

**Attachment 1**

**Aviation 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: \_\_\_\_\_

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 contact 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 FAA guidelines.

Signature of verifier \_\_\_\_\_

Signature of shipper \_\_\_\_\_

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