

City of Crossing											
State of Crossing						Port of Entry Code					
Anticipated Date of Crossing mm/dd/yy											
Anticipated Time of Crossing						<input type="checkbox"/> am		<input type="checkbox"/> pm			
Port of Entry for Customs Purposes (port code)											
Date of Entry for Customs Purposes mm/dd/yy											
<b><u>Importer</u></b>											
Name of Firm											
FDA Registration Number		<input type="checkbox"/> N/A		#							
Street Address											
City											
State											
Zip											
Phone											
FAX											
E-mail address											
<b><u>Owner</u></b>											
Name of Firm											
FDA Registration Number		<input type="checkbox"/> N/A		#							
Street Address											
City											
State											
Zip											
Phone											
FAX											
E-mail address											
<b><u>Consignee</u></b>											
Name of Firm											
FDA Registration Number		<input type="checkbox"/> N/A		#							
Street Address											
City											
State											
Zip											
Phone											
FAX											
E-mail address											
<b><u>Carrier 1</u></b>											
Standard Carrier Abbreviation Code											
Name of Firm											
Street Address											