

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.

1. MANUFACTURER

Name & Address

7. BUYER

Name & Address

2. SELLER

Name & Address

8. SHIP TO

Name & Address

3. CONTAINER STUFFING LOCATION

Scheduled Stuffing Location

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"/>	<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

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"/>	<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

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