**Master Air Waybill Acceptance Statement**  
Master Airwaybill (MAWB) \_\_\_\_\_235 XXXX XXXX   
All shipment tendered in this Master Air Waybill were received directly from a shipper, or other person with an established relationship with \_\_\_\_AGENCIA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(insert name of regulated agent or freight forwarder) for at least 180 calendar days, which has an established shipping address, and a payment, credit, or invoice history of at least 180 calendar days or a person or iginating or tendering a shipment where \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENCIA\_\_\_\_\_\_(insert name of regulated agent or freight forwarder) has an established business relationship or payment, credit, or invoice history with the consignee or bill – to party of at least 180 calendardays.  
  
 **Declaration For US-Bound Shipments**  
  
\_\_\_AGENCIA\_\_\_\_\_ (Name of the Entity) has reviewed all available documentation and has determined that none of the cargo being offered in this consignment or consolidation has originated in, transferred from, or transited through any point in Somalia, Syria, Yemen, or Egypt.  
  
Date  
  
\_FECHA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
AWB or MAWB Number  
  
\_\_235 XXXX XXXX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
HAWB Number  
  
\_\_\_\_HAWB(DE SER CONSOL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Company Name  
  
\_\_\_ AGENTE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Name and title of signatory  
  
\_\_\_\_NOMBRE DE QUIEN ENTREGA LA AWB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature&Stamp  
  
\_\_\_\_\_\_\_\_\_FIRMA DE QUIEN ENTREGA LA AWB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_