

DERINGER - FDA PRIOR NOTICE

Attention:	Date:
From:	Company:
Fax:	# of pages including coversheet:

Please be advised of pending shipment of BTA regulated product to the US		1. Shipper Ref#:	
2. Port of Arrival:	3. Arrival Date & Time:		4. Is this for a consumption entry or in bond load?
5. Carrier Name:		6. Carrier SCAC Code:	
7. Voyage/Flight/Trip No:		8. Container/Railcar No:	
9. Bill of Lading No:		10. PAPS No:	
11. Shipper Name:		12. Shipper Registration No:	
13. Owner Firm Type: (Who owns the merchandise?)			
Manufacturer: <input type="checkbox"/> Carrier: <input type="checkbox"/> Importer: <input type="checkbox"/> Consignee: <input type="checkbox"/>			
14. Submitter Firm Type: (Who is responsible for the accurate submission of Prior Notice?)			
Manufacturer: <input type="checkbox"/> Carrier: <input type="checkbox"/> Importer: <input type="checkbox"/> Consignee: <input type="checkbox"/>			
15. Is the shipper the submitter? Yes <input type="checkbox"/> No <input type="checkbox"/> (Circle one)			
16. Is the shipper the Manufacturer? Yes <input type="checkbox"/> No <input type="checkbox"/> (Circle one)			
17. Ultimate Consignee information: Name: Address: IRS#:			

Please submit all required documentation (including but not limited to prior notice form, commercial invoice, pro-forma invoice, bill of lading, & manifest) at least FIVE hours prior to the shipment arriving at the border for clearance to ensure the two hour prior notice time frame can be accommodated.



18. Submitter Firm Name & Address:	Submitter Name:
	Submitter Phone:
	Submitter Fax:
	Submitter Email:

Line #	19. Description:	20. Product Code:	21. Part No:	22. Packaging:
23. Mfr Name:		25. Mfr Address:	26. G <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/>	27. Lot/Pkg/Can Codes:
24. Mfg. Registration #:				

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