

VEHICLE PRE-SHIPMENT INSPECTION REQUEST FORM

PSI Request Number:		To be generated by Pre-Shipment Inspection Body			
Name of Requester (Person or Entity) *:		Address *:			
		Phone number(s) *:			
		Email Address *:			
Name of Exporter / Shipper (if, different from Requester):		Address:			
		Phone number(s):			
		Email Address:			
Name of Importer:		VEDIS ID:			
Destination *:					
Request for Onsite Inspection: ☐		Requested Facility:			
<u>Request for Offsite Inspection</u> Formal Pre-Shipment Inspection/PVoC ☐ Pre-Purchase Inspection ☐		Location and Address, City, State, ZIP/Postal Code:			
1 st Preferred Date of Inspection*:			2 nd Preferred Date of Inspection*:		
Notes:					
#	Make* (e.g. Toyota)	Model* (e.g. Corolla)	VIN or Chassis No.* (e.g. 1CPH423GA4G102745)	Date of 1 st Reg. (e.g. 2016-10-01)	Vehicle Category (e.g. L3, M1, N2, etc)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

* Required