

Cargo Acceptance Form
ID Verification / Shippers Security Endorsement / Screening Details

Air Way Bill Number:

Date: MM/DD/YYYY

Destination:

| | | | |
|--|----------------------------------|---|--------------------------------------|
| Shippers' Name and Address | | Shippers' Phone Number | |
| | | | |
| Consignees' Name and Address | | Consignees' Phone Number | |
| | | | |
| No. Of Pieces | Description | Weight | Dimensions (inches) |
| | | | |
| Payment Details: | | | |
| Prepaid <input type="checkbox"/> | Collect <input type="checkbox"/> | Cash <input type="checkbox"/> Check <input type="checkbox"/> | Credit Card <input type="checkbox"/> |
| Shippers Security Endorsement | | | |
| I certify this cargo does not contain unauthorized explosives, incendiaries, or other destructive substances or items. I am aware that this endorsement and original signature will be retained on file for a minimum of 30 days. I consent to the screening of all cargo tendered from me or on my behalf from this date forward. | | | |
| Signature of shipper or authorized representative tendering the cargo: X | | Printed name of individual whose signature appears as shipper or authorized representative. X | |
| ID Verification <small>(MSP IV.4.1 (c))</small> Type of first ID Reviewed Matching photo on ID? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of direct foreign air carrier employee or authorized representative verifying ID information: X | | Type of second ID Reviewed: Matching photo ID? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Screening Details Number of pieces in shipment: Name of Screener X | | <small>(MSP IV.8.3)</small> Number of pieces screened: _____ Number of pieces X rayed: _____ Number of pieces physically screened: _____ <small>(MSP IV.8.4)</small> Number of pieces not screened: _____ Reason for not screening: | |