

(NOTE: Number of copies to be submitted varies with type of transaction.
Inquire at Port Director's office as to number of copies required.)

VIA (Carrier)

B/L or INSURED NO.	
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DATE

NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)

ARTICLES EXPORTED FOR:

☐ ALTERATION*

☐ REPAIR*

☐ USE ABROAD

REPLACEMENT

☐ PROCESSING*

☐ OTHER, (*specify*)

*** NOTE:** The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.

LIST ARTICLES EXPORTED

Number Packages

Kind of Packages

Description

SIGNATURE OF OWNER OR AGENT *(Print or Type and Sign)*

DATE

The Above-Described Articles Were:

EXAMINED

LADEN under my supervision

DATE _____

PORT

DATE

PORT

SIGNATURE OF CBP OFFICER

SIGNATURE OF CBP OFFICER

CERTIFICATE ON RETURN

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (use reverse if needed)

SIGNATURE OF IMPORTER *(Print or Type and Sign)*

DATE

NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0010. The estimated average time to complete this application is 3 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.