

PBB COMBO PN PFI

1. FDA PRIOR NOTICE, SUBMITTER FIRM NAME AND MAILING ADDRESS:			18. PARTIES TO THIS TRANSACTION ARE:		19. SHIPPER'S REFERENCE NO.:	
			<input type="checkbox"/> RELATED	<input type="checkbox"/> NOT RELATED	20. PAGE: _____ OF: _____	
2. FIRM TYPE: _____ 3. CONTACT NAME: _____			21. US DUTY AND/OR BROKERAGE FOR: _____		PBB CLIENT NO.: _____	
4. TELEPHONE: _____ 5. FAX: _____ 6. E-MAIL ADDRESS: _____			<input type="checkbox"/> EXPORTER INCLUDED	<input type="checkbox"/> EXPORTER NOT INCLUDED	<input type="checkbox"/> BUYER	<input type="checkbox"/> CONSIGNEE
7. SHIPPER AND MAILING ADDRESS:			22. CURRENCY OF VALUE: _____	23. EXCHANGE RATE: _____	24. CONS OR BUY REF. NO.: _____	
			25. FREIGHT CHARGES:			
8. SHIPPER'S FDA REGISTRATION NO			<input type="checkbox"/> PREPAID INCLUDED	<input type="checkbox"/> PREPAID NOT INCLUDED	<input type="checkbox"/> COLLECT	
			TO POINT OF EXIT: _____			OR TO DESTINATION: _____
9. EXPORTER, SELLER AND MAILING ADDRESS (IF OTHER THAN SHIPPER):			26. TERMS OF SALE-DELIVERY-PAYMENT:		27. OWNER FIRM TYPE:	
10. US FEDERAL ID NO., IRS NO. OR ASSIGNED TAX ID NO.:			<input type="checkbox"/> FOB DESTINATION		28. MODE OF TRANSPORT: _____	
			<input type="checkbox"/> C&F / CIF DESTINATION			
11. CONSIGNEE AND MAILING ADDRESS:			29. PLACE PAPS STICKER HERE OR INDICATE CARRIER, SCAC & BILL OF LADING NO.:			
13. BUYER (IF OTHER THAN CONSIGNEE) & MAILING ADDRESS:			30. EST. ARRIVAL DATE: _____	31. EST. ARRIVAL TIME: _____	32. ARRIVAL PORT & CROSSING: _____	
14. IRS NO.:			33. TRIP NO.:	34. PRIVATE VEHICLE INFORMATION (NON PAPS CARRIER):		
			35. LICENSE PLATE NO.:	36. STATE/PROV.:	37. COUNTRY:	
15. FDA MANUFACTURER (IF ONE MFG FOR ALL MERCHANDISE) & MAILING ADDRESS:			38. MASTER BILL OF LADING NO.:		39. HOUSE BILL OF LADING NO.:	
16. PRODUCER'S FIRM TYPE: _____			40. CONTAINER NO.:		41. RAIL CAR NO.:	
17. MANUFACTURER'S FDA REGISTRATION NO:			42. MARKS & NUMBERS:			
42. MARKS & NUMBERS:			43. NUMBER & KIND OF PACKAGES:		44. TOTAL GROSS SHIPPING WEIGHT:	
45. LINE:	46. COUNTRY OF ORIGIN & IF CA - PROVINCE:	47. PART NO. / DESCRIPTION OF GOODS / HS NUMBER / FDA PRODUCT CODE LOT NO. / PACKAGING DETAILS / PRODUCER'S FIRM TYPE FDA MANUFACTURER'S NAME, MAILING ADDRESS & REGISTRATION NO.:	48. QUANTITY/UNIT	49. UNIT PRICE:	50. TOTAL PRICE:	
52. DECLARATION OF US GOODS RETURNED BY RESPONSIBLE PARTY:			51. INVOICE TOTAL OR SUBTOTAL: _____			
			* (TO BE COMPLETED ONLY WHEN THE GOODS DESCRIBED ABOVE ARE OF U.S. MANUFACTURE OR GROWTH), I _____, DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ARTICLES HEREIN SPECIFIED WERE EXPORTED FROM THE UNITED STATES, FROM THE PORT OF _____ ON OR ABOUT _____, AND THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OR OTHER MEANS. SIGNATURE: _____ STATUS: _____			
I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT						
53. PRINT NAME OF RESPONSIBLE EMPLOYEE: _____				54. PARTY: _____		
55. DATE: _____				56. STATUS: _____		
SIGNATURE: _____				OWNER AGENT		

