

EASI-SLI™ Exporter AES & Shipper Instructions™ (EASI-SLI™)

1. U.S.P.P.I (complete name and address + Zip) 1		4. Exporter's Reference No. 4	5. Date Prepared 5
1a. EIN or ID No. 1a		6. AES XTN 6	7. AES ITN / Filing Exemption 7
2. Ultimate Consignee 2		8. Dangerous Goods <input type="checkbox"/> Yes <input type="checkbox"/> No 8	9. Routed Export Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No 9
2a. Related Party: <input type="checkbox"/> Yes <input type="checkbox"/> No 2a		10. Point/State of Origin 10	11. Ultimate Destination 11
3. Intermediate Consignee 3		12. Forwarding Agent 12	
		13. Special Instructions 13	

Schedule B Description of Commodities

14. D/F or M	15. Schedule B No.	16. Description License No. Exception/Exemption ECCN/ITAR Category	17. Schedule B Quantity	18. Shipping Wt (kg)	19. Value (U.S. \$)
14	15	16	17	18	19
SAMPLE					

20. Shipment Mode 20	21. Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No 21	22. Consolidate <input type="checkbox"/> Yes <input type="checkbox"/> No 22	23. Freight Charges: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect 23	24. If unable to deliver: <input type="checkbox"/> Abandon <input type="checkbox"/> Return <input type="checkbox"/> Notify Shipper 24
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25. Inland Carrier 25	26. Ship Date 26	27. B/L No. 27	The U.S.P.P.I. authorizes the Forwarding Agent named above to act as an authorized agent on behalf of the U.S.P.P.I. for export control, Customs & Border Protection, and Census Bureau purposes to transmit export information electronically through the Automated Export System.
28. Exporting Carrier 28	29. Export Date 29	30. B/L No. 30	

31. Shipper requests insurance: <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No 31 <small>If insurance is requested, shipment is insured to the amount indicated. Recovery is limited to actual loss in acceptance with the carrier's tariff.</small>	32. Duly authorized officer or employee of U.S.P.P.I. Date: _____ Name: _____ 32 Telephone: _____ Signature _____ Email: _____ DDTC Registration No. _____
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INSTRUCTIONS FOR COMPLETION

- 1. U.S.P.P.I.** - Complete name and address of the U.S. Principal Party in Interest. The address to be shown is that address from which the goods began their journey to a U.S. port/place of export. This may be the address of a distribution center, or a third party warehouse in a city or state that is different from the USPPI's corporate address of record. If the goods are exported subject to a license issued by an agency of the U.S. Government, then the name and address will be entered as it appears on the license issued for the transaction.
- 1a. EIN or ID No.**- Enter the Exporter Identification Number (EIN) of the U.S.P.P.I. This may be the I.R.S. Tax ID, the company's DUN's number or, if an individual, the SSAN.
- 2. Ultimate Consignee** – Enter the full name and address of the foreign entity who will ultimately receive the goods covered by this export transaction. The foreign consignee may be a distributor or wholesaler but for the purposes of filing EEI, this is the ultimate consignee. If the goods are exported subject to a license issued by an agency of the U.S. Government, then the name and address will be entered as it appears on the license issued for the transaction.
- 2a. Are the U.S.P.P.I. and the Ultimate Consignee related parties?**
- 3. Intermediate Consignee** – Enter the name of a foreign entity, if any, who will receive the goods prior to their movement to the Ultimate Consignee. If no Intermediate Consignee, state "None."
- 4. Exporter's Reference Number** – Enter any reference customarily employed by the exporting company to identify an export transaction.
- 5. Date Prepared** – Enter the date on which this form was completed.
- 6. AES XTN** – This field will be completed by the forwarding agent who will have assigned the External Transaction Number (as defined by AES) on behalf of the exporter. Alternatively, the exporter may complete this field using the AES defined format and convey same to the forwarding agent who will employ it in its EEI filing via AES. Alternatively, if the export shipment does not require an AES electronic filing, state the Exemption Legend as found in the FTR (15CFR§30).
- 7. AES ITN** – This field will be completed by the forwarding agent once AES has satisfactorily received and accepted an electronic submission. AES will return an Internal Transaction Number being the system's confirmation of acceptance of an electronic submission.
- 8. Dangerous Goods** – Preparer will check "Yes" if export contains dangerous goods/hazardous materials. Otherwise, check "No".
- 9. Routed Export Transaction** – Is this a Routed Export Transaction? If an agent (forwarder) designated by the foreign buyer is the party who will be filing the AES record for this export shipment then this is a Routed Export Transaction.
- 10. Point/State of Origin** – Preparer will enter the two-character U.S. Postal System code for the state from which the goods began their journey to the port/place of export.
- 11. Ultimate Destination** – Enter the full name of the foreign country that is the ultimate destination of the export shipment.
- 12. Forwarding Agent** – Enter the name of the forwarding agent who will be facilitating the export of the goods and who will be filing the EEI via AES on behalf of the exporter.
- 13. Special Instructions** – Enter any special instructions that the exporter may want to convey to the forwarding agent.
- 14. D/F or M** – Indicate whether the goods being exported are of domestic origin (D), foreign origin (F), or are subject of a Foreign Military Sale contract (M).
- 15. Schedule B Number** – Enter the 10 digit Schedule B commodity code for each item in the export shipment. Goods which are classified within the same Schedule B may be combined together in one line.
- 16. Description**
 - License No., Exception/Exemption**
 - ECCN/ITAR Category** – Provide a description of the goods associated to each Schedule B code. Beneath each description, provide information as to the ECCN, License Number or License Exception if good is subject to the Export Administration Regulations; provide ITAR Category, ITAR License Number or ITAR Exemption citation if good is subject to the International Traffic in Arms Regulations.
- 17. Schedule B Quantity** – Enter the quantity in Schedule B reporting units of measure. This may not necessarily be in the units by which an exporter customarily sells a good.
- 18. Shipping Weight** – record the gross shipping weight in Kilograms.
- 19. Value** – record the value in U.S. dollars. Report only in whole dollars; round up or round down cents as appropriate. See 15CFR§30.6(a)(17) for details on proper reporting of value.
- 20. Shipment Mode** – Enter mode by which the exporter wants the goods to travel to the foreign destination.
- 21. Containerized** – If goods are being presented for international movement in a containerized manner check "Yes"; otherwise check "No".
- 22. Consolidate** – Check "Yes" if exporter wants the forwarding agent to consolidate the goods with those of other exporters to possibly achieve a lower transport cost. Otherwise, check "No".
- 23. Freight Charges** – Check whether the international freight charges are to be prepaid by the exporter or are to be collected from the foreign buyer/consignee.
- 24. If Unable to Deliver** – Exporter will check the box indicating what action the forwarding agent is to take if the goods are undeliverable to the named consignee.
- 25 – 27. Inland Carrier / Ship Date / B/L No.** – State the carrier name that will transport the goods to the port/place from where they will be exported from the U.S., the date of shipment from their inland origin point and the bill of lading number.
- 28 – 30. Exporting Carrier / Ship Date / B/L No.** – Enter the name of the exporting international carrier, shipment date and the international bill of lading number. These fields may be completed by the forwarding agent after shipment has occurred.
- 31. Shipper Requests Insurance** – Check "Yes" if the shipper/exporter requires the forwarding agent to obtain cargo insurance for the shipment and then enter the amount of insurance coverage required. Otherwise check "No."
- 32. Duly Authorized** – Print name of duly authorized officer or employee of the exporter who has prepared and/or authorized the production of this document. Include date signed, telephone number of signatory, and Email address. If goods fall under the jurisdiction of the Directorate of Defense Controls and are subject to the ITAR, then enter exporter's DDTC Registration Number.