**10+2 / Importer Security Filing**

**Required Shipment Data**

| **Mode of Transportation** | please check applicable: Containerized: X Break Bulk: □ |
| --- | --- |
|  | Container Numbers  |
| **Est. Vessel Dept Date / Time** | Date  |
| **Est. Vessel Arr. Date/Time** | Date  |
| **Vessel Name** |  |
| **Voyage Number** |  |
| **Bill of lading Type** | please check applicable: Direct BL: □ House BL:  |
| **Bill of Lading SCAC / Number** | HBL: SCAC: Number Master/ Direct: SCAC: Number  |
|  | please check applicable: ISF+10 (import) : ISF+5(transit): □ |
| **Shipment Type** | Standard: X FTZ: □ IE: □ T&E: □ IT: □ FROB: □ |
|  |   |
| **Manufacturer / Supplier** | Name: |  | MID # |  |
| Addr. 1 |  | Addr.2 |  |
| City |  | State |  |
| Postal Code |  | Country |  |
| Phone # |  |  |  |
| **Seller:** | Name: |  | Phone # |  |
| Addr. 1 |  | Addr.2 |  |
| City |  | State |  |
| Postal Code |  | Country |  |
| Phone # |  |  |  |
| **Container Stuffing Location / Break Bulk Packaging Location** | Name: |  | Phone # |  |
| Addr. 1 |  | Addr.2 |  |
| City |  | State |  |
| Postal Code |  | Country |  |
| **Consolidator:** | Name: |  | Phone # |  |
| Addr. 1 |  | Addr.2 |  |
| City |  | State |  |
| Postal Code |  | Country |  |
| **Buyer** | Name: |  | Phone # |  |
| Addr. 1 |  | Addr.2 |  |
| City |  | State |  |
| Postal Code |  | Country |  |
| **Ship-To:** | Name: |  | Phone # |  |
| Addr. 1 |  | Addr.2 |  |
| City |  | State |  |
| Postal Code |  | Country |  |
|  |
| **Importer of Record:** | Name |  | Phone# |  |
| Addr.1  |  | Addr.2  |  |
| City |  | State  |  |
| Postal Code |  | Country |  |
| CBP assigned # |  | Format as “123456-78901” |
| IRS# (FEIN) |  | Format as “12-3456789” |
| SS# |  | Format as “123-45-6789” |
| Passport# |  | Country of Issuance |  |
|  | DOB: (mm/dd/yyyy) |  |
| **Bond Holder:****Single Transaction ISF Bond only:**  | Name: |  | Addr.: |  |
| City |  | State  |  |
| Postal Code |  | Country |  |
| IRS# or SS# |  |  |  |
| Bond Holder : | please check applicable: Importer/Broker: □ ISF: □ Bonded Cargo: □ FTZ: □ |
| Bond Type: | please check applicable: Continuous: □ Single Transaction: □ |
| Surety Code: |  | Bond Ref. # |  |
| **Consignee:** | Name |  | Phone # |  |
| Addr.1 |  | Addr.2 |  |
| City |  | State |  |
| Postal Code |  |  |  |
| CBP assigned # |  | Format as “123456-78901” |
| IRS# (FEIN) |  | Format as “12-3456789” |
| SS# |  | Format as “123-45-6789” |
| Passport# |  | Country of Issuance |  |
|  | DOB: (mm/dd/yyyy) |  |
| For Importer of Record or Consignee: CBP# , IRS# , SS# , CBP Assigned # or Passport Information   |

Product List:

| # | Description: | Commodity Code (HTSUS- min 6 digits) | Country of Origin | Part Number (if available) |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |