

SEA AMS RESPONDENT CHECKLIST

The Respondent Checklist has been developed for Sea AMS participants. Please complete and return to:

U.S. Customs and Border Protection
Client Representative Branch
Attn: Beauregard, Room A-314-1 – SEA AMS LOI
7681 Boston Blvd.
Springfield, VA 22153
FAX: (703) 650-3538 PHONE: (703) 650-3500

Company Name: _____
(As reflected on your International Carrier Bond)

Company Name assigned to SCAC: _____

Company Address: _____

Name/Title: _____

Phone Number and Fax Number: _____

E-Mail Address: _____

INDICATE YOUR FUNCTION IN THE IMPORT TRADE COMMUNITY:

Master Vessel Operating Common Carrier (MVOCC) () Port Authority () Service Center ()
Non Vessel Operating Common Carrier (NVOCC) () Software Vendor () Terminal Operator ()
Other ()

MVOCC/NVOCC, please provide your International Carrier Bond Number _____

MVOCC/NVOCC, please provide your Standard Carrier Alpha Code (SCAC) _____

NVOCC, please provide your Federal Maritime Commission Bond Number _____

If you are utilizing a service center or port authority, please identify: ARTEMUS TRANSPORTATION SOLUTIONS (8ARS)

NOTE: Service Centers and Port Authorities must submit a letter to CBP from each client for which they plan to transmit manifest data. The letter must be written on the client's letterhead.

SYSTEM: What data format are you using? ANSI X12 (version 4010) () CAMIR (XX)

Where is your DP site? **Virginia Beach, VA**

Once operational, will your calls for assistance originate from one site? **Yes** If yes, where? **Virginia Beach, VA**

Are you a communications network? **NO**

IF YOU VIEW THE ABOVE DATA TO BE CONFIDENTIAL, SO INDICATE:

CONFIDENTIAL (X)

IF YOU WOULD PREFER THAT CUSTOMS NOT SHARE THE ABOVE DATA WITH FIRMS WHICH SERVICE CUSTOMS CLIENTELE IN ACS RELATED SOFTWARE, HARDWARE AND COMMUNICATIONS, PLEASE HAVE A CORPORATE OFFICER SIGN THE FOLLOWING AUTHORIZATION.

NAME: _____

TITLE: _____

DATE: _____