

# 10+2 Importer Security Filing Worksheet

**Bill of Lading:**

*If shipped on a direct master bill, use the AMS MBL. Otherwise, use AMS HBL.*

The Importer Security Filing consists of 10 data elements.

These elements must be submitted to U.S. Customs at least 24-hours prior to vessel loading.

Use this form to collect the information for each of the 10 data elements.

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**1. MANUFACTURER**

Name & Address

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**7. BUYER**

Name & Address

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**2. SELLER**

Name & Address

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**8. SHIP TO**

Name & Address

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**3. CONTAINER STUFFING LOCATION**

Scheduled Stuffing Location

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**9. IMPORTER OF RECORD NO.**

(EIN or SSN)

**EIN** (Federal Tax ID number)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Last 2-digits optional*

**SSN** (Social Security Number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**4. CONSOLIDATOR**

Name & Address

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**10. ULTIMATE CONSIGNEE NO.**

(EIN or SSN)

**EIN** (Federal Tax ID number)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Last 2-digits optional*

**SSN** (Social Security Number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**5. COUNTRY OF ORIGIN OF GOODS**

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**6. COMMODITY HTS NO.**

Harmonized Tariff Schedule

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Last 4-digits optional*