

**U.S. DEPARTMENT OF HOMELAND SECURITY  
Bureau of Customs and Border Protection  
CERTIFICATE OF REGISTRATION**

19 CFR 10.8, 10.9, 10.68,  
148.1, 148.8, 148.32, 148.37

*(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.
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VIA (Carrier)	B/L or INSURED NO.	DATE
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NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)	<p align="center">ARTICLES EXPORTED FOR:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> ALTERATION*</td> <td><input type="checkbox"/> PROCESSING*</td> </tr> <tr> <td><input type="checkbox"/> REPAIR*</td> <td><input type="checkbox"/> OTHER, (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> USE ABROAD</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> REPLACEMENT</td> <td>_____</td> </tr> </table> <p align="center"><i>* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.</i></p>	<input type="checkbox"/> ALTERATION*	<input type="checkbox"/> PROCESSING*	<input type="checkbox"/> REPAIR*	<input type="checkbox"/> OTHER, (specify) _____	<input type="checkbox"/> USE ABROAD	_____	<input type="checkbox"/> REPLACEMENT	_____
<input type="checkbox"/> ALTERATION*	<input type="checkbox"/> PROCESSING*								
<input type="checkbox"/> REPAIR*	<input type="checkbox"/> OTHER, (specify) _____								
<input type="checkbox"/> USE ABROAD	_____								
<input type="checkbox"/> REPLACEMENT	_____								

**LIST ARTICLES EXPORTED**

Number Packages	Kind of Packages	Description

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign)	DATE
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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)

Foreign Party:

U.S. Party:

SIGNATURE OF IMPORTER (Print or Type <u>and</u> Sign)	DATE
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**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**

Paperwork Reduction Act Notice: This request is in accordance with the Paperwork Reduction Act. The information to be provided is submitted by importers/exporters. Completion of this form is mandatory and to your benefit. The estimated average burden associated with this collection of information is 3 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.