## DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

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|   | CL                             | KIII ICAIL OI              | REGISTRATION                       |                 |                                      |
|---|--------------------------------|----------------------------|------------------------------------|-----------------|--------------------------------------|
| 19 CFR 10.8, 10.9, 10.  |                                |                            | mitted varies with type of transac |                 |                                      |
| 148.1, 148.8, 148.32, 1   | 148.37 Inquire a               | t Port Director's office a | s to number of copies required.    | )               |                                      |
| VIA (Carrier)   |                                |                            | B/L or INSURED NO.                 |                 | DATE                                 |
| NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable) |                                |                            | AR <sup>-</sup>                    | TICLES EXPO     | ORTED FOR:                           |
|   |                                |                            |                                    |                 |                                      |
|   |                                |                            | ALTERATION*                        |                 | ROCESSING*                           |
|   |                                |                            | REPAIR*                            | ☐ 0             | THER, (specify)                      |
|   |                                |                            | USE ABROAD REPLACEMENT             | _               |                                      |
|   |                                |                            | LINETACLIVILINI                    |                 |                                      |
|   |                                |                            | * <b>NOTE</b> : The cost or valu   | e of alteration | ons, repairs, or processing abroad   |
|   |                                |                            | is                                 | s subject to    | CBP duty.                            |
| Niis a  | IX:I £                         | LIST ART                   | ICLES EXPORTED                     |                 |                                      |
| Number<br>Packages  | Kind of<br>Packages            |                            | Descri                             |                 |                                      |
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| SIGNATURE OF  | OWNER OR AGENT (Print          | or Type <u>and</u> Sign)   |                                    |                 | DATE                                 |
|   |                                |                            |                                    |                 |                                      |
|   |                                | The Above-D                | Described Articles Were:           |                 |                                      |
| EXAMINED  |                                | LAD                        | LADEN under my supervision         |                 |                                      |
| DATE  | PORT                           |                            | DATE                               | PORT            |                                      |
|   |                                |                            |                                    |                 |                                      |
| SIGNATURE OF CBP OFFICER  |                                |                            | SIGNATURE OF CBP OFFICER           |                 |                                      |
|   |                                | CERTIFIC                   | CATE ON RETURN                     |                 |                                      |
| Duty francisky is also  | :                              |                            |                                    |                 |                                      |
| reverse if needed)  | imed for the described article | es as naving been expo     | rted without benefit of drawback   | cand are retu   | rned unchanged except as noted: (use |
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| A SIGNATURE OF  | IMPORTED (Print or Time -      | nd Cian)                   |                                    | -               | DATE                                 |
| SIGNATURE OF IMPORTER (Print or Type and Sign)                                      |                                |                            |                                    |                 | DATE                                 |
| 7   | IOTE: Cartifuing officer       | ro chall draw lines t      | hrough all unused spaces           | with ink or     | indalible panail                     |

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

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.

OMB Control Number: 1651-0010

NO.

Expiration Date: 02/29/2016