

AGL KNOWN SHIPPER VERIFICATION FORM

Print clearly in all fields except for signatures. The form must be completed in its entirety.
Once completed, this form is not considered Sensitive Security Information.

Section 1. Facility and Contact Data			
Date Established /	Name of business:		
Also doing business as (trade name):	Business type:		
Number of years in business:	Employer's Identifying Number:		
Name of individual contacted:	Title:		
Section 2. Address Information			
Physical address:	City:	State:	Zip:
Mailing address (if different):	City:	State:	Zip:
Previous Mailing address:	City:	State:	Zip:
Section 3. Shipper's Contact Information			
Physical location phone number:	Principal contact phone number:		
Emergency phone number:	Fax number:		
Email address: @	Web address:		
Signature of Shipper:			

Please maintain a copy for your records.
Provided is the Known Shipper Privacy Act Notice.

Disclosures: Known Shipper Status Privacy Act Notice

“49 USC 114 authorizes the collection of this information. The information you provide will be used to qualify you or verify your status as a possible “known shipper.” Providing this information is voluntary, however, failure to provide the information will prevent you from qualifying as a “known shipper.” This information will be disclosed to TSA personnel and contractors or other agents including IACs in the maintenance and operation of the known shipper program. TSA may share the information with airport operators, foreign air carriers, IACs, law enforcement agencies, and others in accordance with the Privacy Act, 5 USC Section 552a. For additional details, see the system of records notice for Transportation Security Threat Assessment System (DHS/TSA 002) published in the *Federal Register*.