

Vehicle Declaration Form

Electric Vehicles and Hybrid Electric Vehicles (EV, HEV, PEV, PHEV)

This declaration is in respect to: **BOOKING #:** _____

<p>_____</p> <p>Initials</p>	<p>1. I have been advised that vehicles are placed on board Tropical Shipping vessels on a space available basis. I understand that, depending upon the volume of cargo received by Tropical Shipping for shipment, there may be a delay of several weeks before this shipment will arrive at the Port of Discharge (Destination).</p>										
<p>_____</p> <p>Initials</p>	<p>2. I declare that this <u>is</u> an EV, HEV, PEV, PHEV (electric vehicle or hybrid electric vehicle).</p> <ul style="list-style-type: none"> • <u>Please note – there is an additional charge of \$500 per vehicle.</u> • <u>Damaged vehicles will not be accepted.</u> • <u>Vehicles from a car rental business will not be accepted.</u> 										
<p>_____</p> <p>Initials</p>	<p>3. VEHICLE DETAILS – I declare the below details to be true and correct.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Year, Make Model, Color</td> <td style="width: 40%;"></td> </tr> <tr> <td>VIN #</td> <td></td> </tr> <tr> <td>State of Charge (SOC)</td> <td></td> </tr> <tr> <td>Odometer Reading</td> <td></td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> • (If vehicle has more than 200 miles on the odometer, Certification form <u>MUST</u> be completed before delivery of vehicle. – See # 4) </td> </tr> </table>	Year, Make Model, Color		VIN #		State of Charge (SOC)		Odometer Reading		<ul style="list-style-type: none"> • (If vehicle has more than 200 miles on the odometer, Certification form <u>MUST</u> be completed before delivery of vehicle. – See # 4) 	
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<p>_____</p> <p>Initials</p>	<p>4. I declare that a Lithium Battery Certification for used EV / HEV / PEV, PHEV has been completed.</p>										
<p>_____</p> <p>Initials</p>	<p>5. I declare that a CARFAX report has been completed and is less than 2 weeks old or less and is included with my documentation.</p>										
<p>_____</p> <p>Initials</p>	<p>6. A VIN check has been done using https://www.nhtsa.gov/recalls to verify if there are any open recalls on the vehicle or anything specific to a potential of fire.</p>										
<p>_____</p> <p>Initials</p>	<p>7. An IMO Hazardous Declaration Form has been completed and signed.</p>										
<p>_____</p> <p>Initials</p>	<p>8. I understand that after a vehicle has been received, Tropical Shipping is not liable for unforeseen mechanical failure such as dead battery, flat tires, etc. The vehicle will be classified as “non-operable” condition requiring mechanical lifting into a container. I understand that an additional fee of \$100 will be charged for this service.</p>										
<p>_____</p> <p>Initials</p>	<p>9. I have been advised that vehicles may be carried as containerized cargo, hold cargo, or on-deck cargo. In the latter, I understand my cargo is subject to “at sea” atmospheric conditions.</p>										
<p>_____</p> <p>Initials</p>	<p>10. I state that, for Electronic Export Information (EEI) purposes (as shipper or agent for the shipper and/or consignee), the value of this shipment is \$ _____ in US dollars. Vehicles and boats in good condition will be insured unless written instructions are received to the contrary. Special conditions may apply.</p>										
<p>_____</p> <p>Initials</p>	<p>11. This shipment is Collect [<input type="checkbox"/>] (paid by consignee at island destination) OR this shipment is Prepaid [<input type="checkbox"/>] by _____ in the United States. <u>Please check one.</u></p>										

12. I declare the following as a contact address/telephone number for the shipper of this cargo.

Initials

Shipper Name:	
Street Address: (Must be U.S. Address)	
PO Box	
City, State, Zip Code	
Telephone Number:	
EIN #, Passport # (REQUIRED)	
Email Address:	

13. I declare the following as a contact address/telephone number for the consignee of this cargo, at the Port of Destination: (Must have complete address)

Initials

Consignee Name: **MUST MATCH NAME ON TITLE**	
Street Address	
PO Box	
City, Island / Country, Zip Code	
Telephone #:	
Email Address:	

Printed Name: _____

Signature: _____

Date: _____