



UPS Supply Chain Solutions<sup>SM</sup>

# Shipper's Letter of Instruction (SLI)

2005

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## I. Introduction

# REQUIRED DOCUMENTS

The Shipper's Letter of Instruction explains how and where to send a shipment from the United States to an international destination. In preparing this form, the Shipper completes most of the information required on the Shipper's Export Declaration, U.S. Customs form 7525V. After the Shipper completes the form, he or she retains the blue shipper's copy and forwards the rest of the form with the shipment to UPS Supply Chain Solutions for completion. This document must be typed. It combines an air waybill and a U.S. Export Declaration for shipments valued over \$2,500 (USD).

II. Shipper's Letter of Instruction

# SLI INSTRUCTIONS

THIS DOCUMENT MUST BE TYPED

SHIPPER'S LETTER OF INSTRUCTION				UPS Supply Chain Solutions		ups	
1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) (Complete name and address)				SHIPPER'S ACCOUNT NUMBER	CONSIGNEE'S ACCOUNT NUMBER	GATEWAY	DESTINATION
1				2	3		
ZIP CODE				2. DATE OF EXPORTATION	ORIGIN	SHIPMENT NUMBER	
2				4			
b. USPPI EIN (USPPI ID NO.)		c. PARTIES TO TRANSACTION		On receipt of the shipment described below, UPS Supply Chain Solutions, Inc. and its agents are requested and authorized to act as agent for the shipper, prepare and issue carrier's air waybill, sign such air waybill in the name of the undersigned, arrange such shipment for carriage to destination or for onward carriage and delivery by any other transportation appropriate in accordance with the terms and conditions contained in carrier's air waybill, tariffs, rules and regulations, and the UPS Supply Chain Solutions, Inc. Terms and Conditions of Contract at www.ups.com, including provisions thereof limiting liability to the shipper's "declared value for carriage," and to prepare and assemble in shipper's name any documents required for export.			
5		6		FORM OF PAYMENT (If no Form of Payment is indicated, the Shipper shall be liable for charges.)			
4a. ULTIMATE CONSIGNEE (Complete name and address)				<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> OBL. NUMBER BELOW <input type="checkbox"/> CHECK ON PICKUP <input type="checkbox"/> BILL TO THIRD PARTY    PAYING FOR <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> THIRD PARTY			
7				9			
b. INTERMEDIATE CONSIGNEE (Complete name and address)				RECEIVED BY (NAME) \$ _____			
8				10			
5b. FORWARDING AGENT (Complete name and address) UPS SUPPLY CHAIN SOLUTIONS, INC. 12380 MORRIS RD, ALPHARETTA, GA 30005 5b. ID No. 94309351500				CONSIGNEE CONTACT			
				11			
				TELEPHONE			
				12			
CHECK SERVICES				6. POINT (STATE, PROVINCE OR FTZ NO.)			
<input type="checkbox"/> PUERTO RICO (Next Day) <input type="checkbox"/> EXPRESS (Door-to-Door) <input type="checkbox"/> STANDARD PLUS (Door-to-Door) <input type="checkbox"/> PREFERRED (Airport-to-Airport) <input type="checkbox"/> STANDARD (Airport-to-Airport) <input type="checkbox"/> OCEAN				7. COUNTRY OF ULTIMATE DESTINATION			
<input type="checkbox"/> GOLD (Door-to-Door) <input type="checkbox"/> GOLD (Door-to-Airport)				13			
<input type="checkbox"/> Customs Clearance <input type="checkbox"/> Delivery				14			
SHIPPER REQUESTS FINANCE				15			
<input type="checkbox"/> Yes-Amount \$ _____ <input type="checkbox"/> No				16			
DECLARED VALUE FOR CARRIAGE \$ _____				17			
19				20			
20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24)				18			
PCS.	DATE OF M (21)	SCHEDULE B NUMBER (22)	QUANTITY - SCHEDULE B UNITS (23)	SHIPPING WEIGHT (kilograms) (24)	CODE	ATTACHED	VALUE (U.S. dollars, omit cents) (Selling price or cost if not sold) (26)
		23		K I L O G R A M S		24	26
OTC Registration Number SME (Significant Military Equipment) <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Party Certification Number <input type="checkbox"/> Yes <input type="checkbox"/> No USMI Category Code _____ OTC Quantity _____ OTC Unit of Measurement _____				PACKING LIST <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> BANK SWIFT REPORT <input type="checkbox"/> DANGEROUS GOODS <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> DOCUMENTS TO BE PREPARED <input type="checkbox"/> PRO FORMA INVOICE <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> CONSULAR INVOICE <input type="checkbox"/> INSURANCE CERTIFICATE <input type="checkbox"/> CERTIFICATE OF ORIGIN <input type="checkbox"/> BANKING SWIFT REPORT (SHAFT)			
27				25			
27. LICENSE NO./LICENSE EXCEPT. SYMBOL/AUTHORIZATION				28. ECCN (When required)			
28				29			
28. Duly authorized officer or employee				30			
30. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "Correct Way to Fill Out the Shipper's Export Declaration." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (15 U.S.C. Sec. 305, 32 U.S.C. Sec. 401, 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).				SHIPPER'S SPECIAL INSTRUCTIONS			
31				31			
Signature				Enter your AES reference if SED data is electronically filed by you:			
Title				GOODS RECEIVED IN APPARENT GOOD ORDER AT:			
Date				<input type="checkbox"/> Shipper's Office <input type="checkbox"/> Service Center <input type="checkbox"/> Carrier Advance <input type="checkbox"/> Consignee <input type="checkbox"/> Residence			
Telephone No. (including area code)				TIME			
				DATE			
				NO. OF SHIPMENTS			
				Route Number			
				Employee ID#			
				33			

61096-16 (3/05) Litho U.S.A.

See reverse side of the Shipper's Receipt for conditions under which service is available.  
UPS SUPPLY CHAIN SOLUTIONS, INC.  
12380 MORRIS RD  
ALPHARETTA, GA 30005

ORIGIN STATION COPY

## 1. EXPORTER

To avoid delays, give complete name, address, and ZIP code of shipper.

## 2. SHIPPER ACCOUNT NO.

If the shipper is to receive and pay the invoice (or if automatic third party billing has been established) the shipper's account number must appear here.

## 3. CONSIGNEE ACCOUNT NO.

If the receiver of the shipment is to receive and pay the invoice (or if the consignee has automatic third party billing established) then the consignee's account number must appear here.

## 4. DATE

The date the shipment is tendered.

## 5. EXPORTER EIN NUMBER

The shipper's Federal Employer Identification Number or for personal goods the shipper's social security number.

## 6. PARTIES TO TRANSACTION

"X" the appropriate box to show if the exporter and the ultimate consignee are economically related.

## 7. ULTIMATE CONSIGNEE

To avoid delays, give complete name, address, and postal code of the shipment recipient.

## 8. INTERMEDIATE CONSIGNEE

If applicable, type in the complete name and address of your bank, broker, or agent.

## 9. FORM OF PAYMENT

Please "X" the appropriate box.

- Prepaid - Invoice will be mailed to the shipper.
- Collect - Invoice will be mailed to the package recipient.
- GBL - Shipper or consignee issues Government Bill of Lading.
- Check on pickup - Payment made upon pickup.
- Bill to third party - Check here for third party billing.
- Paying for - Check the appropriate box.

## 10. FREE DOMICILE

If form of payment “Prepaid” is chosen and shipper also wishes to pay for destination fees, please “X” the appropriate box.

- DDU - All destination charges except duties and taxes to be paid by shipper.
- DDP - All destination charges including duties and taxes to be paid by shipper.

## 11. CONSIGNEE CONTACT

A consignee contact name and telephone number is required.

## 12. UPS SUPPLY CHAIN SOLUTIONS SERVICE

“X” box for appropriate service and service options.

## 13. POINT OF ORIGIN

The state in which the shipment is tendered to UPS Supply Chain Solutions.

## 14. COUNTRY OF ULTIMATE DESTINATION

Where the shipment will be delivered.

## 15. COUNTRY OF ORIGIN (MANUFACTURE)

The country in which the shipment was manufactured.

## 16. HAZARDOUS MATERIAL

Does the shipment contain hazardous material? Please check the appropriate box.

## 17. SHIPPER REFERENCE NUMBER

Enter the correct reference number.

## 18. CONSIGNEE REFERENCE NUMBER

The information you enter will be printed on the invoice.

## 19. SHIPPER REQUESTS INSURANCE

“X” the appropriate box, enter the dollar amount if applicable.

## 20. DECLARED VALUE

The liability of UPS Supply Chain Solutions for the shipment is limited to its standard liability coverage unless you declare a higher value by entering such higher value in the

Declared Value box. An additional charge will be assessed. (See Terms and Conditions of Contract as posted on the web at [www.ups-scs.com](http://www.ups-scs.com)).

## **21. BILL TO (THIRD PARTY)**

Fill in the complete name and address of the third party. Also “X” the appropriate box.

## **22. THIRD PARTY ACCT. NO.**

If third party billing has not been established with us, then their account number must appear in this box.

## **23. DESCRIPTIONS OF COMMODITIES**

### ***PCS***

State the number of packages in the shipment.

### ***D/F***

If the goods were manufactured in the U.S., enter “D”; if they were manufactured in any other country, enter “F.”

### ***Schedule B Number***

Refer to the U.S. government “Schedule B Commodity Book” for this information or call **1-800-323-4685**.

### ***Check Digit***

Not required.

### ***Quantity - Schedule B unit(s)***

Refer to “Schedule B Commodity Book” or call **1-800-323-4685** for information.

### ***Shipping Weight***

Total weight of shipment using metric kilos.

### ***Unit Cost***

The cost (in U.S. dollars) of each unit of the package contents.

### ***ODTC***

**Note:** Due to the re-naming of the Office of Defense Trade Controls (ODTC) to the Directorate of Defense Trade Controls (DDTC), this document’s reference to “ODTC” has been officially changed to “DDTC”.

- **Directorate of Defense Trade Controls (DDTC) Registration Number** – the 6 character registration identifier assigned by the DDTC to the registered manufacturer or exporter that has authorization from DDTC (through a license or exemption) to export the article.
- **DDTC Significant Military Equipment (SME) Indicator** - USPPI to “X” in the appropriate box (Yes or No). An indication that the articles warrant special export controls because of their capacity for substantial military utility of capability (see 22 CFR 121.1 for SME articles)
- **DDTC Eligible Party Certification Indicator** (required when an exemption is claimed) – USPPI to “X” in the appropriate box (Yes or No). A self-certification by the exporter for the exemption and a self-certification by the exporter that it is an eligible party per 22 CFR 120.1(c)
- **DDTC USML Category Code** – the two (2) digit numeric code (e.g. 01-18, 20 or 21) which indicates the DDTC U.S. Munitions List (USML) category article, service or related technical data as it applies to the article reported.
- **DDTC Unit of Measure** - ULM (as specified in a license, exemption or other authorization) – the number of units that correspond to the DDTC measure reported.
- **DDTC Quantity** (quantity of units in the ULM for the articles being shipped) – the three (3) alpha unit of measurement for the article being shipped. The unit of measure is provided on the export authorization.

## 24. ATTACHMENTS

“X” appropriate boxes for additional documentation attached.

## 25. DOCUMENTS FOR PREPARATION

“X” the appropriate boxes for documents you would like us to prepare at additional cost.

## 26. VALUE

Selling price or replacement cost amount must be equal to or greater than Declared Value (see 20) or insured value.

## 27. DIMENSIONS

Shipments that exceed certain dimensions may be rated by dimensional weight rather

than actual weight (see Terms and Conditions of Contract.) State number of pieces of each size and length (L), width (W), and height (H) in inches.

### **28. VALIDATED LICENSE NUMBER**

Export license number or symbol for the commodity you are shipping.

### **29. ECCN**

Export Commodity Control number given by the U.S. Department of Commerce. Call 1-800-323-4685 for information or consult the U.S. Export Administration Regulations.

### **30. DULY AUTHORIZED OFFICER OR EMPLOYER**

Name of the shipper.

### **31. SHIPPER'S SPECIAL INSTRUCTIONS**

### **32. SIGNATURE, TITLE, DATE**

Signature and title of shipper and the date the shipment is tendered.

### **33. AUTHENTICATION**

If applicable.