



Please complete one form for each recipient and fax to the Deringer Customer Service Center clearing the shipment.

FDA Prior Notice

Shipper Information

Company Name: FDA Registration No.:

Physical Address: City:

State/Province: Zip/Postal Code: Country:

Contact Name: Email Address:

Phone Number: Fax Number:

Consignee Information

Company Name: FDA Registration No.:

Physical Address: City:

State/Province: Zip/Postal Code: Country:

Contact Name: Email Address:

Phone Number: Fax Number:

Where will product be stored upon arrival in the USA?

(Leave blank if the same as Consignee Address above)

Warehouse Name: FDA Registration # (11 digits):

Physical Address: City:

State/Province: Zip Code:

Carrier Information

Mode of Transportation: Carrier Name:

Bill of Lading No: US State of Entry:

Name of US Port of Entry: Expected Date/Time of Arrival in US:

Product Information

Product Description (Include additional sheet if necessary)	FDA Product Code (if available)	Country of Origin	No of Cases	Net Weight per Case	Manufacturer Name, Physical Address, & FDA Registration (Leave blank if manufacturer is same as shipper)

Has any product listed above ever been refused entry to another country? Yes No

If yes, please list the product number and countries of refusal:

Name:

Date:



FDA Prior Notice Addendum

Shipment Information

Company Name:

Bill of Lading No:

Expected Date/Time of Arrival in US:

Product Information

Product Description (Include additional sheet if necessary)	FDA Product Code (if available)	Country of Origin	No of Cases	Net Weight per Case	Manufacturer Name, Physical Address, & FDA Registration (Leave blank if manufacturer is same as shipper)

Has any product listed above ever been refused entry to another country? Yes No

If yes, please list the product number and countries of refusal:

Name:

Date: