

CCSF Facility Profile Application

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 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 Acknowledgment, 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: Ger	•	tion	y cars area		, everes 10011			
Englis Name								
Facility Name								
() -			()		-			
Telephone Number			Fax Number					
			1 Tux Ivumber					
Physical Address								
City	State Zip				Country or Territory			
Complete the section below only if the mailing address of the facility is different from the physical address.								
Address								
City	State	Zip	Zip		Country or Territory			
		·						
Company Name (if appl	icable)	1						
() -		()) -					
Telephone Number (if applicable)		Fax Number (if applicable)			Indirect Air Carrier Number (if applicable)			

Page 1 of 2

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 1652-0053 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 1652-0053, which expires 03/31/2016.

Section II: Facility Detail	C								
Section II. Facility Detail	.5								
Annual Volume Domestic (lbs)		Annual Volun	ne International (lbe	6)					
Allitual Volume Domestic (103)			Annual Volume International (lbs)						
Annual Volume domestic (piece co	ount)	count)	Annual Volume International (piece						
Annual volume (lbs) of cargo trave									
Forwarder):									
Annual volume (piece count- cargo Forwarder):	ight								
Breakdown (%) of volume (cargo)									
Identify the closest airport to your									
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 PSIs can tailor their interaction appropriately based on commodity types shipped.									
Electronics Industrial Materials		Printed Matter	Perishables		Wearing Apparel				
Pharmaceutical Biological		Human Remains	Art		Media				
Freight All Kinds (FAK)									
Section III: Contact Inform	mation								
Facility Contact – Primary									
Tuemty contact 11mmiry	T								
First Name		Last Name		Title					
() -	()	-							
		lephone Number	Email Address						
Facility Contact – Secondary									
First Name		Last Name		Title					
() -	()	-							
Primary Telephone Number Secondary T		lephone Number	ne Number Email Address						
Secondary Email Address									