


SHIPPER'S LETTER OF INSTRUCTION

1. U.S. PRINCIPAL PARTY IN INTEREST (USPPI): (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:				 OCEANAIR, Inc. 186A Lee Burbank Highway Revere, MA 02151 Phone: 781.286.2700 • Fax: 781.286.3095 Solutions@oceanair.net • www.oceanair.net			
b. USPPI'S EIN (IRS) NO.:		c. PARTIES TO TRANSACTION: <input type="checkbox"/> Related <input type="checkbox"/> Non-related					
2a. ULTIMATE CONSIGNEE TYPE: <input type="checkbox"/> Consumer <input type="checkbox"/> Gov't <input type="checkbox"/> Re-seller <input type="checkbox"/> Other				12. SHIPPING TERMS <input type="checkbox"/> Direct <input type="checkbox"/> Consolidate <input type="checkbox"/> Prepaid <input type="checkbox"/> Routed Transaction? <input type="checkbox"/> Collect <input type="checkbox"/> C.O.D. \$ _____			
b. ULTIMATE CONSIGNEE NAME: (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:				13. DOCUMENTS ENCLOSED: <input type="checkbox"/> Commercial Invoice <input type="checkbox"/> Packing List <input type="checkbox"/> Cert of Origin <input type="checkbox"/> Carnet <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Validated LIC. <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Other: _____ Certificate _____		14. PREPARE DOCUMENTS <input type="checkbox"/> Certificate of Origin <input type="checkbox"/> Consular Invoice <input type="checkbox"/> Customs Invoice <input type="checkbox"/> Banking Draft <input type="checkbox"/> Export License <input type="checkbox"/> Other: _____	
c. INTERMEDIATE CONSIGNEE NAME: (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:							
3a. FORWARDING AGENT (Complete name and address) OCEANAIR, Inc. 186A Lee Burbank Highway Revere, MA 02151				15. INCOTERMS: OCEAN/WATERWAY: <input type="checkbox"/> FAS <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF ANY MODE OF TRANSPORT: <input type="checkbox"/> CPT <input type="checkbox"/> CIP <input type="checkbox"/> DAT <input type="checkbox"/> DDP <input type="checkbox"/> EXW <input type="checkbox"/> FCA <input type="checkbox"/> DAP			
b. FORWARDING AGENT'S EIN (IRS) # 04 2773397		c. FORWARDING AGENT'S FMC #: 2977 NF		16. SHIPPER REQUESTS INSURANCE (CIF or CIP): <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____			
4. POINT OF ORIGIN OR FTZ		5. COUNTRY OF ULTIMATE DESTINATION:		17. IN-BOND CODE.:			
6. LOADING PIER: (Ocean only)		7. MODE OF TRANSPORT: <input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Trucking		18. ENTRY NO.:			
8. EXPORTING CARRIER:		9. PORT OF EXPORT:		19. Dangerous Goods: (DG certificate(s) must be attached for each item considered Dangerous Goods) <input type="checkbox"/> Yes <input type="checkbox"/> No UN#:			
10. PORT OF UNLOADING: (Ocean and Air only)		11. CONTAINERIZED: (Ocean only) <input type="checkbox"/> Yes <input type="checkbox"/> No					
20. SCHEDULE B DESCRIPTION OF COMMODITIES							
a. D/F	b. MARKS, SCHEDULE B or HTSUS NUMBER Generic Description	c. QUANTITY Schedule B Unit(s)	d. SHIPPING WEIGHT (Kilos)	21. VIN/PRODUCT # VEHICLE TITLE #	26a. DECLARED VALUE FOR CARRIAGE - Liability is otherwise limited - - Subject to commensurate charges paid - \$ _____		
					22. VALUE FOR CUSTOMS: - U.S. Dollars, omit cents - - Selling price or Cost if not sold - \$ _____ <small>Value for Customs listed is the reportable amount for the Electronic Export Information (EEI) in the Automated Export System (AES).</small>		
					b. SHIPMENT VALUE: - U.S. Dollars, omit cents -- - Selling price or Cost if not sold - \$ _____		
					c. LICENSE VALUE: (if applicable) \$ _____		
					23. QUOTE #:		
					24. SHIPPER'S REFERENCE #:		
					25. CONSIGNEE P.O. #:		
27. AIR CARGO SCREENING CONSENT: All shipments are subject to inspection by CBP or other relevant Customs officials as well as by the carrier and its agents. <input type="checkbox"/> I consent to screen all cargo tendered by our company. *If you do not consent to screening, your air shipment will be refused.				31. SPECIAL INSTRUCTIONS:			
28. VALIDATED LICENSE #/LICENSE EXEMPTION SYMBOL/AUTHORIZATION:				29. ECCN: (if required)			
30. DDTC REGISTRATION #:		DDTC EXPORT LICENSE #:		DDTC SIGNIFICANT MILITARY EQUIPMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		DDTC USML CATEGORY CODE:	
I hereby authorize the above named Company, in his name and on behalf, to act as forwarding agent for export control and customs purposes and to prepare any export documents, to sign and accept any documents relating to said shipment, and forward this shipment in accordance with the Company's Bill of Lading Contract for Carriage terms applicable to NVOCC services. I certify that all statements made and all information contained herein are true and correct and that I understand the instructions for preparation of this document. I further understand that civil and criminal penalties may be imposed for making false or fraudulent statements or for the violation of any U.S. export laws or regulations. I certify that I have received, reviewed, and agreed to the Company's Bill of Lading Contract for Carriage terms applicable to NVOCC services posted at www.oceanair.net/multimodal-bol-contract-carriage .							
32. SIGNATURE:				b. DATE:			
c. DULY AUTHORIZED OFFICER OR EMPLOYEE:				d. PHONE:			
e. TITLE:				f. EMAIL:			
33. AUTHENTICATION: (when required)				If there are any problems with this shipment, please notify: PHONE: FAX: EMAIL:			
Confidential – For use solely for official purposes authorized by the Secretary of Commerce (Title 13, Chapter 9, Section 301(g)). Electronic Export Information (or any successor document) shall be exempt from public disclosure unless the Secretary determines that such exemption would be contrary to national interest.							