

TSA SECURITY KNOWN SHIPPER RE-VERIFICATION

Date of physical visit	Month		Day		Year	
Name of business visited						
Also doing business as						
Name of person contacted						
Title						
Account Number						
Contract Number						
Years in business						

Address Information

Physical address:		Mailing address: (if different than physical address)
Address 1		
Address 2		
City		
State/Prov.		
Postal Code		
Country		

Contact Information

Physical location phone number	
Principal contact phone number	
Emergency phone number	
Facsimile number	
E-mail address	
Web address	

Verifier's Information

Verifying Representative		Title	
Air Carrier or Indirect Air Carrier			
Phone			
E-mail address			

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

Signature of verifier	X
Signature of shipper	X