

DELIVERY INSTRUCTIONS TO HOUSTON JACINTOPORT TERMINAL

ADDRESS:

16398 JACINTOPORT BLVD.
HOUSTON, TX 77015 USA
TELEPHONE: 713-673-7000
FAX: 713-673-7300

CARGO COORDINATORS/RECEIVING OFFICE

La'Vanae Erica Hampton Tel: 713 821 7316 / Email: Lavanae.Hampton@jacintoport.com
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INSTRUCTIONS FOR DELIVERY OF SELF-PROPELLED VEHICLES

Upon delivery, Drivers to have both the Dock Receipts and Copies of titles / Bills of Sale on hand to pass through the gates of the Port of Houston.

Note: all drivers must have a valid TWIC card for entry the terminal, no exceptions.

Once cargo is delivered, Original titles /Original Bills of Sale and signed by carrier LOI (Letter of Intent for Export) with terminal dock receipt must be brought in person to local CBP office for export clearance as per address below, and after customs validation, docs should be picked-up in person as well (kindly note that none of the documents to be stapled, only use paper clips).

US CUSTOMS AND BORDER PROTECTION

HOUSTON SEAPORT ATTN: TITLE DESK

7141 OFFICE CITY DR.
HOUSTON, TX 77087 USA
TEL: 713-454-8002
FAX: 713-454-8065

Another option to have customs clearance of Original titles or Original Bill of Sale in case title doesn't exist could be done with assistance of our agents, and in this case only Original title /Original Bill of Sale is required to be couriered to our agents' office as per details below. The charges to be advised upon quoting stage.

ATLANTIC RO-RO CARRIERS OF TEXAS, INC.

515 N. SAM HOUSTON PARKWAY EAST, SUITE 250
HOUSTON, TEXAS 77060 U.S.A.
ATTN: BREE SIMMONS
OFFICE TEL: 281-931-3600 DIRECT TEL: 281-931-5297
CELL: 281-844-7483



U.S. CUSTOMS & BORDER PROTECTION VEHICLE EXPORT COVER SHEET

PORT OF EXPORT: HOUSTON, TEXAS

DESCRIPTION OF VEHICLE/EQUIPMENT

VIN/SERIAL:		
YEAR:	MAKE:	MODEL:
TITLE #:		ISSUING STATE:

TRANSPORTATION INFORMATION

ITN:	VALUE:
CARRIER:	VESSEL:
BoL/AWB/BOOKING #:	
EXPORT DATE:	PORT OF UNLADING:
ULTIMATE DESTINATION:	
VEHICLE LOCATION:	

SHIPPER/EXPORTER

NAME:	DOB: / /	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:		
ID #:	TYPE & ISSUER:	

ULTIMATE CONSIGNEE ([] CHECK IF SHIPPER)

NAME:	DOB: / /	
ADDRESS:		
CITY:	STATE:	COUNTRY:
PHONE:		

DESIGNATED AGENT/BROKER/FREIGHT FORWARDER

NAME:	
ADDRESS:	
CITY:	STATE:
PHONE:	CONTACT: