



March 01, 2014

Authorization to screen cargo under TSA regulations effective April 01, 2014

Dear Valued Customer:

The Recommendations of the 9/11 Commission Act, also known as 9/11 Act, requires that Transportation Security Administration (TSA) implements a system able to screen all cargo transported on any passenger aircraft.

TM Logistics is willing to cooperate with this security measure and will comply with the regulations stated by TSA. TM Logistics will inspect every shipment of cargo carried on passenger aircraft prior to be handled to any airline. Support from our clients is necessary by providing documentation mentioned below.

Shippers must provide a dated authorization to screen all cargo to be shipped by air tendered to TM Logistics on shipper's letterhead. We are including a format that can be copied to your letterhead, please sign it, date it and return it to us. We will need the original form to be sent to us at the mailing address provided on form.

TM Logistics is committed to provide a high quality service to our customers and safety to passengers on any aircraft by complying with the screening requirements. For additional information regarding screening of your cargo or any other issue, please contact our main office or the Security Coordinator.

Sincerely,

Noe Montes
President
TM Logistics, LLC.



SENSITIVE SECURITY INFORMATION

Date: _____

Subject: Shipper Authorization, Consent to Screen Air Shipments

Shipper: _____ is aware that Transportation Security Administration (TSA) requires that all air cargo tendered for transport is subject to inspection. We hereby authorize and consent to the screening and / or inspections of all cargo tendered by us to TM Logistics, LLC from the date of this authorization forwarded. This authorization is effective until revoked in writing.

Company Name: _____

Company Address: _____

City, State, ZIP Code: _____

Authorized By: _____
(Print Name)

Authorized Signature: _____

Contact Phone Number: _____ Ext. _____

Fax Number: _____

Please send copy of completed form on **Company Letterhead** to luz.mendoza@tmlogistics.us, and mail original to:

TM Logistics, LLC
Attn: Security Coordinator
13491 South Unitec Drive
Laredo, TX 78045

WARNING: SENSITIVE SECURITY INFORMATION

WARNING: THIS RECORD CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER 49 CFR PARTS 15 AND 1520. NO PART OF THIS RECORD MAY BE DISCLOSED TO PERSONS WITHOUT A "MEET TO KNOW" AS DEFINED ON 49 CFR 15 AND 1520, EXCEPT WITH THE WRITTEN PERMISSION OF THE ADMINISTRATOR OF THE TRANSPORTATION SECURITY ADMINISTRATION OR THE SECRETARY OF TRANSPORTATION. UNAUTHORIZED RELEASE MAY RESULT IN CIVIL PENALTY OR OTHER ACTION. FOR U.S. GOVERNMENT AGENCIES, PUBLIC DISCLOSURE IS GOVERNED BY 5 U.S.C. 552 AND 49 CFR PARTS 15 AND 1520.



Known Shipper Contract

Company Name	
Contact	
Street Address	
City	
State	
Zip	
Telephone	
Fax	
E-mail address	
D&B # (if avail.)	

Shipping Agreement and Security Undertaking:

“This Shipping Agreement shall govern that series of future shipments made by: _____ or its authorized representatives on TM LOGISTICS, LLC. By my signature below, I certify that I will not attempt to ship via TM LOGISTICS, LLC and its assignees any unauthorized explosives, incendiaries, dangerous goods or hazardous materials. I consent to a search of any cargo that I ship by TM LOGISTICS, LLC. I am aware that this contract and original signature, along with other shipping documents, will be retained on file by TM LOGISTICS, LLC and are subject to inspection by TSA and air carriers. I consent to verification by TM LOGISTICS, LLC and their assignees of my identity and credit information, and any other steps necessary for TM LOGISTICS, LLC to comply with applicable security or safety procedures or government regulations. TM LOGISTICS, LLC Terms and Conditions of Service, and standard pricing, as same may be amended from time to time, are incorporated herein by reference, and that I am responsible for payment of all shipping charges incurred on my account to TM LOGISTICS, LLC. Also, this agreement is being used as a contract between us _____ and TM LOGISTICS, LLC applicable for two years after the dates shown below. We are conscious that after this contract expires, a site visit and a renewal of this form should be completed.”

Signature of Authorized Representative:	
Printed Name:	
Date:	
Signature of US IAC Representative:	
Printed Name:	
Date:	

Initial Release: January 8, 2007
 Date Change Posted: July 1, 2010
 Date Effective: July 31, 2010

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:
Mailing address (if different):		City:	State:
			Zip:
			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 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

IACSSP Change 5
 Effective Date July 31, 2010