APPLICATION TO PORT DIRECTOR U.S. CUSTOMS SERVICE TO FILE C.F. 301 — CONTINUOUS

| Bond Serial No: | CHB Name: | | |
|---|-----------|------------------|-------------------|
| Importer Name: | | Importer Number: | |
| Street: | City: | State: | Zip: |
| Describe Merchandise (Attach additional sheet if ne | cessary) | | Country of Origin |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| | | | |

| Last Calendar Year | | | Estimate Next Calendar Year | | | |
|--------------------|-------|-------------|-----------------------------|-------|-------------|-------------|
| Type Merchandise | Value | Est. Duties | No. Entries | Value | Est. Duties | No. Entries |
| Dutiable | | | | | | |
| Conditionally Free | | | | | | |
| Unconditional Free | | | | | | |
| Total | | | | | | |

Total amount of Penalties & Liquidation Damages assessed:

Total number of cases:

Importer requests that customs approve the filing of C.F. 301

Continuous in an amount determined by Customs to be effective on:

| Activity Code | Activity Name and Customs Regulation in which conditions codified | Bond A Requested | Amount Approved | Activity Code | Activity Name and Customs Regulation in which conditions codified | Amount Approved |
|------------------|--|---------------------|--------------------|--------------------------------------|--|------------------------|
| □ 1 | Importer or Broker113.62 | | | 3 | International Carrier113.64 | |
| 🗌 1a | Drawback Payment Refunds 113.65 | | | 🗌 3a | Instrument of International Traffic113.66 | |
| | | | 4 | Foreign Trade Zone Operator113.73 | | |
| | forwarders, cartmen and lightermen, all classes of warehouses, container | | | 5 | Public Gauger113.67 | |

U.S. Customs district where bond is to be filed:

Other districts through which I will import:

| LIST CURRENT ANNUAL BONDS (Attach additional sheet if necessary) | | | | | | | |
|--|-------------|----------------|--------|-------------|----------------------|--|--|
| BOND TYPE | BOND AMOUNT | EFFECTIVE DATE | SURETY | WHERE FILED | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| State of Incorporation: | | | | | Years in Business | | |
| Local district additional information: | | | | | DUSINESS | | |
| | | | | | Proprietorship | | |
| | | | | | Partnership | | |
| | | | | | Corporation | | |
| | | | | | Individual | | |
| CERTIFICATION | | | | | | | |

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

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TITLE:

DATE: