



INSTRUCTIONS: Companies seeking to be designated as a Certified Cargo Screening Facility (CCSF) must complete this form. A separate form must be submitted for each facility. This completed form must be submitted as part of the CCSF application package via fax to 703-603-0725 or via email as a protected data file (PDF) to CCSP@dhs.gov. Upon receipt of the complete CCSF application package, TSA will distribute the Certified Cargo Screening Program draft regulatory order, the Certified Cargo Screening Program Standard Security Program the Indirect Air Carrier Standard Security Program Alternate Procedures and the Facility Security Plan guidelines as applicable.

* Complete CCSF application package includes TSA Form 419A, *CCSF Letter of Intent*, TSA Form 419B, *CCSF Facility Profile Application*, TSA Form 419C, *CCSF SSI Agreement*, TSA Form 419D, *Principal Attestation*, TSA Form 419E, *Security Profile*.

NOTE: Any fraudulent or false statements in conjunction with this application may be subjected to civil penalties under 49 CFR 1540.103(b) and fines and/or imprisonment of not more than 5 years under 18 U.S.C. 1001.

| Section I: General Information | | | |
|---|--------------|--|-----------------------------|
| | | | |
| <i>Facility Name</i> | | | |
| () - | | () - | |
| <i>Telephone Number</i> | | <i>Fax Number</i> | |
| | | | |
| <i>Physical Address</i> | | | |
| | | | |
| <i>City</i> | <i>State</i> | <i>Zip</i> | <i>Country or Territory</i> |
| Complete the section below only if the mailing address of the facility is different from the physical address. | | | |
| | | | |
| <i>Address</i> | | | |
| | | | |
| <i>City</i> | <i>State</i> | <i>Zip</i> | <i>Country or Territory</i> |
| | | | |
| <i>Company Name (if applicable)</i> | | | |
| () - | | () - | |
| <i>Telephone Number (if applicable)</i> | | <i>Fax Number (if applicable)</i> | |
| | | <i>Indirect Air Carrier Number (if applicable)</i> | |
| | | | |
| | | | |

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 15 minutes. 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-XXXX 601 South 12th Street, Arlington, VA 22202. 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-XXXX, which expires dd/mm/yyyy.

Section II: Facility Details

| | | | |
|---|---|---|--------------------------------------|
| Annual Volume Domestic (lbs) | | Annual Volume International (lbs) | |
| Annual Volume domestic (piece count) | | Annual Volume International (piece count) | |
| Annual volume (lbs) of cargo traveling on passenger aircraft (or tendered to a Freight Forwarder): | | | |
| Annual volume (piece count- cargo) traveling on passenger aircraft (or tendered to a Freight Forwarder): | | | |
| Breakdown (%) of volume (cargo) traveling within the US vs. International <i>(if applicable)</i> : | | | |
| Identify the closest airport to your facility (3 letter identifier)(i.e, IAD) | | | |
| What are the primary commodities shipped by your facility? To better assist your organization during the certification process, please check all applicable boxes and provide a detailed summary of commodities shipped in the right hand column. With this information, our PCSAs can tailor their interaction appropriately based on commodity types shipped. | | | |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Industrial Materials | <input type="checkbox"/> Printed Matter | <input type="checkbox"/> Perishables |
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Biological | <input type="checkbox"/> Human Remains | <input type="checkbox"/> Art |
| <input type="checkbox"/> Wearing Apparel | <input type="checkbox"/> Media | | |
| <input type="checkbox"/> Freight All Kinds (FAK) | | | |

Section III: Contact Information

Facility Contact – Primary

| | | |
|---------------------------------|-----------------------------------|----------------------|
| | | |
| <i>First Name</i> | <i>Last Name</i> | <i>Title</i> |
| () - | () - | |
| <i>Primary Telephone Number</i> | <i>Secondary Telephone Number</i> | <i>Email Address</i> |

Facility Contact – Secondary

| | | |
|---------------------------------|-----------------------------------|----------------------|
| | | |
| <i>First Name</i> | <i>Last Name</i> | <i>Title</i> |
| () - | () - | |
| <i>Primary Telephone Number</i> | <i>Secondary Telephone Number</i> | <i>Email Address</i> |
| <i>Secondary Email Address</i> | | |