

VERIFIED GROSS MASS (VGM) CERTIFICATION

_____ Shipper's Company Name(full legal name)	_____ Authorized VGM Contact (first/last name)	
_____ Address		
_____ Phone Number	_____ Fax Number	_____ Email Address
_____ Carrier Booking Number	_____ ATS File Number	

Container Information

(Please fill out an additional form if more than five containers)

Container Number	Container Tare Weight	Cargo Weight (includes packing/dunnage)	Gross Container Weight (container tare + cargo weight)

We hereby certify the weights as listed above to be true and accurate. We certify the scales used for weighing this shipment have been certified and inspected as required by local authorities. Verification available upon request.

We understand and confirm that missing, incorrect and / or late VGM information may result in non-acceptance of the shipment by the vessel operating ocean carrier and a delay in the originally planned schedule. Any additional cost caused by delay due to non-acceptance of the shipment by the carrier to be covered by VGM declaring party (as undersigned above).

 Signature of Shipper's Authorized Contact

 Submission Date