

## **Importer Security Filing (10 + 2)**

ISF can be initiated when the cargo is booked with the ocean carrier

	ast Name, First):	
2. DATE OF BIRTH:	3. CITIZENSHIP:	
I. PASSPORT No (Country & number):		
. SOCIAL SECURITY No:		
S. U.S. ADDRESS:	7. FOREIGN ADDRESS:	
B. CONTAINER STUFFING (NAME/ADDRESS) LOCATION: if FCL	9. CONSOLIDATOR (STUFFER) NAME/ADDRESS	: if not FCL
0. BILL OF LADING NUMBER:	11. CONTAINER NUMBER (IF KNOWN):	12. VESSEL & VOYAGE:
3. CON TAINER BOOKING DATE:	14. PROJECTED CONTAINER LOADING DATE:	
	hereby swear and attest th	nat the above information is
mporter/Owner	hereby swear and attest th	at the above information is
mporter/Owner(Print Name)	hereby swear and attest th	
mporter/Owner (Print Name) rue and correct and I/we hereby appoint rue and lawful agent and attorney in fact for th	to act on my/our ne express purposes of transmission of	behalf as a data elements to
mporter/Owner (Print Name) rue and correct and I/we hereby appoint rue and lawful agent and attorney in fact for th	to act on my/our ne express purposes of transmission of	behalf as a data elements to
Is. POWER OF ATTORNEY: Importer/Owner (Print Name) Irue and correct and I/we hereby appoint Irue and lawful agent and attorney in fact for th Customs and Border protection required under	to act on my/our to act on my/our e express purposes of transmission of Safe Port Act of 2006 and the Trade A	behalf as a data elements to

We kindly request that you return completed form as soon as cargo is booked with the ocean carrier and in any case no later than 72 working hours prior to the lading of the cargo at port of departure.

Thank you!

THE IMPORTERS SECURITY FILING, (10 + 2) IS NEW FORM.

THIS MUST BE COMPLETED BY ALL CUSTOMERS TOGETHER WITH THE COMPLETE SET OF 3299 FORMS.