

Importer Security Filing (ISF) Information Sheet

Please initiate the ISF using the information on this form and the commercial invoice a minimum of 72 weekday hours prior to the vessel departing.

Fields 1-16 must be completed. Field 17 is optional.

This information sheet is not the ISF filing. It is a form to provide the data elements needed to file the ISF.

U.S. Customs requires that ISF be accepted and on file with Customs a minimum of 24 hours prior to the vessel departing.

Failure to file ISF timely and accurately with Customs can result in penalties of \$5,000 - \$10,000 per ISF.

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| 1. Estimated sailing date of mother vessel (ETD) | |
| 2. Mother vessel name & voyage# | |
| 3. SCAC Code(4 alpha character carrier code) | |
| 4. AMS bill of lading# For ISF | |
| 5. Is the AMS bill of lading# the house or master? | |

IMPORTANT: Customs requires that the ISF be filed at the lowest bill of lading level that the carrier input into AMS. The SCAC and bill of lading# used for ISF must match the SCAC and bill of lading# that the carrier/forwarder filed in AMS. If the SCAC and bill of lading# in ISF and AMS do not match Customs will indicate that the ISF bill of lading# is not on file. Thus, Customs would consider the ISF to be inaccurate.

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| 6. Port of discharge | |
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Note: Shipments discharging the vessel in Canada do not require ISF to be filed. Only shipments that discharge in the U.S.

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| 7. Importer of record name and address | |
| NAME OF COMPANY: | |
| ADDRESS: | |
| ADDRESS: | |
| CITY: | |
| STATE / PROVINCE / ZIP CODE: | |
| COUNTRY: | |

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|-----------------------------------|--|
| 8. Seller name and address | |
| NAME OF COMPANY: | |
| ADDRESS: | |
| ADDRESS: | |
| CITY: | |
| STATE / PROVINCE / ZIP CODE: | |
| COUNTRY: | |

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| 9. Manufacturer (or supplier) name and address | |
| Name and address of the entity that last manufacturers, assembles, produces or grows the commodity or name and address of the supplier of the finished goods in the country from which the goods are leaving. | |
| NAME OF COMPANY: | |
| ADDRESS: | |
| ADDRESS: | |
| CITY: | |
| STATE / PROVINCE / ZIP CODE: | |
| COUNTRY: | |

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|-----------------------------------|--|
| 10. Buyer name and address | |
| NAME OF COMPANY: | |
| ADDRESS: | |
| ADDRESS: | |
| CITY: | |
| STATE / PROVINCE / ZIP CODE: | |
| COUNTRY: | |

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| 11. Ship to name and address | |
| Name and address of the first deliver to party scheduled to physically receive the goods after the goods have been released from customs custody. | |
| NAME OF COMPANY: | |
| ADDRESS: | |
| ADDRESS: | |
| CITY: | |
| STATE / PROVINCE / ZIP CODE: | |
| COUNTRY: | |

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| 12. Container stuffing location name and address | |
| Name and address of the physical location(s) where the goods were stuffed into the container. | |
| NAME OF COMPANY: | |
| ADDRESS: | |
| ADDRESS: | |
| CITY: | |
| STATE / PROVINCE / ZIP CODE: | |
| COUNTRY: | |

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| 13. Consolidator (stuffer) name and address | |
| Name and address of the party who stuffed the container or arranged for the stuffing of the container. | |
| NAME OF COMPANY: | |
| ADDRESS: | |
| ADDRESS: | |
| CITY: | |
| STATE / PROVINCE / ZIP CODE: | |
| COUNTRY: | |

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| 14. Country of origin | |
| 15. Commodity/product description | |
| 16. Importer Reference Number(s) | |
| 17. HTSUS/Tariff#(minimum 6 digits) if known | |