



INSTRUCTIONS: This form is to be completed by any principal, proprietor, general partner, officer, director, or owner of a company seeking to be part of the Certified Screening Program. Please complete the applicable section and sign and date the form. This form must be submitted along with other parts of the CCSF application as a complete package via email as a PDF to CCSP@dhs.gov or via fax (703) 603-0725.

The 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 419C *Security Profile*.

Section 1. Certification of Previously Approved Vendor

<input type="checkbox"/>	I certify that I have been a proprietor, general partner, officer, director, or owner (as defined in 49 CFR 1548.16) of an Indirect Air Carrier (IAC) or Certified Cargo Screening Facility (CCSF) listed below:		
IAC/CCSF Name		IAC/CCSF Number	
Physical City	State	Start Date	End Date
IAC/CCSF Name		IAC/CCSF Number	
Physical City	State	Start Date	End Date

Section 2. Previously Certified, but Revoked

<input type="checkbox"/>	I certify that as a proprietor, general partner, officer, director, or owner, I have had my certification revoked		
IAC Number	Physical City, State	Date Revoked	
My certification was revoked for the following reason			

Section 3. Not Previously Certified

<input type="checkbox"/>	I certify that I have NOT previously been a proprietor, general partner, officer, director, or owner (as defined in 49 CFR 1548.16) of an IAC or CCSF.		
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Section 4. Signature

Applicant Signature and 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 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.