



U. S. Shipper's Letter of Instruction (SLI)

Reference: _____ Contact Name: _____ Contact Phone: _____

1 U. S. PRINCIPAL PARTY IN INTEREST (US)

Name: _____ EIN: _____

Address / Cargo Location: _____ State of Origin (if different from address):

2 ULTIMATE CONSIGNEE

Name & Address: _____ Consignee Type:

Country Of Ultimate Destination: _____

FPPI Name (If different from Ultimate): _____ (If different from address): _____

3 OTHER: REQUIRED

Related Parties? Yes No Routed Export Transaction? Yes No Hazardous Materials? Yes No

4 OTHER: CONDITIONAL

Address: _____

FTZ Identif: _____

Entry Number: _____

Used Vehicle(s)

Sold En Route

5 LICENSE DETERMINATION

NLR DDTC NRC Multiple

BIS OFAC OTHER (see Commodity line items)

License Number or CFR Citation: _____ DDTC Registration Party Number: _____

DDTC Eligible Party Certification: Yes No

6 SPECIAL INSTRUCTIONS

7 COMMODITY INFORMATION

Line	Origin	Commodity Description	Schedule B or HTS	ECCN or USML Category	Quantity / UOM	Gross Weight	Export Value (USD)
1	Select	Lic #/CFR <input type="text"/> SME: <input type="checkbox"/>	DDTC Qty/UOM: <input type="text"/>			Select	License Value: <input type="text"/>
2	Select	Lic #/CFR <input type="text"/> SME: <input type="checkbox"/>	DDTC Qty/UOM: <input type="text"/>			Select	License Value: <input type="text"/>
3	Select	Lic #/CFR <input type="text"/> SME: <input type="checkbox"/>	DDTC Qty/UOM: <input type="text"/>			Select	License Value: <input type="text"/>
4	Select	Lic #/CFR <input type="text"/> SME: <input type="checkbox"/>	DDTC Qty/UOM: <input type="text"/>			Select	License Value: <input type="text"/>
5	Select	Lic #/CFR <input type="text"/> SME: <input type="checkbox"/>	DDTC Qty/UOM: <input type="text"/>			Select	License Value: <input type="text"/>
6	Select	Lic #/CFR <input type="text"/> SME: <input type="checkbox"/>	DDTC Qty/UOM: <input type="text"/>			Select	License Value: <input type="text"/>

8 TRANSPORTATION

Method of Transportation: Date of Export: Inbond Code: Mode: Consol Dir

Transportation Reference Number: Exporting Carrier: Service Type: Port to Por Port to D r Door to Por Door to D r

Port of Export: Port of Unlading: Vessel Name:

Insurance Requested? Yes No Amount of Insurance: OR Declared Value for Carriage:

Ocean Documentation Typ: Original Bill of La ng Sea Waybill

In Case of Inability to: Abandon Return to Shippe Deliver to.. (specify in special i nstruct

Charges: Prepaid Collect

Freight: Origin Cost Duty Tax Customs

9 INSURANCE (optional)

Insurance Requested? Yes No

Amount of Insurance:

OR

Declared Value for Carriage:

10 AUTHORIZATION

As a duly authorized representative of the USPPI/shipper I certify that all statements made and information contained herein are true and

- For shipments in which HUIN International Logistics has been selected by the USPPI to act as authorized agent: USPPI hereby authorizes HUIN International Logistics International of Washington, Inc. to act as agent and attorney in fact with authority to prepare and file any Electronic Export Information (EEI) and to perform any act required by law, regulation or custom in connection with the
- For air cargo shipments in which HUIN International Logistics is responsible for transportation (Agreement for Consent to Search): As required by TSA regulations, shipper agrees with HUIN International Logistics International of Washington, Inc., to, and hereby does, consent to search or inspection, including screening of

Signature: _____ Date: _____