



11401 N.W. 107th Street · Suite 300 · Miami, FL 33178 · Tel (305) 696-1200 · Fax (305) 691-3786

Vehicle Declaration Form

This declaration is in respect to: IR#: _____ **/ JOB#:** _____

- _____
(Initials)
1. I have been advised that vehicles/boats are placed on board *Caribtrans Logistics* vessels on a space available basis. I understand that, depending upon the volume of cargo received by *Caribtrans Logistics* for shipment, there may be a delay of several weeks before this shipment will arrive at the Port of Discharge (Destination).
- _____
(Initials)
2. I understand that after a vehicle has been received *Caribtrans Logistics* is not liable for unforeseen mechanical failure such as dead battery, flat tires, etc. The vehicle will be classified as “non-operable” condition requiring mechanical lifting into a container. I understand that an additional fee of \$100 will be charged for this service.
- _____
(Initials)
3. I have been advised that vehicles/boats/masts may be carried as containerized cargo, hold cargo, or on-deck cargo. In the latter, I understand my cargo is subject to “at sea” atmospheric conditions.
- _____
(Initials)
4. I state that, for Electronic Export Information (EEI) purposes (as shipper or agent for the shipper and/or consignee), the value of this shipment is \$ _____ in US dollars. Vehicles and boats in good condition will be insured unless written instructions are received to the contrary. Special conditions may apply.
- _____
(Initials)
5. I declare that no fuel tank on this vehicle is more than ¼ full. (Reference U.S.C.G. Regulation# 176.905(d))
- _____
(Initials)
6. This shipment is Collect [] (paid by consignee at island destination OR This shipment is prepaid [] by _____ in the United States. Please check one.

(Initials)

7. I declare the following as a contact address/telephone number for the shipper of this cargo:

Shipper Name:	
Street Address: (Must be U.S. Address)	
P.O. Box:	
City, State Zip Code	
Telephone Number:	
EIN#, Passport# (REQUIRED)	
Email Address:	

- _____
(Initials)
8. I declare the following as a contact address/telephone number for the consignee of this cargo, at the Port of Destination (Must have complete address):

Consignee Name: ***MUST MATCH NAME ON TITLE***	
Street Address:	
P.O. Box:	
City, Island Zip Code	
Telephone Number:	
Email Address:	

Printed Name: _____ Signature: _____ Date: _____