



Combination Prior Notice and Pro Forma Invoice

PLACE BARCODE HERE

1. SHIPPER NAME AND ADDRESS: FDA REGISTRATION NO. _____		2. U.S. CUSTOMS BROKER / TRANSMITTER: 4. PRIOR NOTICE CONFIRMATION NO. _____		3. OTHER REFERENCE: 5. PAGE OF PAGES _____		
6. CONSIGNEE NAME AND ADDRESS: IRS NO. / SS NO. _____		7. BUYER (IF OTHER THAN CONSIGNEE): IRS NO. / SS NO. _____				
8. BILL CUSTOMS CHARGES TO: SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER: <input type="checkbox"/>						
9. U.S. DUTY AND BROKERAGE INCLUDED IN INVOICE VALUE: <input type="checkbox"/>		11. ORIGIN (COUNTRY/PROVINCE) CANADA _____		12. DESTINATION (COUNTRY/STATE) USA _____		
10. TRANSACTION PARTIES ARE RELATED YES <input type="checkbox"/> NO <input type="checkbox"/>						
13. EXPORTING CARRIER _____ S CAC NO. _____ LICENSE NO. _____ BOL NO. OR AWB NO. _____ FLIGHT NO. / CAR NO. _____ TRIP NO. _____		14. TERMS OF SALE, PAYMENT & DISCOUNT: _____		15. SHIPPING WEIGHT: TOTAL _____ GROSS / NET _____		
MODE OF TRANSPORT _____		CONTAINER NO. _____		17. FREIGHT INCLUDED <input type="checkbox"/>		
18. FDA PRODUCT CODE AND HS TARIFF CODE	19. LOT NUMBER 20. NO. OF PKGS.	21. DESCRIPTION OF GOODS:	22. COUNTRY OF ORIGIN, MFG./ GROWTH	23. UNIT QTY.	24. UNIT VALUE:	25. TOTAL:
	LOT # _____ PKGS _____ TYPE _____ SIZE _____			NET WT. _____ GROSS WT. _____ UNIT OF MEASURE _____		
FDA REGISTRATION# _____		GROWER (IF KNOWN): _____				
MANUFACTURER <input type="checkbox"/> CONSOLIDATOR <input type="checkbox"/>						
18. FDA PRODUCT CODE AND HS TARIFF CODE	19. LOT NUMBER 20. NO. OF PKGS.	21. DESCRIPTION OF GOODS:	22. COUNTRY OF ORIGIN, MFG./ GROWTH	23. UNIT QTY.	24. UNIT VALUE:	25. TOTAL:
	LOT # _____ PKGS _____ TYPE _____ SIZE _____			NET WT. _____ GROSS WT. _____ UNIT OF MEASURE _____		
FDA REGISTRATION# _____		GROWER (IF KNOWN): _____				
MANUFACTURER <input type="checkbox"/> CONSOLIDATOR <input type="checkbox"/>						
26. IF GOODS NOT SOLD STATE REASON FOR REPORT (LOAN, REPAIR, PROCESSING, ETC.) _____		27. TOTAL PACKAGES: _____	28. EXPORT PERMIT NUMBER: _____	29. TOTAL INVOICE VALUE: _____		
		30. FREIGHT CHARGES TO POINT OF EXIT: _____ TO DESTINATION: _____				
31. ARRIVAL INFORMATION – PORT OF ENTRY: _____		DATE OF ARRIVAL: _____		TIME OF ARRIVAL: _____		
32. AS THE SUBMITTER OF THE INFORMATION REQUIRED BY FDA INTERIM FINAL PRIOR NOTICE RULE I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS FDA PRIOR NOTICE DATA COLLECTION FORM IS TRUE AND CORRECT AND I HEREBY AUTHORIZE GHY TO ACT AS THE TRANSMITTER OF THIS INFORMATION PURSUANT TO 21 CFR TITLE 21. I FURTHER CERTIFY THAT I UNDERSTAND THAT GHY AS WELL AS ITS SUCCESSORS AND ASSIGNS, HAS LIMITED ITS LIABILITY IN SERVING AS THE TRANSMITTER OF THE INFORMATION TO THE EXTENT PROVIDED FOR UNDER LAW AND AS PROVIDED IN THE GHY STANDARD TERMS AND CONDITIONS OF SERVICE.						
CONTACT NAME: _____		SUBMITTER STATUS: SHIPPER <input type="checkbox"/> AGENT <input type="checkbox"/> DATE _____				
CONTACT PHONE: _____		SUBMITTER SIGNATURE: _____				
SUBMITTER NAME: _____		_____				