

IMPORTER SECURITY FILING (ISF)

(To be completed for each foreign manufacturer)



PLEASE FILL IN AND PRINT THIS FORM TO USE  
IF YOU REQUIRE INSTRUCTIONS, PLEASE SELECT THE HELP  
TAB BELOW

MBL No.+ SCAC

Vessel Name:

Voyage & Date

(1)AMS HBL No.

AMS SCAC::

|                                                                              |  |                                          |  |
|------------------------------------------------------------------------------|--|------------------------------------------|--|
| (2)IMPORTER Press ALT + ENTER for new Line                                   |  | (3)SELLER Press ALT + ENTER for new Line |  |
| <div>EIN/SSN or Customs Number</div>                                         |  |                                          |  |
| IMPORTER SURETY INFORMATION (If available. Will be required by January 2010) |  |                                          |  |
| (4)Surety Name                                                               |  | (5)Bond Number                           |  |

|                                                                        |  |                                                                              |  |
|------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|
| (6)BUYER <input type="checkbox"/> Check if same as Importer            |  | (7)MANUFACTURER <input type="checkbox"/> Check if same as Seller             |  |
| <div></div>                                                            |  | <div></div>                                                                  |  |
| (8)CONSIGNEE: <input type="checkbox"/> Check if same as Buyer          |  | (9)CONTAINER STUFFING LOCATION <input type="checkbox"/> Check if same as Mfg |  |
| <div></div>                                                            |  | <div></div>                                                                  |  |
| (10)SHIP TO PARTY: <input type="checkbox"/> Check if same as Consignee |  | (11)CONSOLIDATOR <input type="checkbox"/> Check if same as stuffing location |  |
| <div></div>                                                            |  | <div></div>                                                                  |  |

| (12)HTSUS<br>(6 Digit) | (13)Country<br>of Origin | (14)Commodity Description<br>(Optional) | (15)Part Number<br>(Optional) |
|------------------------|--------------------------|-----------------------------------------|-------------------------------|
|                        |                          |                                         |                               |
|                        |                          |                                         |                               |
|                        |                          |                                         |                               |
|                        |                          |                                         |                               |
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|                        |                          |                                         |                               |
|                        |                          |                                         |                               |
|                        |                          |                                         |                               |
|                        |                          |                                         |                               |

Please see HELP Tab for Definitions and Instructions

ISF must be submitted before container is loaded unless prior arrangements have been made. .