

## P.O. BOX 21348 BARRIGADA, GUAM 96921-1348

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SHIPPER INFORMATION			EMAIL: <u>joseph.</u>	jesus@micronesianaircargoservices.com
Date:	Air Waybill No.		Reference No:	
From:	Shipper:		Consignee:	
То:	Address:		Address:	
,	Contact#: Email:		Contact#: Email:	
PAYMENT METHOD / TYPE				
Account Number:		Prepaid:		Collect:
CARGO SHIPMENT INFO	RMATION			
Number of Pieces	Total Gross Weight	ht Nature and Quantity of Goods Including DIMS & Volume		
hazardous materials - that I	that this cargo does not conta consent to a search of this ca ed, along with other shipping do	rgo and that I am fully aware ar	nd acknowledge that	s, explosives, incendiaries, destructive device of this endorsement, my original signature and I days from the date it was tendered to Micronesia
TYPE OF FIRST PERSONAL		TYPE OF SECOND PERSONAL IDENTIFICATION REVIEWED (IF FIRST WAS		NAME OF PERSON FROM WHOM SHIPMENT WAS ACCEPTED IF
NAME:		NOT A GOVERNMENT ISSU	ובט PHO (O ID):	DIFFERENT FROM THE SHIPPER:
IDENTIFICATION REVIEW	/ED:			
MATCHING PHOTO ON ID? YES or NO		YES or NO		YES or NO
NUMBER APPEARING ON ID:				
SHIPPING WAIVER  By signing below, you acknown transportation due to imprope transportation due transportation due to imprope transportation due transportation due transportation due tra	er packaging.	Cargo Services will not be response	onsible or liable for  Date	any damages incurred on cargo tendered for

Signature

Date

MACS Acceptance Agent Name (Print Clearly)