


SHIPPER'S LETTER OF INSTRUCTION

OPTIONAL

1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI): (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:				 OCEANAIR, Inc. 5 Centennial Drive, Suite 400 Peabody, MA 01960 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							
b. ULTIMATE CONSIGNEE NAME: (Complete name and address) ADDRESS: CITY: STATE: ZIP CODE:				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. \$ _____			
c. INTERMEDIATE 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: _____	
3a. FORWARDING AGENT (Complete name and address) OCEANAIR, Inc. 5 Centennial Drive, Suite 400 Peabody, MA 01960				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"/> EXW <input type="checkbox"/> CIP <input type="checkbox"/> FCA <input type="checkbox"/> DAT <input type="checkbox"/> DAP <input type="checkbox"/> DDP	
b. FORWARDING AGENT'S EIN (IRS) # 04 2773397		c. FORWARDING AGENT'S FMC #: 2977 NF					
4. POINT OF ORIGIN OR FTZ		5. COUNTRY OF ULTIMATE DESTINATION:		16. SHIPPER REQUESTS INSURANCE (CIF or CIP): <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____			
6. LOADING PIER: (Ocean only)		7. MODE OF TRANSPORT: <input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Trucking		17. IN-BOND CODE.:			
8. EXPORTING CARRIER:		9. PORT OF EXPORT:		18. ENTRY NO.:			
10. PORT OF UNLOADING: (Ocean and Air only)		11. CONTAINERIZED: (Ocean only) <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Dangerous Goods: (DG certificate(s) must be attached for each item considered Dangerous Goods) <input type="checkbox"/> Yes <input type="checkbox"/> No UN#:			
20. SCHEDULE B DESCRIPTION OF COMMODITIES						21. VIN/PRODUCT # VEHICLE TITLE #	
a. D/F	b. MARKS, SCHEDULE B or HTSUS NUMBER Generic Description		c. QUANTITY Schedule B Unit(s)	d. SHIPPING WEIGHT (Kilos)	22. VALUE FOR CUSTOMS: - U.S. Dollars, omit cents - - Selling price or Cost if not sold - \$ _____ Value for Customs listed is the reportable amount for the Electronic Export Information (EEI) in the Automated Export System (AES).		26a. DECLARED VALUE FOR CARRIAGE - Liability is otherwise limited - - Subject to commensurate charges paid - \$ _____
					23. QUOTE #:		b. SHIPMENT VALUE: - U.S. Dollars, omit cents -- - Selling price or Cost if not sold - \$ _____
					24. SHIPPER'S REFERENCE #:		c. LICENSE VALUE: (if applicable) \$ _____
					25. CONSIGNEE P.O. #:		SHIPPER'S NOTE: Please contact us if you are uncertain about your Schedule B or HTSUS Number. We may assist you in selecting a classification for the Electronic Export Information.
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:			If there are any problems with this shipment, please notify:	
c. DULY AUTHORIZED OFFICER OR EMPLOYEE:			d. PHONE			PHONE: FAX: EMAIL:	
e. TITLE:			f. EMAIL				
33. AUTHENTICATION: (when required)						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.	