



Tavernier, FL 33037

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: (____)____-____

Email 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: _____