



## IMPORTER SECURITY FILING ( ISF ) FORM

Vessel Name:		Voyage Number:	
Vessel Load Date:		Port of Loading:	
Vessel Departure Date:		U.S. Arrival Port:	
U.S. Arrival Date:		Full Container <input type="checkbox"/>	LCL <input type="checkbox"/>
AMS Master Vessel Bill of Lading (SCAC Code Required):		Container #:	
AMS HBL (AMS Filer SCAC Code Required):		Container Size:	
<b>1) Seller</b> - (Full name and address of the last known entity by whom the goods are sold or agreed to be sold)		<b>2) Manufacturer or Supplier</b> (Full name and address of entity that last manufactures, assembles, produces, or grow the commodity or the name and address of the party supplying the finished goods in country from which the goods are leaving.)	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:	PROVIDENCE:	CITY:	PROVIDENCE:
ZIP CODE:	COUNTRY:	ZIP CODE:	COUNTRY:
<b>3) Buyer</b> (Full name and address of the last known entity to whom the goods are sold or are agreed to be sold)		<b>4) Ship to party</b> (Full name and address of the first deliver to party scheduled to physically receive the goods after the goods have been released from customs.)	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:	PROVIDENCE:	CITY:	PROVIDENCE:
ZIP CODE:	COUNTRY:	ZIP CODE:	COUNTRY:
<b>5) Consolidator</b> (Full name and address of the party who stuffed the container or arranged for the stuffing of the container.)		<b>6) Container stuffing location</b> (Full name and address(es) of physical location(s) where the goods were stuffed into the container.)	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:	PROVIDENCE:	CITY:	PROVIDENCE:
ZIP CODE:	COUNTRY:	ZIP CODE:	COUNTRY:
<b>7) Importer of record number / FTZ applicant identification number</b> (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.)		<b>8) Consignee number(s)</b> (Internal Revenue Service (IRS) number, Employer Identification Number (EIN), Social Security Number (SSN) or CBP assigned number of individuals or firms in the US whose account the merchandise was shipped.)	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:	PROVIDENCE:	CITY:	PROVIDENCE:
ZIP CODE:	COUNTRY:	ZIP CODE:	COUNTRY:
<b>9) Country of Origin</b> (Country of manufacture, production, or growth of the article, based on import laws, rules of the US.)		<b>10) Commodity HTSUS number</b> (Duty or statistical reporting number under which the article is classified in the Harmonized Tariff Schedule of the USA. The HTSUS number must be provided to the 6-digit level or may be provided to the 10-digit level.)	

**NOTE:** Effective July 9, 2013, U.S. Customs and Border Protection (CBP) began issuing liquidated damage penalties for each Import Security Filing "ISF" violation. Importers can face liquidated damages of \$5,000 per violation for the submission of an inaccurate, incomplete or late ISF filing. Please ensure that complete ISF details are sent to LG Cargo Clearances, Inc. no less than three (3) business days prior to vessel loading at origin for timely filing.

RESET FORM