U.S. DEPARTMENT OF HOMELAND SECURITY Bureau of Customs and Border Protection

INWARD CARGO MANIFEST FOR VESSEL UNDER FIVE TONS, FERRY, TRAIN, CAR, VEHICLE, ETC.

TRIP #: ○ FAST

S C A C

DRIVER CONFIRMATION: ○ TEXT MSG ○ EMAIL ○ MOBILE PHONE

○ FAX – –

19 CFR 123.4, 123.7, 123.61 Approved OMB No. 1651-0001

CBP Manifest/In Bond Number

Page No. of

1. TRUCK PLATE:

TRAILER PLATE:

2. FIRST NAME:

LAST NAME:

3. Name and Address of Owner

SCAC: PROVINCE:

4. Foreign Port of Lading

PROVINCE:

5. U.S. Port of Destination

6. Port of Arrival

CITY: STATE:

7. Date of Arrival

M M / D D / Y Y Y Y

Column No. 1	Column No. 2	Column No. 3	Column No. 4	Column No. 5
Bill of Lading or Marks & Numbers or Address of Consignee on Packages	Car Number and Initials	Number and Gross Weight (in kilos or pounds) of Packages and Description of Goods	Name of Consignee	For Use By CBP only
		QTY: UNITS: WEIGHT: ○ LBS ○ KGS DESCRIPTION:	NAME CITY STATE	
		QTY: UNITS: WEIGHT: ○ LBS ○ KGS DESCRIPTION:	NAME CITY STATE	
		QTY: UNITS: WEIGHT: ○ LBS ○ KGS DESCRIPTION:	NAME CITY STATE	

GROSS WEIGHT: ○ LBS ○ KGS

SEAL #1:

SEAL #2:

CARRIER'S CERTIFICATE

To the Port Director of CBP, Port of Arrival: The undersigned carrier hereby certifies that BROKER: is the owner or consignee of such articles within the purview of section 484, Tariff Act of 1930.

I certify that this manifest is correct and true to the best of my knowledge.

Date: / / .

Master or Person in charge _____

(Signature)

Attach Customs invoices to provide the following information. Include Bills of Lading if there are multiple Deliver-To locations.
Shipper(s) | Deliver-To(s) | PAPS #(s) | Brokers(s) | Product(s) with Quantity info and Weight

Fax to: 701.738.2404

CBP Form 7533