

Instructions for International Airbill Entry with Pilot Freight Services

1. Log in to CoPilot and choose SHIP (a new blank airbill will appear).
2. Make sure the Shipper and Third Party (if needed) are correct.

Pilot Station : **PHL** Validate Save as Draft Submit

[Click to Hide Party Information..](#)

Shipper/Consignee	Third Party
<p>Shipper</p> <p>Address Book: PILOT CORPORATE 2 <input type="checkbox"/> Save</p> <p>Company Name: XYZ Corp</p> <p>Attention: Chris Milon</p> <p>Phone #: (610)891-8100 Ext xxxx</p> <p>Street Address: 314 N. MIDDLETOWN ROAD</p> <p>City: LIMA</p> <p>State: PENNSYLVANIA</p> <p>Postal Code: 19037</p> <p>Country: UNITED STATES</p> <p>Email Address: cmilon@pilotdelivers.com</p> <p><input checked="" type="checkbox"/> Send Email <input type="checkbox"/> Email Label and HAWB Document</p> <p style="color: red; font-size: small;">Enter your email addresses separated by commas</p>	<p>Consignee</p> <p>Address Book: - SELECT - <input type="checkbox"/> Save</p> <p>Company Name: </p> <p>Attention: </p> <p>Phone #: Ext </p> <p>Street Address: </p> <p>City: </p> <p>State: ALABAMA</p> <p>Postal Code: </p> <p>Country: UNITED STATES</p> <p>Email Address: </p> <p><input checked="" type="checkbox"/> Send Email</p>
<p>Shipper Reference Number:</p> <div style="border: 1px solid black; height: 60px; background-color: red; width: 100%;"></div>	<p>Consignee Reference Number:</p> <div style="border: 1px solid black; height: 60px; background-color: red; width: 100%;"></div>
<p><small>NOTE: Entering multiple reference numbers is allowed, please enter one number on each line.</small></p>	

[Click to Hide Services..](#)

Ship Date: 06/02/2014	Payment Type: THIRD PARTY
Ready Time: 14:00	Close Time: 17:00
Service: FIRST FLIGHT SERVICE	<input type="checkbox"/> Swap Exchange

Special Instructions

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.

Yes No

3. Enter Consignee information (the shipment converts to an International Shipment when the consignee country is changed to a foreign country).

Pilot Station : **PHL** Validate Save as Draft Submit

Click to Hide Party Information..

Shipper/Consignee Third Party

<p>Shipper</p> <p>Address Book: PILOT CORPORATE 2 <input type="checkbox"/> Save</p> <p>Company Name: XYZ Corp</p> <p>Attention: Chris Milon</p> <p>Phone #: (610)891-8101 Ext: xxx</p> <p>Street Address: 314 N. MIDDLETOWN ROAD</p> <p>City: LIMA</p> <p>State: PENNSYLVANIA</p> <p>Postal Code: 19037</p> <p>Country: UNITED STATES</p> <p>Email Address: cmilon@pilotdelivers.com</p> <p><input checked="" type="checkbox"/> Send Email <input type="checkbox"/> Email Label and HAWB Document</p> <p>Shipper Reference Number: [REDACTED]</p>	<p>Consignee</p> <p>Address Book: - SELECT - <input type="checkbox"/> Save</p> <p>Company Name: ACME Inc.</p> <p>Attention: John Smith</p> <p>Phone #: +44 17651234 Ext: XXX</p> <p>Street Address: 100 Buckingham Court</p> <p>City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Postal Code: <input type="text"/></p> <p>Country: UNITED KINGDOM</p> <p>Email Address: UNITED ARAB EMIRATES</p> <p>Consignee Reference Number: [REDACTED]</p>
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Enter your email addresses separated by commas

NOTE: Entering multiple reference numbers is allowed, please enter one number on each line.

Click to Hide Services..

Ship Date: 06/02/2014	Payment Type: THIRD PARTY
Ready Time: 14:00	Close Time: 17:00
Service: <input type="text"/>	<input type="checkbox"/> Swap Exchange

Special Instructions

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.

Yes No

4. Enter Shipper/Consignee Reference Numbers

NOTE: Entering multiple reference numbers is allowed, please enter one number on each line.

Pilot Station : **PHL** Validate Save as Draft Submit

Click to Hide Party Information..

Shipper/Consignee	Third Party
<p>Shipper</p> <p>Address Book: PILOT CORPORATE 2 <input type="checkbox"/> Save</p> <p>Company Name: XYZ Corp</p> <p>Attention: Chris Milon</p> <p>Phone #: (610)891-8100 Ext: xxxx</p> <p>Street Address: 314 N. MIDDLETOWN ROAD</p> <p>City: LIMA</p> <p>State: PENNSYLVANIA</p> <p>Postal Code: 19037</p> <p>Country: UNITED STATES</p> <p>Email Address: cmilon@pilotdelivers.com</p> <p><input checked="" type="checkbox"/> Send Email <input checked="" type="checkbox"/> Email Label and HAWB Document</p>	<p>Consignee</p> <p>Address Book: - SELECT - <input type="checkbox"/> Save</p> <p>Company Name: ACME Inc.</p> <p>Attention: John Smith</p> <p>Phone #: +44 17651232 Ext: XXX</p> <p>Street Address: 100 Buckingham Court</p> <p>City:</p> <p>State:</p> <p>Postal Code:</p> <p>Country: UNITED KINGDOM</p> <p>Email Address: johnsmith@acmeinc.com</p> <p><input checked="" type="checkbox"/> Send Email</p>
Enter your email addresses separated by commas	
<p>Shipper Reference Number:</p> <div style="background-color: red; color: white; padding: 5px;"> Shipper Reference 1 Shipper Reference 2 Shipper Reference 3 </div> <p><small>One or more of the reference lines are more than 30 characters and will be truncated if saved or submitted.</small></p>	<p>Consignee Reference Number:</p> <div style="background-color: red; color: white; padding: 5px;"> Consignee Reference 1 Consignee Reference 2 Consignee Reference 3 </div> <p><small>One or more of the reference lines are more than 30 characters and will be truncated if saved or submitted.</small></p>
NOTE: Entering multiple reference numbers is allowed, please enter one number on each line.	
Click to Hide Services..	
<p>Ship Date: 06/02/2014</p> <p>Ready Time: 14:00</p> <p>Service:</p>	<p>Payment Type: THIRD PARTY</p> <p>Close Time: 17:00</p> <p><input type="checkbox"/> Swap Exchange</p>
<p>Special Instructions</p> <div style="border: 1px solid gray; height: 40px;"></div>	
<p>I consent to screening of any cargo moving air transportation. Failure to provide this consent in</p>	

5. Confirm the (Ship) Date, Ready Time, Payment Type, and Close Time are correct.

Pilot Station : **PHL** Validate Save as Draft Submit

Click to Hide Party Information..

Shipper/Consignee Third Party	
Shipper Address Book: PILOT CORPORATE 2 <input type="checkbox"/> Save Company Name: PILOT AIR FREIGHT Attention: MIKE MILLER Phone #: (610)891-8101 Ext 8142 Street Address: 314 N. MIDDLETOWN ROAD C/O City: LIMA State: PENNSYLVANIA Postal Code: 19037 Country: UNITED STATES Email Address: MMILLER@PILOTDELIVERS.COM <input checked="" type="checkbox"/> Send Email <input type="checkbox"/> Email Label and HAWB Document	Consignee Address Book: - SELECT - <input type="checkbox"/> Save Company Name: ACME Inc Attention: John Smith Phone #: +44 1758 169 Ext XXX Street Address: 100 Buckingham Court City: London State: Postal Code: Country: UNITED KINGDOM Email Address: johnsmith@acmeinc.com <input checked="" type="checkbox"/> Send Email
Shipper Reference Number: Shipment Reference 1 Shipment Reference 2 Shipment Reference 3	Consignee Reference Number: Consignee Reference 1 Consignee Reference 2 Consignee Reference 3

NOTE: Entering multiple reference numbers is allowed, please enter one number on each line.

Click to Hide Services..

Ship Date: 06/02/2014	Payment Type: THIRD PARTY
Ready Time: 14:00	Close Time: 17:00
Service: - SELECT -	<input type="checkbox"/> Swap Exchange

Special Instructions

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.

Yes No

Note: Service option is not available for International Shipments. Refer to section title "Edit International Information" to select the service associate with International.

6. Complete the following items:

- a. Special Instructions if more information needs to be instructed to Pilot Freight Services
- b. Acknowledge the Consent to Screening in order for you shipment to move via air transportation
- c. Indicate all Hazardous Materials included in the shipment

<p>City: LIMA State: PENNSYLVANIA Postal Code: 19037 Country: UNITED STATES Email Address: MMILLER@PILOTDELIVERS.COM</p> <p><input checked="" type="checkbox"/> Send Email <input type="checkbox"/> Email Label and HAWB Document</p> <p style="text-align: center; color: red;">Enter your email addresses separated by commas</p> <p>Shipper Reference Number: Shipment Reference 1 Shipment Reference 2 Shipment Reference 3</p>	<p>City: London State: Postal Code: Country: UNITED KINGDOM Email Address: johnsmith@acmeinc.com</p> <p><input checked="" type="checkbox"/> Send Email</p> <p>Consignee Reference Number: Consignee Reference 1 Consignee Reference 2 Consignee Reference 3</p> <p style="color: red;">NOTE: Entering multiple reference numbers is allowed, please enter one number on each line.</p>																																
Click to Hide Services..																																	
<p>Ship Date: 06/02/2014 Ready Time: 14:00 Service: - SELECT -</p>	<p>Payment Type: THIRD PARTY Close Time: 17:00 <input type="checkbox"/> Swap Exchange</p>																																
<p>Special Instructions</p> <div style="border: 1px solid gray; height: 30px;"></div> <p style="color: red; font-size: small;">I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.</p> <p style="text-align: center;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> <p>Hazardous Materials <input type="checkbox"/> Hazardous Materials 24 Hr. Contact Phone#: <input type="text"/></p> <p>Class: <input type="text"/> UN#: <input type="text"/> <input type="button" value="Hazmat"/></p>																																	
Click to Hide Line Items..																																	
<p>Enter Product #: <input type="text"/> <input type="button" value="Catalog"/> X Quantity <input type="text"/> <input type="button" value="Load Product"/></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Pieces</th> <th>Description</th> <th>Weight</th> <th>Weight(kg)</th> <th>Length</th> <th>Width</th> <th>Height</th> <th>Add</th> </tr> </thead> <tbody> <tr style="background-color: #f4a460;"> <th>Pieces</th> <th>Description</th> <th>Weight (lbs)</th> <th>Weight (kg)</th> <th>Length (in)</th> <th>Width (in)</th> <th>Height (in)</th> <th>#</th> </tr> <tr> <td colspan="8" style="text-align: center;">No data to display</td> </tr> <tr> <td colspan="2">Total: 0</td> <td colspan="2">Total: 0</td> <td colspan="4">Total: 0</td> </tr> </tbody> </table>		Pieces	Description	Weight	Weight(kg)	Length	Width	Height	Add	Pieces	Description	Weight (lbs)	Weight (kg)	Length (in)	Width (in)	Height (in)	#	No data to display								Total: 0		Total: 0		Total: 0			
Pieces	Description	Weight	Weight(kg)	Length	Width	Height	Add																										
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No data to display																																	
Total: 0		Total: 0		Total: 0																													
Click to Hide Extended Services..																																	
<p>Tariff Name: -SELECT- Navigator Quote Number: <input type="text"/></p> <p>Extended Services :</p> <p>Attempted PU/Del <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/></p>																																	

7. If you have a Products Catalog, select an item from the catalog by clicking the Catalog button or by typing the Product # and Quantity and then select Load Product button.

Note: You should see the line item listed on your waybill when this is done.

NOTE: Entering multiple reference numbers is allowed, please enter one number on each line.

Click to Hide Services..

Ship Date	<input type="text" value="06/02/2014"/>	Payment Type:	<input type="text" value="THIRD PARTY"/>
Ready Time	<input type="text" value="14:00"/>	Close Time	<input type="text" value="17:00"/>
Service:	<input type="text" value="- SELECT -"/>	<input type="checkbox"/> Swap Exchange	

Special Instructions

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.

Yes No

Hazardous Materials Hazardous Materials 24 Hr. Contact Phone#:

Class: UN#:

Click to Hide Line Items..

Enter Product #: X Quantity

Pieces	Description	Weight	Weight(kg)	Length	Width	Height	Add
Pieces	Description	Weight (lbs)	Weight (kg)	Length (in)	Width (in)	Height (in)	#
No data to display							
Total: 0		Total: 0		Total: 0			

Click to Hide Extended Services..

Tariff Name

Navigator Quote Number

Extended Services :

	Shipper			Consignee		
Attempted PU/Del	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hotel/Convention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inside PU/Del	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liftgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait Time (Hrs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Two Man PU/Del (Hrs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special PU/Del	<input type="text" value="-None-"/>	<input type="text" value="-None-"/>	<input type="text" value="-None-"/>	<input type="text" value="-None-"/>	<input type="text" value="-None-"/>	<input type="text" value="-None-"/>

Other Charges :

<input type="checkbox"/> Platinum Guarantee	<input type="checkbox"/> Convention	<input type="checkbox"/> GBL	<input type="checkbox"/> Hold At Airport for pick-up
<input checked="" type="checkbox"/> Proof Of Delivery Required	<input type="checkbox"/> Unpack/Debris Removal	<input type="checkbox"/> C.O.D. <input type="text" value="0.00"/>	
	<input checked="" type="radio"/> Declared Value	Value: \$ <input type="text" value="900.00"/>	
	<input type="radio"/> Insurance Value		

8. Choose the Tariff Name or Navigator Quote Number (if applicable).

Click to Hide Services..

Ship Date	06/02/2014	Payment Type:	THIRD PARTY
Ready Time	14:00	Close Time	17:00
Service:	FIRST FLIGHT SERVICE	<input type="checkbox"/> Swap Exchange	

Special Instructions

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.

Yes No

Hazardous Materials Hazardous Materials 24 Hr. Contact Phone#:

Class: UN#:

Click to Hide Line Items..

Enter Product #:	<input style="width: 80%;" type="text"/>	<input type="button" value="Catalog"/>	X Quantity	<input style="width: 50%;" type="text"/>	<input type="button" value="Load Product"/>		
Pieces	Description	Weight	Weight(kg)	Length	Width	Height	<input type="button" value="Add"/>
Pieces	Description	Weight (lbs)	Weight (kg)	Length (in)	Width (in)	Height (in)	#
No data to display							
Total: 0		Total: 0		Total: 0			

Click to Hide Extended Services..

Tariff Name	-SELECT-
Navigator Quote Number	<input style="width: 100%;" type="text"/>

Extended Services :

	Shipper	Consignee
Attempted PU/Del	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/Convention	<input type="radio"/> Hotel <input type="radio"/> Conv <input checked="" type="radio"/> None	<input type="radio"/> Hotel <input type="radio"/> Conv <input checked="" type="radio"/> None
Inside PU/Del	<input type="checkbox"/>	<input type="checkbox"/>
Liftgate	<input type="checkbox"/>	<input type="checkbox"/>
Private Residence	<input type="checkbox"/>	<input type="checkbox"/>
Wait Time (Hrs)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Two Man PU/Del (Hrs)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Special PU/Del	-None-	-None-

Other Charges :

<input type="checkbox"/> Platinum Guarantee	<input type="checkbox"/> Convention	<input type="checkbox"/> GBL	<input type="checkbox"/> Hold At Airport for pick-up
<input checked="" type="checkbox"/> Proof Of Delivery Required	<input type="checkbox"/> Unpack/Debris Removal	<input type="checkbox"/> C.O.D. <input style="width: 50px;" type="text" value="0.00"/>	
	<input checked="" type="radio"/> Declared Value	Value: \$ <input style="width: 50px;" type="text" value="900.00"/>	
	<input type="radio"/> Insurance Value		

Edit International Information..

9. Enter any Extended Services applicable from the predefined list.

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.

Yes No

Hazardous Materials Hazardous Materials 24 Hr. Contact Phone#:

Class: UN#:

Click to Hide Line Items..

Enter Product #: X Quantity

Pieces	Description	Weight	Weight(kg)	Length	Width	Height	Add

No data to display

Total: 0 Total: 0 Total: 0

Click to Hide Extended Services..

Tariff Name:

Navigator Quote Number:

Extended Services :

	Shipper	Consignee
Attempted PU/Del	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/Convention	<input type="radio"/> Hotel <input type="radio"/> Conv <input checked="" type="radio"/> None	<input type="radio"/> Hotel <input type="radio"/> Conv <input checked="" type="radio"/> None
Inside PU/Del	<input type="checkbox"/>	<input type="checkbox"/>
Liftgate	<input type="checkbox"/>	<input type="checkbox"/>
Private Residence	<input type="checkbox"/>	<input type="checkbox"/>
Wait Time (Hrs)	<input type="text" value=""/>	<input type="text" value=""/>
Two Man PU/Del (Hrs)	<input type="text" value=""/>	<input type="text" value=""/>
Special PU/Del	<input type="text" value="-None-"/>	<input type="text" value="-None-"/>

Other Charges :

<input type="checkbox"/> Platinum Guarantee	<input type="checkbox"/> Convention	<input type="checkbox"/> GBL	<input type="checkbox"/> Hold At Airport for pick-up
<input checked="" type="checkbox"/> Proof Of Delivery Required	<input type="checkbox"/> Unpack/Debris Removal	<input type="checkbox"/> C.O.D. <input type="text" value="0.00"/>	
	<input checked="" type="radio"/> Declared Value	Value: \$ <input type="text" value="900.00"/>	
	<input type="radio"/> Insurance Value		

Edit International Information..

10. Select Edit International Information and enter Service, Customs Value, and Incoterms. All items in **RED** are required fields regardless of value. Shipment defaults can be set for these items in the section titled Settings then Shipment Defaults.

Other Charges :

<input type="checkbox"/> Platinum Guarantee	<input checked="" type="checkbox"/> Convention	<input type="checkbox"/> GBL	<input type="checkbox"/> Hold At Airport for pick-up
<input checked="" type="checkbox"/> Proof Of Delivery Required	<input checked="" type="checkbox"/> Unpack/Debris Removal	<input type="checkbox"/> C.O.D. <input type="text" value="0.00"/>	
	<input checked="" type="radio"/> Declared Value	Value: \$	<input type="text" value="900.00"/>
	<input type="radio"/> Insurance Value		

Click to Hide International Information..

Service: Incoterms:

Customs Value

International Documentation

In order to complete the required international shipment documentation, please fill out the following information completely. You will be required to print and sign all documents that are required for an international shipment. Please give all original documents to the driver that will pick up your shipments.

1b) USPPPI's EIN (IRS) No. or ID No.:

1c) Parties to Transaction: Related Non-related

4b) Intermediate Consignee

9) Method of Transportation:

Consolidate Direct

Pilot Freight Services is Filing AES Yes No

15) Shipment Reference No.: Leave blank if Pilot is filing AES

16) Entry Number:

17) Hazardous Materials: Yes No

18) In Bond Code:

19) Routed Export Transaction: Yes No

27) License No. / License Exception Symbol:

28) ECCN (When Required):

Please fill out your Schedule B Description of Commodities. Please note that for any item with a value greater than \$2500.00 you must enter a Schedule B Number for that commodity. Use the Schedule B lookup utility to find your Schedule B Numbers. Click on the row to populate the Schedule B Number.

Drag a column header here to group by that column						
#	Origin	Schedule B	Quantity	Weight (Kg)	Value	Vin Number
No data to display						

Note: All defaults can be override during entry of a shipment.

Note: A detailed explanation of the items in RED is available in the following section titled Shipper's Letter of Instruction. Refer to the items marked with an Asterisk (*) for CoPilot entry requirements.

11. If an AES (Automated Export System) Entry is required for export then select Edit Schedule B Lines.

Other Charges :

<input type="checkbox"/> Platinum Guarantee	<input checked="" type="checkbox"/> Convention	<input type="checkbox"/> GBL	<input type="checkbox"/> Hold At Airport for pick-up
<input checked="" type="checkbox"/> Proof Of Delivery Required	<input checked="" type="checkbox"/> Unpack/Debris Removal	<input type="checkbox"/> C.O.D. <input type="text" value="0.00"/>	
	<input checked="" type="radio"/> Declared Value	Value: \$	<input type="text" value="900.00"/>
	<input type="radio"/> Insurance Value		

Click to Hide International Information..

Service: Incoterms:

Customs Value

International Documentation

In order to complete the required international shipment documentation, please fill out the following information completely. You will be required to print and sign all documents that are required for an international shipment. Please give all original documents to the driver that will pick up your shipments.

1b) USPPIT's EIN (IRS) No. or ID No.:

1c) Parties to Transaction: Related Non-related

4b) Intermediate Consignee

9) Method of Transportation:

Consolidate Direct

Pilot Freight Services is Filing AES Yes No

15) Shipment Reference No.: Leave blank if Pilot is filing AES

16) Entry Number:

17) Hazardous Materials: Yes No

18) In Bond Code:

19) Routed Export Transaction: Yes No

27) License No. / License Exception Symbol:

28) ECCN (When Required):

Please fill out your Schedule B Description of Commodities. Please note that for any item with a value greater than \$2500.00 you must enter a Schedule B Number for that commodity. Use the Schedule B lookup utility to find your Schedule B Numbers. Click on the row to populate the Schedule B Number.

Drag a column header here to group by that column:						
#	Origin	Schedule B	Quantity	Weight (Kg)	Value	Vin Number
No data to display						

Note: All defaults can be override during entry of a shipment.

Note: This section does not need to be completed if an AES entry is not required for export. AES is required for all exports if the commodity code value is \$2,500 or greater or on a U.S. Government issued license (regardless of value).

12. Select Add and enter the Commodity Code, Quantity, Origin, Weight, and Value. Commodity Code (Schedule B) lookup is available by selecting Lookup or by contacting the U.S. Census Bureau for commodity code assistance (800-549-0595 – Option 2 Commodity Code Support).

International Line Items

Please fill out your Schedule B Description of Commodities. Please note that for any item with a value greater than \$2500.00 you must enter a Schedule B Number for that commodity. Use the Schedule B lookup utility to find your Schedule B Numbers. Click on the row to populate the Schedule B Number.

Drag a column header here to group by that column

ScheduleB Code	ScheduleB Description	Origin	Quantity	Weight (kg)	Value	Vin Number

No data to display

Commodity Code
 Commodity Name
 Quantity Weight Value
 Origin Vin Number

Note: Select Update and/or Add after each commodity code is entered.

13. When you have completed your airbill, click Validate. Any necessary changes will be listed in a pop-up box.

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.

Hazardous Materials Hazardous Materials 24 Hr. Contact Phone#:
 Class: UN#: Hazmat:

Click to Hide Line Items...

Enter Product #: Catalog X Quantity Load Product

Pieces	Description	Weight	Weight (kg)	Length	Width	Height	#

No data to display

Total: 0 Total: 0 Total: 0

Click to Hide Extended Services...

Tariff Name:

Navigator: WebArbill

Extended Services:

Service: Estimated Charges:

Please fill in the highlighted required fields.
 Please select "Yes" for screening consent to complete the shipment entry or contact your local Pilot Station.
 Please select a "Service Level" for this shipment.
 Please enter a customs value in USD for this shipment.
 Please enter a valid USPPJ EIN Number for 1b.
 Please select a Method of Transportation for 9.
 Please enter at least one line item for this shipment.

Other Charges:

Platinum Guarantee Convenon GBL Hold At Airport for pick-up
 Proof Of Delivery Required Unpack/Debris Removal C.O.D. 0.00
 Declared Value
 Insurance Value Value: \$

Edit International Information...

Note: If you need to make changes, close the box (incomplete fields will be noted in RED).

14. After all changes/edits are complete, then select the Submit button.

International Documentation

In order to complete the required international shipment documentation, please fill out the following information completely. You will be required to print and sign all documents that are required for an international shipment. Please give all original documents to the driver that will pick up your shipments.

1b) USPPI's EIN (IRS) No. or ID No.:

1c) Parties to Transaction: Related Non-related

4b) Intermediate Consignee

9) Method of Transportation: Consolidate Direct

Pilot Freight Services is Filing AES Yes No

15) Shipment Reference No.: Leave blank if Pilot is filing AES

16) Entry Number:

17) Hazardous Materials: Yes No

18) In Bond Code:

19) Routed Export Transaction: Yes No

27) License No. / License Exception Symbol:

28) ECCN (When Required):

Please fill out your Schedule B Description of Commodities. Please note that for any item with a value greater than \$2500.00 you must enter a Schedule B Number for that commodity. Use the Schedule B lookup utility to find your Schedule B Numbers. Click on the row to populate the Schedule B Number.

Drag a column header here to group by that column						
#	Origin	Schedule B	Quantity	Weight (Kg)	Value	Vin Number
No data to display						

[Edit Schedule B Lines](#)

Note: All defaults can be override during entry of a shipment.

Note: No changes can be made online once the airbill has been submitted. Please contact your local Pilot station to make changes.

15. The shipment is now complete and the shipment information will be transmitted to Pilot Freight Services. Please select Print Airway Bill and sign the document prior to the Pilot driver's arrival.

You have successfully submitted shipment# 062097217

Please do not use your browser's back button to edit this shipment. You cannot edit a shipment once it has been submitted. Please click New Shipment to prepare another online shipment.

Thank you for shipping with Pilot Freight Services. Your shipment has been tendered and your shipping documents are ready to be created. Click on the links below to create your shipping documents. Remember that you can reprint any of your recent shipping documents by clicking on "Reprint" from the "SHIP" toolbar.

Print Airway Bill	Print Labels	Create Manifest	Create Return Shipment	Create a New Shipment
Proforma Invoice	Packing Lists	Certificate of Origin		