



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

NO.

VIA (Carrier)	B/L or INSURED NO.	DATE
NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable) _____ _____ _____	ARTICLES EXPORTED FOR:	
	☐ ALTERATION* ☐ PROCESSING* ☐ REPAIR* ☐ OTHER, (specify) ☐ USE ABROAD ☐ REPLACEMENT	
* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.		

List Packages Exported		
Number Packages	Kind of Packages	Description

SIGNATURE OF OWNER OR AGENT (<i>Print or Type <u>and</u> Sign</i>)	DATE
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EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CBP OFFICER		SIGNATURE OF CBP OFFICER	

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)	
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SIGNATURE OF IMPORTER (<i>Print or Type <u>and</u> Sign</i>)	DATE
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Paperwork Reduction Act Notice: 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 10 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.