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Importer Security Filing (ISF) Request Form

Shipment Information	
Shipment Information	Date Filed
Date of Lading	Importer Reference Numbers
Port of Lading	Port of Entry
Vessel Name	Notes
Departure Date	
Estimated Arrival Date	
Port of Unlading	
House Bill of Lading Numbers SCAC:	Master Bill of Lading Numbers SCAC:
Container Numbers	
Seller Name & Address	Buyer Name & Address or Name & IRS#
Manufacturer*(Supplier) Name and Address Same as Seller <input type="checkbox"/>	Importer Name & Address or Name & IRS# Same as Buyer <input type="checkbox"/>
Country of origin	
Cont. Stuffing Location Name & Address Same as Seller <input type="checkbox"/>	Consignee Name & Address or Name & IRS# Same as Buyer <input type="checkbox"/>
Consolidator Name & Address Same as Seller <input type="checkbox"/>	Ship to Name & Address Same as Buyer <input type="checkbox"/>
Commodity HTSUS Number(s): (6, 8 or 10 digits)	

**Attach a separate page for additional Manufacturers/Commodities and Country of Origin*

I hereby certify that the information given above and on the continuation sheet(s), if any, is true and complete in every respect.

Completed By	Company Name	Title
Email	Signature	

Global Trade Management

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PCBUS-ISF-Filing-Request-24-01-03