

**Aviation Security Known Shipper Re-verification**

**Date of Physical Visit:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year 20 \_\_\_\_\_

**Name of business visited:** \_\_\_\_\_

Also doing business as \_\_\_\_\_

Name of person contacted \_\_\_\_\_

Title \_\_\_\_\_

Contract number \_\_\_\_\_

How long in business \_\_\_\_\_

**Address Information** \_\_\_\_\_ Mailing (if different than physical address)

Address 1 \_\_\_\_\_ Address 1: \_\_\_\_\_

Address 2 \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ City \_\_\_\_\_

State/Prov \_\_\_\_\_ State/Prov \_\_\_\_\_

Postal Code \_\_\_\_\_ Postal Code \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

**Contact Information**

Physical location phone number \_\_\_\_\_

Principal contact phone number \_\_\_\_\_

Emergency phone number \_\_\_\_\_

Facsimile number \_\_\_\_\_

E-mail address \_\_\_\_\_

Web address \_\_\_\_\_

**Verifier's information**

Person verifying above info \_\_\_\_\_

Title: \_\_\_\_\_

Air Carrier or Indirect Air Carrier \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

This is to certify that the above information has been verified in accordance with TSA Guidelines.

**(Signature of verifier)** \_\_\_\_\_

**(Signature of verifier)** \_\_\_\_\_

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