

# INTERNATIONAL FREIGHT SYSTEMS OF WA LLC

## 10+2 IMPORTER SECURITY FILING WORKSHEET

This form must be completed in English and legible, and submitted to International Freight Systems no later than 72 hours prior to the shipment being loaded at the foreign port. All elements must be filled out completely in order for us to assist in submission to CBP. It is the sole responsibility of the importer of record to ensure 10+ 2 Importer Security Filing has been done timely and accurately. Failure to do so may result in monetary penalties to the importer of up to \$5,000 issued directly from CBP.

**Please email the form directly to:**

[smoine@intfreight.com](mailto:smoine@intfreight.com); [bbjorklund@intfreight.com](mailto:bbjorklund@intfreight.com)

[wwong@intfreight.com](mailto:wwong@intfreight.com); [dwallace@intfreight.com](mailto:dwallace@intfreight.com)

**Note: Box 1 and 2 are THE key element in matching your 10+2 ISF with CBP's Automated Manifest Systems (AMS) and Automated Broker Interface (ABI). We are required to submit the lowest level bill of lading on file in AMS:**

<b>1. AMS SCAC:</b>  <b>AMS SCAC:</b>	<b>2. Master bill of lading number (if known):</b>  House bill of lading number: (REQUIRED)
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**3. ACTUAL MANUFACTURER** (Identity of the party who last manufactured, assembled, produced, or grew the commodity or the party who supplied the finished goods to the ISF Importer. Need 2 address verifiers, i.e. street name, street number, building name, pier number, etc.).

NAME:			
STREET NUMBER:			
STREET NAME:			
CITY:	STATE/PROVINCE:	POSTAL CODE:	COUNTRY:

**4. SELLER** (Name and address of the last known. Include phone number. Need 2 address verifiers, i.e. street name, street number, building name, pier number, etc.)

NAME:			
STREET NUMBER:			
STREET NAME:			
CITY:	STATE/PROVINCE:	POSTAL CODE:	COUNTRY:
Phone:			

**5. BUYER** (Consignee or Importer of record. Need 2 address verifiers, i.e. street name, street number, building name, pier number, etc.).

NAME:			
STREET NUMBER:			
STREET NAME:			
CITY:	STATE/PROVINCE:	POSTAL CODE:	COUNTRY:

**6. SHIP TO PARTY** (Name and address of the first deliver-to party scheduled to physically receive the goods after the goods have been released from customs custody. Need 2 address verifiers, i.e. street name, street number, building name, pier number, etc.)

NAME:			
STREET NUMBER:			
STREET NAME:			
CITY:	STATE/PROVINCE:	POSTAL CODE:	COUNTRY:

**7. CONTAINER STUFFING LOCATION:** (The physical location(s) where the goods were stuffed into the container. Need 2 address verifiers, i.e. street name, street number, building name, pier number, etc.)

NAME:			
STREET NUMBER:			
STREET NAME:			
CITY:	STATE/PROVINCE:	POSTAL CODE:	COUNTRY:

**8. CONSOLIDATOR** (Name of the party that arranged for the stuffing of the container. This may or may not be different than the stuffing location. This is the name and address of the party who made the goods “ship ready” or the party who arranged for the goods to be made “ship ready”. Need 2 address verifiers.)

NAME:			
STREET NUMBER:			
STREET NAME:			
CITY:	STATE/PROVINCE:	POSTAL CODE:	COUNTRY:

**9. HS #** (Commodity tariff number – HS number.)

HS number:	Country of origin:
Commodity description for verification:	
HS number:	Country of origin:
Commodity description for verification:	
HS number:	Country of origin:
Commodity description for verification:	

**10: Vessel Details:** (if known)

<b>Container number:</b>	Vessel name:
	Date of Departure:
	Date of Arrival:

Form completed by: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

**A separate ISF form will be required for each manufacturer, commodity, and country of origin contained in this shipment if applicable.**

**Revised 12/7/2009**