

NATIONAL MARINE FISHERIES SERVICE

EXPORT CERTIFICATE INFORMATION (revised 12/05/23)

Production/Storage Information						
Type of Certificate need	ded (product/destinated)	ation):		age Facility(ies): (
Product	Destination		product was stored of	or handled prior to export)		
Name of Producer:	/certificate					
			Address of St	orage Facility(ies):	
Address of Producer:					<i>)</i> -	
Address of Froducer.						
Producer CFN/FEI Number:			Storage Facility(ies) CFN/FEI Number:			
Troducer of twi El trumber.			 			
Type of Product: Fish	Meal Fi	sh Oil	Fish Solu	bles	Frozen Fish	
Fish	Bones	Other				
Lot Number(s):						
Date(s) of Production:						
Country of Origin: ISO Code						
Shipping Information						
Name & Address of Consignor:			Name & Address of Consignee:			
Name			Name			
Address			Address			
Contact Person:			Contact Person:			
Phone: Import Permit Number			Phone:			
Port of Export: Shipped To:						
Shipped Via: Truck	Ship	Airplan		Other		
Name of Export Vessel/Trucking Company/Airline Information:						
Documentation References (be specific):						
Identification (be speci	fic):					
Date of Departure:	For transit throug	h EU to third c	ountry (EU Only):		Fransit country ISO Code	
Country of destination:		ISO Code:	Export barge	information		
Entry BIP in EU (for E	U shipments only):					
HS Commodity Code: Nature of Commodity:						
Total Marked Weight (specify lb/kg):			Temperature	:		
Type of Individual Containers/Packages (specify if bulk):						
Number of Individual Containers/Packages:						
Product Scientific Nam	Comm	on Name:				

Description of Commodity				
Transportation Company				
Container/Seal Numbers: (attach additional pages, if needed)				
End Use of Product (be specific- animal feed, technical use, etc.):				
Foreign Source Certificate(s):				
Billing Information				
Billing Address:				
Name and Address where certificate should be sent: (Include UPS Account Number and Billing Zip Code)				
Responsible party in the EU (Name, Address, and Telephone Number):				
Destination in the EU (Name and Address):				
Destination in the De (Name and Naticess).				
Check if lab results from 3rd party labs (not NSIL) are attached:				
BE SURE TO ATTACH ANY RELEVANT 3RD PARTY LAB RESULTS WITH THIS REQUEST				