



### VGM (Verified Gross Mass) Declaration Form

Shipper Name*			
Booking Number			
Bill of Lading (If Applicable)			
Unit of Measure*	<input type="checkbox"/> kg	<input type="checkbox"/> lbs	
Shipment mode*	<input type="checkbox"/> FCL	<input type="checkbox"/> LCL	

Container Number (FCL) or Piece Count (LCL)	Seal Number (if applicable)	Total VGM	Method 1	Method 2
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Method 1: Weigh container after loading - exclude truck and chassis weight**

**Method 2: Weigh all packages and cargo individually, including dunnage, packing, and tare weight of the container**

Signature (Name of signatory in CAPS)	
Signatory Company Name	
Signatory Company Address	
E-mail	
Phone Number	
Submission Date	

**I hereby certify that that the information provided on this form is accurate and complete according to the requirements of the International Convention for the Safety of Life at Sea (SOLAS).**