

CERTIFIED CARGO SCREENING FACILITY (CCSF) PROFILE APPLICATION

INSTRUCTIONS: This form must be completed by companies seeking to be approved as a Certified Cargo Screening Facility (CCSF). A separate form must be submitted for each facility. Submit the completed form as part of the CCSF application via email to AirCargoPrograms@tsa.dhs.gov as a protected data file (PDF).

NOTE: A completed CCSF application consists of TSA Form 419A CCSF Letter of Intent, TSA Form 419B CCSF Facility Profile Application, TSA Form 419C CCSF SSI Acknowledgement, TSA Form 419D Principal Attestation, and TSA Form 419E Security Profile.

The applicant understands that any fraudulent or false statement made in connection with this application may subject the applicant and the individual completing this form to both (1) civil penalties under 49 CFR 1540.103(b) and (2) fines and/or imprisonment of not more than five years under 18 U.S.C. 1001.

SECTION I. General Information

| | | |
|-------------------|-----------------------|--|
| Facility Name: | Telephone Number: | Fax Number: |
| Physical Address: | City: | State: |
| Zip Code: | Country or Territory: | Indirect Air Carrier Number (if applicable): |

SECTION II. Mailing Address (Complete this section only if the mailing address of the facility is different from the physical address)

| | | | |
|-------------------|--------|-------------|-----------------------|
| Company Name: | | Address: | |
| City: | State: | Zip: | Country or Territory: |
| Telephone Number: | | Fax Number: | |

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 1.5 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 1652-0053, 6595 Springfield Center Drive, Springfield, VA 20598. 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 09/30/2024.

| SECTION III. Facility Details | | |
|--|---|---|
| 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. | | |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Industrial Materials | <input type="checkbox"/> Printed Matter |
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Biological | <input type="checkbox"/> Human Remains |
| <input type="checkbox"/> Freight All Kinds (FAK) | <input type="checkbox"/> Perishables | <input type="checkbox"/> Art |
| <input type="checkbox"/> Wearing Apparel | <input type="checkbox"/> Media | |
| SECTION IV. Contact Information | | |
| Facility Security Coordinator - Primary | | |
| First Name: | Last Name: | Title: |
| Primary Telephone Number: | Secondary Telephone Number: | Email Address: |
| Facility Security Coordinator - Secondary | | |
| First Name: | Last Name: | Title: |
| Primary Telephone Number: | Secondary Telephone Number: | Email Address: |

Previous editions of this form are obsolete.

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