

SEA AMS RESPONDENT CHECKLIST

Enter your company logo ←

CyberLogitec

\* - Required

The Respondent Checklist has been developed for Sea AMS participants. Please complete and return to:

U.S. Customs and Border Protection
Client Representative Branch
Attn: Beauregard, Room A-314-1 – SEA AMS LOI
7681 Boston Blvd.
Springfield, VA 20598-1350
FAX: (571) 468-5538 PHONE: (571) 468-5500

- \* Company Name: CyberLogitec Co., Ltd.
\* Company Name assigned to SCAC: 8CLA
\* Company Address: 16th Fl. Nuriteum Square R&D Tower, World cup Buk-ro 396, Mapo-Gu, Seoul, 121-795, Korea
\* Name/Title: YongSoon Park / General Manager
\* Phone Number and Fax Number: Tel. 82-2-6350-2415, Fax. 82-2-6350-2050
\* E-Mail Address: yspark@cyberlogitec.com

\* INDICATE YOUR FUNCTION IN THE IMPORT TRADE COMMUNITY:
Master Vessel Operating Common Carrier (MVOCC) ( ) Port Authority ( ) Service Center ( )
Non Vessel Operating Common Carrier (NVOCC) (X) Software Vendor ( ) Terminal Operator ( )
Other ( )

- \* MVOCC/NVOCC, please provide your International Carrier Bond Number 16C000XXX
\* MVOCC/NVOCC, please provide your Standard Carrier Alpha Code (SCAC) 8CLA
\* NVOCC, please provide your Federal Maritime Commission Bond Number 990215

If you are utilizing a service center or port authority, please identify: SCAC : 8CLA
NOTE: Service Centers and Port Authorities must submit a letter to CBP from each client for which they plan to transmit manifest data. The letter must be written on the client's letterhead.
SYSTEM: What data format are you using? ANSI X12 (version 4010) ( ) CAMIR ( X )
Where is your DP site?
Once operational, will your calls for assistance originate from one site? If yes, where?
Are you a communications network?

\* Name and Title: YongSoon Park / Manager \* Signature: [Signature] \* Date: 16 AUG, 2016

Provide the name of an authorized person of your company with signing authority.