

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

AVIATION SECURITY KNOWN SHIPPER VERIFICATION

INSTRUCTIONS: This form must be completed in its entirety by approved verification firms for the Known Shipper Program and emailed as PDF to CCSP@dhs.gov or you can fax it to (703) 603-0725. Print clearly in all fields except the signature lines.

SECTION I. Facility and Contact Data

| | | | |
|-------------------------------------|--|-------------------------------|--|
| Date of Physical Visit | | Name of Business Visited | |
| Also doing business as (trade name) | | Business Type | |
| Number of Years in Business | | Employee's Identifying Number | |
| Name of Individual Contacted | | Title | |

SECTION II. Address Information

| | | | | | | | |
|--------------------------------|--|------|--|-------|--|-----|--|
| Physical Address | | City | | State | | Zip | |
| Mailing Address (if different) | | City | | State | | Zip | |

SECTION III. Shippers Contact Information

| | | | |
|--------------------------------|--|--------------------------------|--|
| Physical Location Phone Number | | Principal Contact Phone Number | |
| Emergency Phone Number | | Fax Number | |
| Email Address | | Web Address | |

SECTION IV. Transfer of Cargo

| | | | |
|--|--|------|--|
| Name and title of employee or authorized representative verifying the above information: | | | |
| I certify the above information is true and correct and the onsite visit and verification was conducted in person as required by the TSA standard security program applicable security directives. This certification (i) is made with the understanding that any intentional falsification maybe subject to both civil and criminal penalties under 49 CFR 1540.103 and 18 U.S.C. 1001 (ii) subject to record keeping requirements approved by TSA. | | | |
| Printed Full Name of Verifier | | Date | |
| Signature of Verifier | | Date | |
| Printed Full Name of Shipper | | Date | |
| Signature of Shipper | | Date | |

PAPERWORK REDUCTION ACT BURDEN STATEMENT: TSA is collecting this information to qualify entities as Certified Cargo Screening Facilities. The public burden for this collection of information is estimated to be approximately 2 hours. This is a mandatory collection of information. Send comments regarding this burden estimate or any other aspect of this collection to: TSA-11, Attention: PRA 1652-0040 601 South 12th Street, Arlington, VA 22202. An agency may not conduct or sponsor, any persons not required to respond to, a collection of information unless it displays a current valid OMB control number. The OMB control number assigned to this collection is 1652-0040, which expires 08/31/2019.

Previous editions of this form are obsolete