

If you would like GO! Express & Logistics to transmit the Prior Notice on your behalf, please provide the following data elements, on your commercial invoice or on this form.

| | | | | | |
|---|------------------|----------------------------------|---|---|--|
| GO! AWB No.: | | Date of Shipment: | | Country Shipped From: | |
| Submitter | | | Shipper, if different from Submitter | | |
| Company Name: Address: | | | Company Name: Address: | | |
| Contact Name: Title: Email: Phone No.: Fax No.: | | | Contact Name: Title: Email: Phone No.: Fax No.: | | |
| ▶▶ FDA Registration No.: | | | ▶▶ FDA Registration No.: | | |
| Remarks: | | | Remarks: | | |
| ▶▶ Importer | | | ▶▶ Ultimate Consignee | | |
| Company Name: Address: | | | Company Name: Address: | | |
| Contact Name: Title: Email: Phone No.: Fax No.: | | | Contact Name: Title: Email: Phone No.: Fax No.: | | |
| Remarks: | | | Remarks: | | |
| Commodity Information – provide the following for EACH food item in the shipment | | | | | |
| Description of food Item (Common, Usual or Market Name): | | | | Harmonized Tariff Code (if available): | |
| Quantity: | Unit of Measure: | FDA Product Code (if available): | | Lot #/Code # (if applicable): | |
| Type of packaging (in contact with the food item): | | | | Country of Production: | |
| Select Type of Firm that applies to this product (select only one): | | | | | |
| <input type="checkbox"/> Grower (for food in natural state only) | | OR | | <input type="checkbox"/> Manufacturer (for food no longer in its natural state) | |
| If Grower applies, provide (if known): Name: Address: | | | If Manufacturer applies, provide: Name: Address: | | |
| Remarks: | | | ▶▶ Manufacturer Registration No.: | | |
| Remarks: | | | | | |
| Commodity Information – provide the following for EACH food item in the shipment | | | | | |
| Description of food Item (Common, Usual or Market Name): | | | | Harmonized Tariff Code (if available): | |
| Quantity: | Unit of Measure: | FDA Product Code (if available): | | Lot #/Code # (if applicable): | |
| Type of packaging (in contact with the food item): | | | | Country of Production: | |
| Select Type of Firm that applies to this product (select only one): | | | | | |
| <input type="checkbox"/> Grower (for food in natural state only) | | OR | | <input type="checkbox"/> Manufacturer (for food no longer in its natural state) | |
| If Grower applies, provide (if known): Name: Address: | | | If Manufacturer applies, provide: Name: Address: | | |
| Remarks: | | | ▶▶ Manufacturer Registration No.: | | |
| Remarks: | | | | | |