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Indirect Air Carrier Standard Security Program

ATTACHMENT 1: AVIATION SECURITY KNOWN SHIPPER VERIFICATION (ASKSV) 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 of physical visit: / /		Name of business visited:	
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:
Section 3. Shipper's Contact Information			
Physical location phone number:		Principal contact phone number:	
Emergency phone number:		Fax number:	
Email address: @		Web address:	
Section 4. Verifier's Information			
Name & title of IAC employee or authorized representative verifying the above information:			
Name of aircraft operator/ foreign air carrier/ or indirect air carrier:		Phone number:	Email address:
I certify the above information is true and correct and the onsite visit and verification was conducted in person as required by the TSA standard security program and applicable security directives. This certification is (i) made with the understanding that any intentional falsification may be subject to both civil and criminal penalties under 49 CFR 1540.103 and 18 U.S.C. 1001 and (ii) subject to record keeping requirements approved by TSA.			
Signature of Verifier:			
Signature of Shipper:			

TSA FORM 419H

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