



# ISF 10+2 INFORMATION REQUEST FORM

Created by (Company): \_\_\_\_\_

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

Name of individual: \_\_\_\_\_

Master Bill of Lading (MBL) Number: \_\_\_\_\_

Carrier SCAC: \_\_\_\_\_

House Bill of Lading (HBL) Number: \_\_\_\_\_

HBL SCAC: MIDG

**Voyage Information:**

HCLL

Vessel Name & Voyage Number: \_\_\_\_\_

Last Foreign Port: \_\_\_\_\_

ETD (from Last Foreign Port to USA): \_\_\_\_\_

ETA (to first US port of arrival): \_\_\_\_\_

| Container#'s | Seal#'s |
|--------------|---------|
|              |         |
|              |         |
|              |         |
|              |         |
|              |         |
|              |         |
|              |         |
|              |         |

**Seller.** Name and address of the last known entity by whom the goods are sold or agreed to be sold. If the goods are to be imported otherwise than in pursuance of a purchase, the name and address of the owner of the goods must be provided. A widely recognized commercially accepted identification number (such as the Dun and Bradstreet Data Universal Numbering System (DUNS number) may be provided in lieu of the name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact: \_\_\_\_\_ DUNS: \_\_\_\_\_

**Buyer.** Name and address of the last known entity to whom the goods are sold or agreed to be sold. If the goods are to be imported otherwise than in pursuance of a purchase, the name and address of the owner of the goods must be provided. A widely recognized commercially accepted identification number (such as the DUNS number) for this party may be provided in lieu of the name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact: \_\_\_\_\_ EIN/DUNS: \_\_\_\_\_

**Importer of record number/FTZ applicant identification number.** Internal Revenue Service (IRS) number. Employer Identification Number (EIN), Social Security Number (SSN), or CBP assigned number of the entity liable for payment of all duties and responsible for meeting all statutory and regulatory requirements incurred as a result of importation. For goods intended to be delivered to a foreign trade zone, the IRS number, EIN, SSN, or CBP assigned number of the party filing the FTZ documentation with CBP must be provided.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_  
Contact: \_\_\_\_\_ EIN/DUNS: \_\_\_\_\_

**Consignee number(s).** IRS number, EIN, or CBP assigned number of the individual(s) or firm(s) in the U.S. On whose account the merchandise is shipped.

IRS/EIN/CBP Assigned Number: \_\_\_\_\_

**Manufacturer (or supplier).** Name and address of the entity that last manufactures, assembles, produces, or grows the commodity or name and address of the party supplying the finished goods in the country from which the goods are leaving. In the alternative the name and address of the manufacturer (or supplier) that is currently required by the import laws, rules and regulations of the U.S. (i.e., entry procedures) may be provided (this is the information that is used to create the existing manufacturer identification (MID) number for entry purposes). A widely recognized commercially accepted identification number (such as the DUNS number) for this party may be provided in lieu of the name and address. CBP states that it will not accept the current MID as an alternative to the complete name and address of the manufacturer.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_  
Contact: \_\_\_\_\_ EIN/DUNS/MID: \_\_\_\_\_

**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. A widely recognized commercially accepted Identification number for this party (such as the DUNS number or Facilities Information and Resources Management System (FIRMS) code, when applicable) may be provided in lieu of the name and address.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_  
Contact: \_\_\_\_\_ FIRMS/DUNS: \_\_\_\_\_

**Country of Origin, Commodity HTS number & Manufacturer.** Duty/statistical reporting number under which the article is classified in the HTS. The HTS number must be provided to the six-digit level, but may be provided up to the 10-digit level. This data element can only be used for entry purposes if it is provided at the 10-digit level or greater by the importer of record or its licensed customs broker.

| Country of Origin (C/O) | HTS Number | Manufacturer (from above) |
|-------------------------|------------|---------------------------|
|                         |            |                           |
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**Container stuffing location.** Name and address(es) where the goods were stuffed into the container. For break bulk shipments, as defined in 19 CFR 149.1, the name and address(es) of the physical location(s) where the goods were made “ship ready” must be provided. A widely recognized commercially accepted identification number (such as the DUNS number) for this element may be provided in lieu of the name and address.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ DUNS: \_\_\_\_\_

**Consolidator (stuffer).** Name and address of the party who stuffed the container or arranged for the stuffing of the container. For break bulk shipments, as defined in 19CFR 149.1, 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” must be provided. A widely recognized commercially accepted identification number (such as the DUNS number) for this party may be provided in lieu of the name and address.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ DUNS: \_\_\_\_\_

**Seller, Buyer, Importer of Record number, and Consignee Number(s) are required to be transmitted no later than 24 hours prior to vessel departure.**

**Manufacturer (Supplier), Ship to Party, Country of Origin, and Commodity HTS Number(s) are required to be transmitted no later than 24 hours prior to vessel departure, but can be modified up to 24 hours prior to vessel arrival at a U.S. Port.**

**Container Stuffing Location and Consolidator (stuffer) are required to be transmitted no later than 24 hours prior to vessel arrival at a U.S. Port.**

**Disclaimer:** All information must be provided to Mid-America Overseas 48 hours prior to departure to the first U.S. port to allow for updates and corrections. Any ISF information submitted to MAO less than 48 hours prior to departure to a US port may be subject to a CBP penalty which will be invoiced to the party providing the ISF information

I hereby certify that the information provided for this ISF filing is true and correct. I also certify that my company will be responsible for any fines/penalties due to providing this information less than 48 hours to departure to the first US port.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of employer: \_\_\_\_\_

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