

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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