



Sefco Export Management Company, Inc.

Worldwide Shipping Services - New York City USA - Over 35 years experience  
Secure - Reliable - Professional <https://sefco-export.com>



**EXPORT TRANSACTION POWER OF ATTORNEY**  
**United States Principal Party in Interest (USPPI)**  
**U.S. Census Bureau Foreign Trade Regulations 15 CFR Part 30**

**EIN / ID#** \_\_\_\_\_

\_\_\_\_\_, the USPPI organized and doing business  
(Company Name of the U.S. Principal Party in Interest (USPPI))

under the laws of the United States of America and having an office and place of business  
at:

\_\_\_\_\_  
(Address of USPPI)

hereby authorizes Sefco Export Management Company, Inc. to act on our behalf as a true and lawful agent and attorney of the U.S. Principal Party in Interest (USPPI) for, and in the name, place, and stead of the USPPI, from this date, in the United States either in writing, electronically, or by other authorized means to: act as authorized agent for export control, U.S. Census Bureau reporting, and U.S. Customs and Border Protection (CBP) purposes. Also, to prepare and transmit any Electronic Export information (EEI) or other documents or records required to be filed by the Census Bureau, CBP, the Bureau of Industry and Security, or any other U.S. Government agency, and perform any other act that may be required by law or regulation in connection with the exportation or transportation of any goods shipped or consigned by the USPPI, and to receive or ship any goods on behalf of the USPPI.

The USPPI hereby certifies all statements and information contained in the documentation provided to the authorized agent relating to exportation will be true and correct. Furthermore, the USPPI understands civil and criminal penalties may be imposed upon the USPPI for making false or fraudulent statements or for the violation of any United States laws or regulations on exportation.

This power of attorney is to remain in full force and effect until revocation in writing is duly given by the U.S. Principal Party in Interest and received by the authorized agent.

\_\_\_\_\_  
(Full Company Name of USPPI)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title /Capacity: \_\_\_\_\_ Date: \_\_\_\_\_