

**OVERFLIGHT  
Pilot/Crewmember Personal Information Release**

19 CFR 122.25

**PRIVACY ACT STATEMENT:** Section 1.35 of Title 31 CFR Part 1 and 5 USC 301; Treasury Department Order # 165 revised as amended authorizes collection of this information. The primary use of this information is by U.S. Customs and Border Protection employees with a need-to-know in order to facilitate the management of the above-mentioned program and to conduct an investigative check to determine participant's eligibility into the Overflight Program. Additional disclosure may be made to a Federal, State, or local law enforcement agency if we become aware of a violation of civil or criminal laws, to a Federal agency when conducting an investigation for security reasons and a very limited disclosure of the participant's name and a passed/failed" determination will be made to the "Applicant," submitting Overflight program application as specified in the regulation.

The submission of a participant's social security number is voluntary and no consequence will follow from the refusal to disclose this personal identification number. Executive Order 9397; 31 CFR Part 1, Section 1.35(5), 5 USC 301; and Treasury Department #165 revised as amended. These statutes authorize the collection of this information.

If the U.S. Customs and Border Protection uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

**PAPERWORK REDUCTION ACT NOTICE** - The information collection on this application is need to carry out the customs and immigration laws of the United States. We need the information to insure that applicants meet the criteria established to participate in the U.S. Customs and Border Protection Overflight Exemption as per 19 CFR 122.25. The information collected will be stored in a computer database for tracking purposes. Your response is required to obtain the benefits of participation in the program. Statement required by 5 CFR 1320.21: The estimated average burden associated with collection of information is 5 minutes per respondent or record keeper depending of individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799, 9th Street, NW, Washington, DC 20229.

|   |                             |   |
|---|-----------------------------|---|
| PARTICIPANT'S FULL NAME: (PLEASE LIST ANY ALIASES ON A SEPARATE PAGE)   |                             | SEX:<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| SOCIAL SECURITY NUMBER:   | DATE OF BIRTH: (MM/DD/YYYY) | PLACE OF BIRTH: (COUNTRY)   |
| CITIZENSHIP:  | PASSPORT AND/OR DOC. NO.:   | PILOT LICENSE NO.:  |
| PRESENT ADDRESS:  |                             | FORMER ADDRESS:   |
|   |                             |   |
|   |                             |   |
|   |                             |   |
| I hereby voluntarily submit the above personal information for consideration by the U.S. Customs and Border Protection for acceptance into their frequent travelers Overflight Program. I understand that I must adhere to the provisions of 19 CFR 122 and 123 and that falsification of any information on this form will result in my immediate disqualification from this program and possibly a civil or criminal penalty. |                             |   |
| PARTICIPANT SIGNATURE:  |                             | DATE:   |
| APPLICANT SIGNATURE:  |                             | DATE:   |
| <b>CBP USE ONLY</b>   |                             |   |
| OFFICIAL ACTION ON REQUEST: (IF DISAPPROVED, GIVE REASON)<br>REASON:  |                             |   |
| AGENCY OFFICIAL SIGNATURE:  |                             | DATE:   |