

AUTOMOTIVE SERVICES COMPANY
SPOKANE WA
VEHICLE EXPORT CHECKLIST

FAX: 1-509-624-1640

509-244-8274 OFFICE

FAX DATE _____

ESTIMATED ENTRY DATE _____ PORT OF ENTRY _____

VIN _____

YEAR _____ MAKE _____ Model _____

MILEAGE _____ KM MI

BUILD DATE _____ VEHICLE WEIGHT _____

USD VALUE _____

EXPORTER NAME _____

ADDRESS _____

IMPORTER NAME _____

ADDRESS _____

DRIVERS NAME _____ DRIVERS PLATE # _____

GVWR _____ kg

FRONT _____ kg

REAR _____ kg

MANIFEST ATTACHED YES NO

MANIFEST FOR DRIVERS

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DRIVER INFORMATION

FULL NAME AND ADDRESS _____

FILL OUT BELOW ONLY IF A NEW DRIVER OR INFORMATION HAS CHANGED

DRIVERS DATE OF BIRTH _____

GENDER _____

CITIZENSHIP STATUS _____

DRIVERS LICENSE _____ STATE OR PROVINCE _____

DRIVERS PASSPORT NUMBER _____ ISSUING COUNTRY _____

VEHICLE INFORMATION

FULL VIN OF VEHICLE _____

LICENSE PLATE _____ ISSUING STATE OR PROVINCE OF PLATE _____

TYPE OF VEHICLE _____

TRAILER INFORMATION

LICENSE PLATE _____ ISSUING STATE OR PROVINCE OF PLATE _____

TYPE OF TRAILER _____

PORT OF ARRIVAL _____