



ATTN: _____ FAX # _____

In order to insure that your Mexican Diversion/Reconsignment will be accurately processed, please complete the attached “*Mexican Diversion/Reconsignment Request Form*” and fax to UP Diversions Department at 1-800-433-8011.

When diverting/reconsigning a car while that car is on Union Pacific you must also contact the connecting Mexican Railroad to ensure that the Customs clearance documents are properly transferred to the new car record.

Ferromex: 1-888-416-5420

Kansas City Southern de Mexico: 1-888-812-9512

You MUST use your company letterhead as a fax cover sheet in order for us to properly identify you as the sender. ALL fields on the form must be completed. If complete information not furnished, your request will not be processed.

Form Definitions: (**** = Denotes field not required, use if applicable)

Consignee: Ship to party

U.S. Freight Forwarder: (F/W) Customs Broker in United States

**** **Account of Party: (A/O)** Beneficial owner of shipment.

**** **Care of Party in Mexico: (C/O)** Party to **load/unload** for consignee.

This party is **NOT** one of the brokers.

Mexican Broker: (XR) Customs broker in Mexico.

Freight Payor: Party to pay freight charges on U.P. Railroad.

**** **Rule 11 Payor:** Party to pay freight charges on Mexican Railroad.

If “Yes” box checked on form, address must be furnished.

You may want to make copies of the blank form to use for any future requests.

Thank You,

UP Diversion Team
Omaha, NE
1-800-877-5130



MEXICAN DIVERSION/RECONSIGNMENT REQUEST FORM

To properly divert a shipment into Mexico, this form must be completed and faxed to 1-800-433-8011 (Diversion Dept. Omaha, NE) ** You MUST use your Company Letterhead as your coversheet in order for us to properly identify you as the sender, or your request cannot be processed. **

You **MUST** fill out **ALL** fields on this form. Failure to complete this form will result in your request being declined. (Fields marked with * are the only fields not required)

Car Numbers(s): _____

Consignee: _____

U.S. Freight Forwarder: (F/W) _____

*Account of Party: (A/O) _____

*Care of Party in Mexico:(C/O) _____

Rail Destination: (City) _____ (State) ____ (2 letter abr.)

Complete Route: _____

Rule 11 Shipment: Yes No *If Yes Both Payors Must be Furnished.*

Freight Payor: _____ Rule 11 Payor: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Mexican Broker: (X/R) _____

*Address: _____

City: _____ State: _____ *Postal Code: _____

***** Contact and Billing Information *****

Company Name of Requesting Party: _____

Contact Person's Name: _____

Contact Phone Number: (____) _____ Fax Number: (____) _____

Send Diversion/Reconsignment Charges To:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____