

U. S. CUSTOMS - GULFPORT, MS
VEHICLE EXPORT REPORT

DATE:
TIME:

FREIGHT FORWARDER:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO:

FAX NO:

POINT OF CONTACT:

SHIPPER:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO:

FAX NO:

DRIVERS LICENSE NO. OR PASSPORT, IF NOT U.S. CITIZEN):

CONSIGNEE:

NAME:

ADDRESS:

COUNTRY:

FOREIGN DESTINATION:

EXPORT INFORMATION:

VESSEL & VOYAGE NO:

BOOKING NO:

DOCK LOCATION OF VESSEL:

ESTIMATED SAILING DATE:

VEHICLE INFORMATION:

YEAR/MAKE/MODEL:

VIN NO:

ESTIMATED VALUE:

LOCATION OF VEHICLE FOR INSPECTION: (Be specific - what pier - yard - warehouse location)

REMARKS: