

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 provided to TSA upon request. Print clearly in all fields except the signature lines.

SECTION I. Facility and Contact Data

Date of Physical Visit	<input type="text"/>	Name of Business Visited	<input type="text"/>
Also doing business as (trade name)	<input type="text"/>	Business Type	<input type="text"/>
Number of Years in Business	<input type="text"/>	Employee's Identifying Number	<input type="text"/>
Name of Individual Contacted	<input type="text"/>	Title	<input type="text"/>

SECTION II. Address Information

Physical Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Mailing Address (if different)	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

SECTION III. Shippers Contact Information

Physical Location Phone Number	<input type="text"/>	Principal Contact Phone Number	<input type="text"/>
Emergency Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>	Web Address	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
Signature of Verifier	<input type="text"/>	Date	<input type="text"/>
Printed Full Name of Shipper	<input type="text"/>	Date	<input type="text"/>

Signature of Shipper

Date

PAPERWORK REDUCTION ACT BURDEN STATEMENT: TSA is collecting this information to qualify entities as Known Shipper. The public burden for this collection of information is estimated to be approximately 1 hour. 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, 6595 Springfield Center Drive, Springfield, 20598-6011. 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 04/30/2024.

Previous editions of this form are obsolete