

Verified Gross Mass (VGM) Statement

This form is a PDF fillable form. Handwritten forms will NOT be accepted. Use the Tab key to move through the form.

Shipper's Company Name:	VGM Verification Date (mm-dd-yyyy)	
Address 1:		
Address 2:		
City:	State or Province:	ZIP:
Authorized Person:		
Phone Number:	E-Mail:	

Walker International Reference Number:	VERIFIED GROSS MASS (VGM) in KG (Kilograms)
Carrier Booking Number:	
Description of Goods:	

LCL Shipments
Marks & Numbers:
Number and Kind of Packages:

FCL shipments	
Container Number #1:	Seal Number #1:
Container Number #2:	Seal Number #2:
Container Number #3:	Seal Number #3:

VGM Evaluation Method: (Check one)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Method 1:</td> <td>Actual weighing of the packed and sealed container <i>Scale utilized for determination must meet national certification and calibration</i></td> </tr> <tr> <td style="text-align: center;">Method 2:</td> <td>Adding the weight of the packages and cargo items including pallets, dunnage, etc to the tare weight of the container</td> </tr> </table>	Method 1:	Actual weighing of the packed and sealed container <i>Scale utilized for determination must meet national certification and calibration</i>	Method 2:	Adding the weight of the packages and cargo items including pallets, dunnage, etc to the tare weight of the container
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The Shipper's Duly Authorized Contact Person (named above) hereby certifies that the above mentioned shipment details have are accurate and the VGM has been established according to the requirements of the International Convention for the Safety of Life at Sea (SOLAS). This Verified Gross Mass Statement contains the VGM amount per container. The Shipper shall indemnify Walker International Transportation against all loss, damage or expense resulting from the inaccuracy or inadequacy of the above information. We understand and confirm that missing, incorrect and/or belated VGM statements may result in non-acceptance of the shipment by the vessel operating ocean carriers and could incur a delay in the originally planned schedule of transport for the shipment. Any additional cost caused by delay due to non-acceptance of the shipment by the carrier will be the responsibility of the Shipper named above.

Signature of Shipper's Contact Person
(name above) ENTER IN CAPS

Submission Date:
(mm-dd-yyyy)

Check here to Validate Electronic Signature