



1. SHIPPER - NAME AND ADDRESS FDA REGISTRATION #: 6. CONSIGNEE - NAME AND ADDRESS FEDERAL IRS# / SS#:		2. U.S. CUSTOMS BROKER/TRANSMITTER: UPS Supply Chain Solutions, Inc. LICENSED U.S. CUSTOMS BROKER 4. PRIOR NOTICE CONFIRMATION #:	3. OTHER REF. NOS 5. PAGES OF PAGES 7. BUYER (IF OTHER THAN CONSIGNEE) FEDERAL IRS# / SS#:			
8. BILL CUSTOMS CHGS TO: SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER: _____						
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"/>		14. TERMS OF SALE, PAYMENT AND DISCOUNT				
13. EXPORTING CARRIER: SCAC CODE _____ LICENSE # _____ B/L # OR AWB # _____ FLIGHT #/CAR # _____ TRIP # _____		15. SHIPPING WEIGHT TOTALS: _____ GROSS: _____ NET: _____				
MODE OF TRANSPORT _____		CONTAINER #: _____				
17. FREIGHT INCLUDED: <input type="checkbox"/>						
18. FDA PRODUCT CODE & HS TARIFF CODE	19. LOT NUMBER 20. NO OF PKG	21. DESCRIPTION OF GOODS	22. COUNTRY OF ORIGIN, MFG OR GROWTH	23. UNIT QUANTITY	24. UNIT VALUE	25. TOTAL VALUE
LOT# _____ NO OF PKG: _____ PACKAGING _____ TYPE: _____ SIZE: _____				NET WT. _____ GROSS WT. _____ UNIT OF MEASURE _____		
FDA REGISTRATION #: MANUFACTURER <input type="checkbox"/> CONSOLIDATOR <input type="checkbox"/>		GROWER (IF KNOWN):				
18. FDA PRODUCT CODE & HS TARIFF CODE	19. LOT NUMBER 20. NO OF PKG	21. DESCRIPTION OF GOODS	22. COUNTRY OF ORIGIN, MFG OR GROWTH	23. UNIT QUANTITY	24. UNIT VALUE	25. TOTAL VALUE
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FDA REGISTRATION #: MANUFACTURER <input type="checkbox"/> CONSOLIDATOR <input type="checkbox"/>		GROWER (IF KNOWN):				
26. IF GOODS NOT SOLD STATE REASON FOR REPORT (LOAN, REPAIR, PROCESSING, ETC)		27. TOTAL PKGS.	28. EXPORT PERMIT NUMBER:	29. TOTAL INVOICE VALUE		
		30. FREIGHT CHARGES TO PORT 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'S INTERIM FINAL PRIOR NOTICE RULE, I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS BTA-FDA PRIOR NOTICE DATA COLLECTION FORM IS TRUE AND CORRECT, AND I HEREBY AUTHORIZE UPS SCS TO ACT AS THE TRANSMITTER OF THIS INFORMATION PURSUANT TO 21 CFR 1.278. I FURTHER CERTIFY THAT I UNDERSTAND THAT UPS SCS 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 UPS SCS TERMS AND CONDITIONS OF SERVICE.						
CONTACT NAME: _____		SUBMITTER STATUS: SHIPPER <input type="checkbox"/> AGENT <input type="checkbox"/>		DATE: _____		
CONTACT PHONE: _____		SUBMITTER'S SIGNATURE: _____				
SUBMITTER NAME: _____						



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