

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 US Address)

City, State, Zip Code: _____

Telephone Number /
Email 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: _____
- Email Address: _____

Name: _____ Date: _____

By placing a Y in this box I confirm that
all information provided is true and correct.
(Required)