

Military or commercial household good ocean shipments – ISF Code 3

Owner/Shipper of Household goods (Actual owner of goods only)

Full Name (First, Middle, Last): _____ Date of Birth: _____

Social Security #: _____ (required if US Citizen or Permanent Resident, OR

Foreign Passport #: _____ Country of Issuance: _____

US Address/Phone #

Foreign Address

Phone #: _____

** Shipment contains only used personal effects and household goods (HTS# 9804.00 or 9805.00)**

** Please check the box if shipment also contains: [] Vehicle(s) (#8703.24), and/or [] Motorcycle(s) (#8711)**

Shipment Details to be Completed by Origin Agent

Vessel Name: _____ Voyage #: _____ Steamship Line: _____

Lowest AMS-transmitted Bill of Lading #: _____ SCAC #: _____

ETD: _____ Country: _____ ETA: _____ USA Port: _____ CY/CFS: _____

Container Stuffing Location (company name & address)

Consolidator (company name & address)

USA Agent's Name: _____ Phone #: _____

The above information is true and correct, and I will notify you of any changes:

Submitted by: _____ Date: _____

Fax or email the completed form, at least 48 hours prior to loading (excluding weekends and holidays).

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