

CBP REQUIRED ISF FOR IMPORTERS OF PERSONAL EFFECTS & HOUSEHOLD GOODS

**** Please complete the below form required as part of the CBP 10+2 Program.****
99% of Information is available on the 3299 and Supplementary Declaration

Company Name	Coordinator	Reference	Date
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OWNER / IMPORTER

Name:		
U.S. Address:		
City:	State:	Postal Code:
Social Security #:	Social Security # Non Resident (If Available)	

FOREIGN ADDRESS

Foreign Address:		
City / Province	Country	Postal Code:
Passport #	Country of Issue:	
Date of Birth (mm/dd/yyyy)	***Effective January 2010 ,CBP will Require Postal Codes where utilized.	

SHIPPING INFORMATION

Lowest Level B/L# / Straight, Simple, or HBL ***Must Match AMS***		
Container Number (Optional)		
Consolidator Name		
Foreign Address:		
City / Province	Country	Postal Code:

Stuffing Location (Name)		
Foreign Address:		
City / Province	Country	Postal Code:

DELIVERY ADDRESS IF DIFFERENT FROM OWNER / IMPORTER

Name:		
U.S. Address:		
City:	State:	Postal Code: