**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 |  |  |  |  |