

ATTACHMENT 1

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: _____
Account number: _____
Contract number: _____
How long in business? _____

Address Information

Physical

Address 1: _____
Address 2: _____
City: _____
State/Prov: _____
Postal Code: _____
Country: _____

Mailing (if different than physical address)

Address 1: _____
Address 2: _____
City: _____
State/Prov: _____
Postal Code: _____
Country: _____

Contact Information

Physical location phone number: (____)____-____
Principal location phone number: (____)____-____
Emergency phone number: (____)____-____
Facsimile number: (____)____-____

E-mail address: _____
Web address: _____

Verifier's information

Person verifying above information: _____
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 shipper _____

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