



### AES REQUEST FORM

ORIGIN STATE	
PORT OF EXPORT	
COUNTRY OF DESTINATION	
PORT OF UNLADING	
DEPARTURE DATE	
MODE OF TRANSPORT	
CARRIER SCAC/IATA	
Is this shipment In Bond?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are USPPI & Ultimate Consignee Related?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any commodity on this shipment hazardous?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>USPPI</b>	
COMPANY / INDIVIDUAL NAME	
IRS# / SSN#	
CONTACT INFORMATION	First Name: _____ Last Name: _____ Phone Number: _____
CARGO ORIGIN	Address Line 1 _____ Address Line 2 _____ City _____ State _____ Postal Code _____



	ULTIMATE CONSIGNEE
COMPANY / INDIVIDUAL NAME	
CONTACT INFORMATION	First Name: _____ Last Name: _____  Phone Number: _____
COMPANY ADDRESS	Address Line 1 _____  Address Line 2 _____  City _____ State _____ Postal Code _____
	COMMODITY INFORMATION
SCHEDULE B or HTS NUMBER	
COMMODITY DESCRIPTION	
QUANTITY	PCS _____ / UOM _____
VALUE IN WHOLE US DOLLARS	
GROSS WEIGHT IN KGS	
Is this commodity a USED Vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>If answered YES to the above, please complete the following</i>
VIN#	
VEHICLE TITLE NUMBER	
VEHICLE TITLE STATE	