


# SHIPPER'S LETTER OF INSTRUCTIONS - SLI

|  |  |  |  |   |                                      |  |   |  |  |
|--|--|--|--|---|--------------------------------------|--|---|--|--|
| 1. USPPI Name:   |  | 3. Freight Location Company Name:  |  | 5. Forwarding Agent:  |                                      |  |   |  |  |
| 2. USPPI Address Including Zip Code:   |  | 4. Freight Location Address (if not Box 2):  |  |  |                                      |  |   |  |  |
| 6. USPPI EIN (IRS) #:  |  | 7. Related Party Indicator (select one):   |  |   |                                      | <input type="checkbox"/> Related <input type="checkbox"/> Non-Related                      |   |  |  |
| 8. USPPI Reference #:  |  | 9. Routed Export Transaction (select one):   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes                            |                                      |  |   |  |  |
| 10. Ultimate Consignee Name & Address:   |  | 11. Ultimate Consignee Type (select one):  |  | 12. Intermediate Consignee Name & Address:  |                                      |  |   |  |  |
|  |  | <input type="checkbox"/> Direct Consumer<br><input type="checkbox"/> Government Entity<br><input type="checkbox"/> Reseller<br><input type="checkbox"/> Other/Unknown  |  |   |                                      |  |   |  |  |
| 13. State of Origin:   |  | 16. In-Bond Code:  |  | 19. TIB / Carnet?   |                                      |  |   |  |  |
| 14. Country of Ultimate Destination:   |  | 17. Entry Number:  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                         |                                      |  |   |  |  |
| 15. Hazardous Materials Indicator: <input type="checkbox"/> No <input type="checkbox"/> Yes  |  | 18. FTZ Identifier:  |  | <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect                   |                                      |  |   |  |  |
| INSTRUCTIONS TO FORWARDER:   |  | USPPI Requests Insurance: <input type="checkbox"/> No <input type="checkbox"/> Yes   |  |   |                                      |  |   |  |  |
|  |  |  |  |   |                                      |  |   |  |  |
| 20. Gross Weight (kilos)   |  | 21. SOLAS Certification <input type="checkbox"/> By checking the Box 21 certification, I am certifying that the full shipment weight shown in box 20 is the <b>Certified Gross Weight</b> which may be added to the container tare weight and used as the Verified Gross Mass (VGM) under the Method 2 of the SOLAS VGM regulation which becomes effective July 1, 2016. |  |   |                                      |  |   |  |  |
| 22. Domestic or Foreign (D/F)  | 23. Schedule B / HTS Number and Commercial Commodity Description<br><small>For Vehicles: VIN/Year, Make, Model and Vehicle Title Number are required</small> | 24. Quantity in Schedule B / HTS Units   | 25. DDTC Quantity and DDTC Unit of Measure | 26. Shipping Weight (in Kilos)  | 27. ECCN, EAR99 or USML Category No. | 28. S M E (Y/ N)   | 29. Export License No., License Exception Symbol, DDTC Exemption No., DDTC ACM No. or NLR | 30. Value at the Port of Export (US Dollars) | 31. License Value by Item (if applicable) (US Dollars) |
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|  |  |  |  |   |                                      |  |   |  |  |
| 32. DDTC Applicant Registration Number:  |  |  |  |   |                                      | 33. Eligible Party Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |
| 34. <input type="checkbox"/> Check here if there are any remaining non-licensable Schedule B / HTS Numbers that are valued \$2500.00 or less and that do not otherwise require AES filing.   |  |  |  |   |                                      |  |   |  |  |
| 35. <input type="checkbox"/> Check here if the USPPI authorizes the above named forwarder to act as its true and lawful agent for purposes of preparing and filing the Electronic Export Information ("EEI") in accordance with the laws and regulations of the United States.   |  |  |  |   |                                      |  |   |  |  |
| 36. I certify that the statements made and all information contained herein are true and correct. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false and fraudulent statements herein., failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401, 18 U.S.C. Sec 1001, 50 U.S.C. app. 2410). |  |  |  |   |                                      |  |   |  |  |
| 37. USPPI E-mail:  |  |  |  |   |                                      | 38. USPPI Telephone No.:   |   |  |  |
| 39. Printed Name of Duly Authorized Officer or Employee:   |  |  |  |   |                                      |  |   |  |  |
| 40. Signature:   |  |  |  |   |                                      | 41. Title:   |   | 42. Date:                                    |  |
| 43. <input type="checkbox"/> Check here to validate Electronic Signature. Electronic signatures must be typed in all capital letters in Box 39 in order to be valid.   |  |  |  |   |                                      |  |   |  |  |