

IMPORT SECURITY FILING RESPONDENT CHECKLIST

The Respondent Checklist has been developed for ISF Self Filing participants. Please complete and return to:

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

Company Name: _____
(As reflected on your International Carrier Bond, Import ID, EIN Number, Customs Assigned Number or Forwarder/Importer License)

Company Name assigned to SCAC (if applicable): _____
(Please note that if you do not have a SCAC Code, US Customs will assign a Pseudo Code to you once approved)

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) () Freight Forwarder () Terminal Operator ()
Importer () Other ()

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

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

NVOCC/FFWDR, please provide your Federal Maritime Commission Bond Number _____

IMPORTER, please provide one of these: your EIN, Import ID, Customs Assign Number or Importer License Number _____

If you are utilizing a service center or port authority, please identify: _____

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? **ARTEMUS Transportation Solutions (8ARS)**

Once operational, will your calls for assistance originate from one site? **YES**

If yes, where? **Virginia Beach, VA**

Are you a communications network? **NO**