



## Shipment Control Number (SCN) FAX Cover Sheet

(SCN formerly called PAPS)

Fax to:

Email to:

Please enter your information here:

Fields marked with \* are required.

Today's Date:\*

# of Pages Transmitted:

Port of Arrival:\*

SCN#:

Estimated Date of Arrival (mm/dd/yy):

Estimated Time of Arrival:

Carrier Name:

Contact Name:

Contact Phone Number:

Additional Notes:

### **The following items need to be listed on your invoice or attachment:**

1. Shipper FDA registration number, if shipper manufactures, processes, packs, or holds food
2. Manufacturer/grower FDA registration name and number if different than the shipper
3. FDA product code number
4. Brand name of product if different from the invoice description
5. Harmonized tariff number
6. Country of manufacture or production
7. IRS number for the buyer