GRENADA BUREAU OF STANDARDS

IMPORT INSPECTION DOCUMENT

DECLARATION INVOICE No.: _____ GDBS ID. NO.: _____

NAME OF IMPORTER: _____
SURNAME **FIRST NAME** **MIDDLE INITIALS**

ADDRESS OF IMPORTER: _____

TELEPHONE NO (S) .: _____ TELEFAX: _____

NAME OF CONTACT PERSON
(If different from Importer): _____

ADDRESS OF BROKER: _____ TELEPHONE NO.: _____

NAME OF EXPORTER: _____

ADDRESS OF EXPORTER: _____

_____

PORT OF ENTRY: _____

FLIGHT NO./VESSEL NAME: _____ ARRIVAL DATE: _____

BILL OF LADING NO.: _____ CONTAINER NO.: _____

TYPE AND NO. OF TRYES IMPORTED: No. of New _____ No. of Used _____ No. of Refurbished _____

CERTIFICATES (for example, Fumigation, UL Certificates etc.): _____

_____

Signature of Importer/Agent: _____ Date _____

COMPANY STAMP Receipt No.: _____

FOR OFFICIAL USE ONLY

CIF VALUE: $ _____ EXAMINATION FEE: $ _____ BOND: $ _____

SIGNATURE OF INSPECTOR: _____ DATE: _____

GOODS RECEIVED/UNSTUFFED: _____ EXAMINED: _____ RELEASED: _____

OTHER REMARKS: _____

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