

KNOWN SHIPPER APPLICATION

PLEASE TYPE OR PRINT

LEGAL	BUSINESS NAME				
BUSIN	ESS TYPE				
	CORPORATION	LLC	SOLE PROPRIETORSHIP	PARTNERSHIP	OTHER
FEDERAL TAX ID NUMBER				ALOHA AIR CARGO ACCT NO	(if applicable)
PHYSI	CAL ADDRESS				
CITY			STATE		ZIP CODE
MAILIN	NG ADDRESS (if different	from above)			
CITY			STATE		ZIP CODE
PHON	E	FAX		EMAIL	1
PRIMA	ARY CONTACT			CONTACT PHONE NUMBER	

DISCLAIMER

The Known Shipper Application must be filled out in its entirety and submitted to Aloha Air Cargo by email (customerservice@alohaaircargo.com) or by fax (808-836-5159). Completed applications can also be mailed to:

Aloha Air Cargo ATTN: Sales PO Box 30900 Honolulu, HI 96820

Companies looking to ship from multiple locations/branches must submit a separate Known Shipper application for each location/branch. Applications will take a minimum of 5 business days to process. For any questions regarding this form or status of submitted application, please call **888-94-ALOHA(25642).**

Privacy Act Notice: 49 USA 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 is disclosed to the 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.

AUTHORIZED SIGNATURE	PRINTED NAME	DATE
	FOR ALOHA AIR CARGO USE ONLY	
APPROVED BY	PRINTED NAME	DATE