

SEA AMS RESPONDENT CHECKLIST

The Respondent Checklist has been developed for Sea AMS participants. Please complete and return to:

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

Company Name: _____
(As reflected on your International Carrier Bond)

Company Name assigned to SCAC: _____

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) Software Vendor () Terminal Operator ()
Other ()

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

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

NVOCC, please provide your Federal Maritime Commission Bond Number _____

If you are utilizing a service center or port authority, please identify: 8TIP

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 ()

Where is your DP site?

Once operational, will your calls for assistance originate from one site? If yes, where?

Are you a communications network? **NO**

IF YOU VIEW THE ABOVE DATA TO BE CONFIDENTIAL, SO INDICATE:

CONFIDENTIAL (X)

IF YOU WOULD PREFER THAT CUSTOMS NOT SHARE THE ABOVE DATA WITH FIRMS WHICH SERVICE CUSTOMS CLIENTELE IN ACS RELATED SOFTWARE, HARDWARE AND COMMUNICATIONS, PLEASE HAVE A CORPORATE OFFICER SIGN THE FOLLOWING AUTHORIZATION.

NAME: _____

TITLE: _____

DATE: _____