

Vehicle Declaration Form

This declaration is in respect to: DR#: _____.

- _____
(Initials)
1. I have been advised that vehicles/boats are placed on board Seacor Island Lines vessels on a space available basis. I understand that, depending upon the volume of cargo received by Seacor Island Lines 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, Seacor Island Lines 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. I understand that an additional fee may 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. I understand that my vehicle may be refused if all the proper documents have not been forwarded or provided at time of delivery.
- _____
(Initials)
7. I declare the following as a contact address/telephone number for the shipper of this cargo:

Street Address (Must be U.S. Address)	
City, State, Zip Code	
Telephone Number/ E-mail Address	
REQUIRED EIN#, If US PASSPORT FOREIGN PASSPORT#	
Year / Make / Model / Color	

- _____
(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:/Owner	
Street Address	
City, Island, Zip Code	
Telephone Number:	
E-mail Address	

Printed Name: _____

Signature: _____ Date: _____