft to or from the airport(s) indicated above.			
<b>Applicant Signature Required:</b>			<b>Date:</b>
<b>Applicant Phone:</b>		<b>Applicant email:</b>	
<b>AIRPORT SECURITY COORDINATOR or ALTERNATE</b>			
I have reviewed and photocopied the applicant's airman certificate and a government-issued identification with photograph. I have included a copy of these documents in the Airport Security Plan. The applicant viewed the Airport/Pilot Security Briefing tape developed by the FAA, TSA, and the USSS regarding pilot and airport security procedures at the airport indicated above.			
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>	<i>Phone Number</i>

**PRIVACY ACT STATEMENT:** Authority: 49 U.S.C. § 114 authorizes collection of this information. **Principal Purpose(s):** TSA will use the information to process your application to fly to, from, or through the airspace of the College Park, Hyde Field, and Potomac airports located in Maryland. **Routine Use(s):** TSA may share this information with FAA when relevant to the issuance of security clearance, license or other credential. For further information please consult DHS/TSA 002 Transportation Security Threat Assessment System. **Disclosure:** Voluntary; Failure to provide the requested information may result in a denial of your request to take off, land, or fly through the airspace of the Maryland 3 airports.

**PAPERWORK REDUCTION ACT BURDEN STATEMENT:** This is a mandatory collection of information if you wish to fly to, from, or through the airspace of the College Park, Hyde Field, and Potomac airports located in Maryland. The total average burden per response associated with this collection is estimated to be approximately 20 minutes. Send comments regarding this burden estimate or any other aspect of this collection to: TSA-11, Attention: PRA 1652-0029, 601 South 12<sup>th</sup> Street, Arlington, VA 22202. 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 1652-0029, which expires 3/31/2012.