

Importer Security Filing (10 + 2)

ISF can be initiated when the cargo is booked with the ocean carrier

1. OWNER OF HOUSEHOLD GOODS / IMPORTER OF RECORD (Last Name, First):		
2. DATE OF BIRTH:	3. CITIZENSHIP:	
4. PASSPORT No (Country & number):		
5. SOCIAL SECURITY No:		
6. U.S. ADDRESS:	7. FOREIGN ADDRESS:	
8. CONTAINER STUFFING (NAME/ADDRESS) LOCATION: if FCL		
9. CONSOLIDATOR (STUFFER) NAME/ADDRESS: if not FCL		
10. LOWEST LEVEL BILL OF LADING NUMBER:	11. CONTAINER NUMBER (IF KNOWN):	12. VESSEL & VOYAGE:
13. BOOKING DATE:	14. PROJECTED CONTAINER LOADING DATE:	

15. POWER OF ATTORNEY:

Importer/Owner _____ hereby swear and attest that the above information is
(Print Name)

true and correct and I/we hereby appoint _____ to act on my/our behalf as a
 true and lawful agent and attorney in fact for the express purposes of transmission of data elements to
 Customs and Border protection required under Safe Port Act of 2006 and the Trade Act of 2002.

Sign _____ **DATE:** _____
Witness _____ **DATE:** _____

Instructions: **Shipper** will need to complete sections 1 through 7, print their name on section 15 and sign and date the form.

Origin agent must complete sections 8 through 14 and verify that form is signed and witnessed.

We kindly request that you return completed form as soon as cargo is booked with the ocean carrier and in any case no later than 72 working hours prior to the lading of the cargo at port of departure.

Thank you!