



## FDA PRIOR NOTICE

ATTENTION:		DATE:	
FROM:		COMPANY:	
FAX:		# OF PAGES INCLUDING COVERSHEET:	
PLEASE BE ADVISED OF PENDING SHIPMENT OF BTA REGULATED PRODUCT TO THE U.S.		1. SHIPPER REF#:	
2. PORT OF ARRIVAL	3. ARRIVAL DATE & TIME:		4. IS THIS FOR 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    NO (CIRCLE ONE)		16. IS THE SHIPPER THE MANUFACTURER: YES    NO (CIRCLE ONE)	
17. ULTIMATE CONSIGNEE INFORMATION:			
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
IRS#:			

**Please submit all required documentation (including but not limited to prior notice form, commercial invoice, pro-forma invoice, bill of lading and manifest) at least FIVE (5) hours prior to the shipment arriving at the border for clearance to ensure the two (2) hour Prior Notice time frame can be accomplished.**

18. SUBMITTER FIRM NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
SUBMITTER NAME:	PHONE:	FAX:
SUBMITTER E-MAIL:		

LINE#	19. DESCRIPTION:	
20. PRODUCT CODE:	21. PART NO:	22. PACKAGING
23. MANUFACTURER NAME:		24. MFG REGISTRATION #:
25. MANUFACTURER ADDRESS:		
26.	27. LOT/PKG/CAN CODES:	
G <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>

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