

PM Springfest '20

Metro Toronto Convention Centre
Toronto, ON
April 2, 2020

Appointed by:

informa
canada

Customs Clearance

TWI Canada has been appointed by informa as the Official Customs Broker for all shipments originating outside of Canada. Using the official broker will eliminate the possibility of materials being held at the border by Canada Border Services Agency (Canada Customs) due to improper or insufficient documentation, resulting in these same materials arriving too late or not at all. We will assist all Exhibitors with their temporary imports, permanent entries & export of Exhibit Materials.

Please Note: Exhibitors using their own broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

TWI Canada will provide the following services:

- On-site service from the first move-in day to the last day of move-out
- Post all securities and bonds with Canadian Border Services Agency
- Prepare the proper Customs entries to account for any sales you may make & remit the payments to Customs
- Prepare outbound export documents, bills of lading and provide U.S. Customs Clearance, when required, as well as providing shipping labels

For more information, please contact:

Shannon Samain

Phone: 905.812.1124 ext. 6401
Mobile: 647.282.6794
Email: orders@twigroup.com

Owen Hickey

Phone: 905.812.1124 ext. 6406
Mobile: 416.668.7990
Email: orders@twigroup.com

Form Checklist

- Customs & Transportation Services Order Form (Mandatory)**
 - Please ensure that all fields, including credit card information and client signature (at bottom of form), are completed.
 - Note: IRS# (U.S. Tax ID, or E.I.N.) is required if goods will be returning to the USA.

- Commercial Invoice / Packing List (Mandatory)**
 - Complete all required information per example provided.
 - All invoices **MUST** include detailed descriptions (using general terms), countries of origin, and values for all items in the shipment.
 - For shipments that include electronics, please also provide the brand name and model # for each item in the description.

- Advanced Warehouse Order Form**
 - Required for any shipments that will be arriving at the advanced warehouse prior to the event move-in.
 - Please ensure that all fields, including credit card information and carrier/shipment information, are completed.

- Certificate of Registration (CF4455)**
 - Required for all shipments from the USA.

****NOTE:** All forms must be completed and returned to TWI Canada for review, prior to shipping.

Shipping Checklist

****PRIVATE VEHICLE & AIRLINE HAND BAGGAGE:**

If you intend to bring your goods across the border in a private vehicle (personal, company, or rental), or carry them as baggage on an airline, there are documents that must accompany the individual carrying the materials. Please contact TWI Canada at least 1 week in advance of your expected crossing.

- Complete required forms above & send them to TWI Canada via e-mail or fax.
- Schedule your pick-up (if not arranging transportation through TWI Canada).
 - We strongly suggest that exhibitors DO NOT ship by parcel courier, or by mail. Please contact TWI Canada for advice on how best to handle these types of shipments.
 - Goods being shipped need to abide by the following timelines:
 - o **TRUCK / COMMON CARRIER:** scheduled to arrive 1 week prior to show opening
 - o **AIRFREIGHT:** scheduled to arrive 3 days (minimum) prior to show opening
 - o **VAN LINE:** Shipments may be sent direct to show site and should be scheduled for delivery on the appropriate move-in day.
 - All shipments **MUST BE SENT PREPAID**. TWI Canada will not accept any collect freight charges. Shipments sent collect will be refused.
- Label your freight.
 - All pieces must be labelled clearly; showing the address where the freight is going, piece # and total # of pieces (e.g. piece 1 of 3), emergency contact information, and **"NOTIFY TWI CANADA FOR CUSTOMS CLEARANCE"**.
 - For freight on skids/pallets, if possible, we recommend that a label be placed on each individual carton, case, etc. and that any large pieces have labels placed on multiple sides.
 - Ensure that any previous shipping labels (used for past shipments) have been removed / destroyed.
- Ship your goods, ensuring that the appropriate documents have been provided.
 - o The Bill of Lading or Air Waybill, all Customs documents, and labels must be marked **"NOTIFY TWI CANADA FOR CUSTOMS CLEARANCE"**.
 - o If shipping out of the USA, the body of the Bill of Lading or Air Waybill, must also be marked **"CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE PROVIDED TO TWI CANADA (FAX: 905-812-0133), AND TURNED OVER ON DELIVERY."**
 - o 3 completed copies of the Commercial Invoice must be attached to the Bill of Lading or Air Waybill.
 - o If shipping out of the USA, 3 copies of the Certificate of Registration (CF4455) must be attached to the Bill of Lading or Air Waybill.
- On show site:
 - The show site has been declared a bonded area for the entire event. Under **NO** circumstances are any goods to be removed without prior consent of TWI Canada.
 - TWI Canada can provide the following services:
 - o Return of goods to your stated destination
 - o Supply required shipping documents, export documents, and labels
 - o Arrange Customs clearance of any goods remaining in Canada; applicable duties and taxes must be paid prior to removal from the show site.
 - o Arrange transfer of goods to be displayed at another event in Canada
 - NOTE: TWI Canada is not responsible for lost, stolen, or damaged freight. All goods should be insured for the entire duration of the event; prior to, during, and after. Please contact TWI Canada for more information on cargo insurance.

Customs & Transportation Services Order Form

Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc. ("TWI"), located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods. Such business may include, but is not limited to:

- The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and
- The transportation, warehousing, and distribution of such goods.

In signing this form, I grant TWI full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted



Show/Event Name: NAME OF THE SHOW / EVENT YOU ARE ATTENDING	Show/Event Dates: DATES THE SHOW / EVENT IS BEING HELD
Services Required (please check one):	
<input checked="" type="checkbox"/> Customs Clearance and Transportation <input type="checkbox"/> Customs Clearance Only <input type="checkbox"/> Transportation Only	

Shipper Info.	Company Name: ABC COMPANY
	IRS #: 12-3456789
	Address: 123 SOMEPLACE AVENUE SUITE 3
	City: NEW YORK State/Prov: NY Zip/Post: 10093
	Contact Name: JOHN SMITH Tel: 555-555-0000
	E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001

Delivery Info.	Company Name: ABC COMPANY Booth #: 1001
	Facility Name: SHOW / EVENT VENUE NAME
	Address: VENUE ADDRESS
	City: TORONTO State/Prov: ON Zip/Post: M0X X0X
	On-site Contact: JANE DOE Cell: 555-555-0002
	E-mail: JDOE@ABCCOMPANY.COM

Return Freight Info.	<input type="checkbox"/> No Return Shipment <input checked="" type="checkbox"/> Same as Shipper
	Company Name: ABC COMPANY
	IRS #: 12-3456789
	Address: 123 SOMEPLACE AVENUE SUITE 3
	City: NEW YORK State/Prov: NY Zip/Post: 10093
	Contact Name: JOHN SMITH Tel: 555-555-0000
E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001	

Billing Info.	<input type="checkbox"/> No Return Shipment <input checked="" type="checkbox"/> Same as Shipper
	Company Name: ABC COMPANY
	Importer # (if applicable): 123456789RM0001
	Address: 123 SOMEPLACE AVENUE SUITE 3
	City: NEW YORK State/Prov: NY Zip/Post: 10093
	Contact Name: JOHN SMITH Tel: 555-555-0000
E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001	

Payment Info. Terms of Payment and Security Deposit – MUST BE COMPLETED	
Charge to: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Title: CEO
Cardholder Name: JOHN SMITH	Expiry Date: 07/22
Credit Card Number: 1234 5678 9123 4567	
I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00 CAD).	
Cardholder Signature: <i>John Smith</i>	Date: MM/DD/YYYY

Shipment Info.	# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	Per Piece	Total	
	2	BOXES	@ Dimensions (Inches) Each	23	23	48	@ Weight (lbs) Each	56 112
	1	SKID	@ Dimensions (Inches) Each	48	48	48	@ Weight (lbs) Each	400 400
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	
	3	Total					Total Weight:	512
	Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other: _____							
	Additional Services Required: <input checked="" type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery <input checked="" type="checkbox"/> Weekend Pick Up/Delivery							
	Total Value of Shipment (USD): \$ 10,000.00 Ready for Pick-up: MM/DD/YYYY (Date)							
Available for Pick-up Between: 8:00 AM - 4:00 PM (Times - hrs of operation) Must Delivery By: MM/DD/YYYY H:MM - H:MM (Date & Time)								
Carrier Name & Contact Info: TRANSPORTATION COMPANY & CONTACT PHONE / E-MAIL (if using any carrier other than TWI)								
Special Instructions: ANY ADDITIONAL INFORMATION -- SPECIAL HANDLING INSTRUCTIONS, SPECIFIC SHOW MOVE IN / MOVE OUT DATES & TIMES, ADVANCE WAREHOUSE CUT-OFF DATES, EXPECTED DATE OF RETURN, ETC.								
Cargo Insurance / Declared Value								
This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by TWI. Rather than attempt to recover under liability terms, TWI offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact TWI for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from TWI.								

Terms & Conditions	
<p>This order is placed with the specific understanding that we are engaging TWI as our agent. TWI performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at http://www.twiglobal.com/twicancustomsterms.pdf. TWI performs its transportation services in the role of agent pursuant to the "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", as published online at https://www.ciffa.com/downloads/stc/ciffatradingterms.pdf. The foregoing terms, respectively, limit the liability of TWI and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under TWI's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", the liability of TWI - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall TWI be liable for any indirect or consequential damages including but not limited to any loss of profit.</p> <p>The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws.</p>	

Client Signature	
I have read and agree to the terms of this contract.	
Signature: <i>John Smith</i>	
Name: JOHN SMITH	
Title: CEO	
Date: MAY 5, 2017	

Accepted by TWI Group, Inc.	
Signature:	
Name:	
Title:	
Date:	

Customs & Transportation Services Order Form

Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc. ("TWI"), located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods. Such business may include, but is not limited to:

- The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and
- The transportation, warehousing, and distribution of such goods.

In signing this form, I grant TWI full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted



Show/Event Name:	Show/Event Dates:
Services Required (please check one):	
<input type="checkbox"/> Customs Clearance and Transportation <input type="checkbox"/> Customs Clearance Only <input type="checkbox"/> Transportation Only	

Shipper Info.	Company Name:
	IRS #:
	Address:
	City: State/Prov: Zip/Post:
	Contact Name: Tel:
E-mail: Fax:	

Delivery Info.	Company Name:	Booth #:
	Facility Name:	
	Address:	
	City: State/Prov: Zip/Post:	
	On-site Contact: Cell:	
E-mail: Fax:		

Return Freight Info.	<input type="checkbox"/> No Return Shipment <input type="checkbox"/> Same as Shipper
	Company Name:
	IRS #:
	Address:
	City: State/Prov: Zip/Post:
Contact Name: Tel:	
E-Mail: Fax:	

Billing Info.	<input type="checkbox"/> Same as Shipper
	Company Name:
	Importer # (if applicable):
	Address:
	City: State/Prov: Zip/Post:
Contact Name: Tel:	
E-mail: Fax:	

Terms of Payment and Security Deposit – MUST BE COMPLETED		
Payment Info.	Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
	Cardholder Name: Title:	
	Credit Card Number: Expiry Date:	
	I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00 CAD).	
	Cardholder Signature: Date:	

Shipment Info.	# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	Per Piece	Total	
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	Total					Total Weight:		

Shipment Info.	Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Truck <input type="checkbox"/> Other: _____
	Additional Services Required: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery <input type="checkbox"/> Weekend Pick Up/Delivery
	Total Value of Shipment (USD): Ready for Pick-up: (Date)
	Available for Pick-up Between: (Times - hrs of operation) Must Delivery By: (Date & Time)
	Carrier Name & Contact Info: (if using any carrier other than TWI)
	Special Instructions:

Cargo Insurance / Declared Value
 This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by TWI. Rather than attempt to recover under liability terms, TWI offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact TWI for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from TWI.

Terms & Conditions
 This order is placed with the specific understanding that we are engaging TWI as our agent. TWI performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at <http://www.twiglobal.com/twicancustomsterms.pdf>. TWI performs its transportation services in the role of agent pursuant to the "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", as published online at <https://www.ciffa.com/downloads/stc/ciffatradingleaders.pdf>. The foregoing terms, respectively, limit the liability of TWI and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under TWI's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", the liability of TWI - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall TWI be liable for any indirect or consequential damages including but not limited to any loss of profit. The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws.

Client Signature	
I have read and agree to the terms of this contract.	
Signature:	
Name:	
Title:	
Date:	

Accepted by TWI Group, Inc.	
Signature:	
Name:	
Title:	
Date:	

COMMERCIAL INVOICE / PACKING LIST

Sender: ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093 JOHN SMITH - 555-555-0000	Consignee: ABC COMPANY, BOOTH #1001 NAME OF THE SHOW/EVENT VENUE NAME VENUE ADDRESS ONSITE CONTACT NAME & CELL PHONE #	License: LICENSE #, IF APPLICABLE	REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD
		Carnet: CARNET #, IF APPLICABLE	
		IRS #: 12-3456789	
		Pieces: 3	
		Weight: 512 <input type="checkbox"/> kg <input checked="" type="checkbox"/> lbs	
		Currency: USD	
		Ship Date: 5/5/2017	

# of Pieces	Item No.	Qty	Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small>	Origin	Weight in kg	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
						L	W	H			A	B	C	Unit Value	Total Value
1 OF 3	1	1	DISPLAY BOOTH - BACKWALLS, PANELS, LIGHTS, GRAPHICS, CARPET & UNDERPAD	USA	120	48	48	48	1.81	9403.20.00.70	X			10,000.00	10,000.00
	2	2	55" LED TV'S - LG MODEL# 55EG9100	CHINA	20					8528.72.33.00	X			700.00	1,400.00
	2	2	METAL TV STANDS	JAPAN	22					9403.20.00.70	X			200.00	400.00
2 OF 3	1	1000	ADVERTISING LITERATURE	USA	45	23	23	48	0.42	4911.10.00.90			X	0.05	50.00
	2	400	BALL POINT PENS	CHINA	5					9608.10.00.00			X	0.15	60.00
3 OF 3	1	200	CATALOGS	USA	20	23	23	48	0.42	4911.10.00.90			X	1.00	200.00
	2	2	POSTERS	USA	1					4911.91.00.20		X		15.00	30.00

**FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**FOB VALUE:	12,140.00
INSURANCE:	80.00
FREIGHT CHARGE:	700.00
**TOTAL CIF VALUE:	12,920.00

**CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

The shipper hereby authorizes TWI and their agent, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage. The values listed on this document represent fair-market value.

Signature: John Smith

Date: 5/5/2017

COMMERCIAL INVOICE / PACKING LIST

Sender:	Consignee:	License:		REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD
		Carnet:		
		IRS #:		
		Pieces:		
		Weight:	<input type="checkbox"/> kg <input type="checkbox"/> lbs	
		Ship Date:		

# of Pieces	Item No.	Qty	Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small>	Origin	Weight in kg	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
						L	W	H			A	B	C	Unit Value	Total Value

**FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**FOB VALUE:	
INSURANCE:	
FREIGHT CHARGE:	
**TOTAL CIF VALUE:	

**CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

The shipper hereby authorizes TWI and their agent, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage. The values listed on this document represent fair-market value.

TEMPORARY IMPORT VALUE:
PERMANENT IMPORT VALUE:

Signature: _____

Date: _____

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

OMB Control Number: 1651-0010
Expiration Date: 08/31/2019

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.

VIA (Carrier)	B/L or INSURED NO.	DATE
NAME OF TRANSPORTATION COMPANY	BILL OF LADING / AIR WAYBILL #	MM/DD/YYYY
NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)	ARTICLES EXPORTED FOR:	
ABC COMPANY c/o TWI Canada 3405 American Drive - Unit 11 Mississauga ON L4V 1T6	<input type="checkbox"/> ALTERATION* <input type="checkbox"/> PROCESSING* <input type="checkbox"/> REPAIR* <input checked="" type="checkbox"/> OTHER, (specify) <input type="checkbox"/> USE ABROAD <u>DISPLAY / TOOLS OF TRADE</u> <input type="checkbox"/> REPLACEMENT	
* 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
1	SKID	1 DISPLAY BOOTH - BACKWALLS, PANELS, LIGHTS, GRAPHICS, CARPET & UNDERPAD (USA)
1	BOX	2 55" LED TV'S - LG MODEL# 55E9100 (CHINA)
1	BOX	2 METAL TV STANDS (JAPAN)
		1000 ADVERTISING LITERATURE (USA)
		400 BALL POINT PENS (CHINA)
		200 CATALOGS (USA)
		2 POSTERS (USA)
**FORMAL U.S. ENTRY WILL BE PREPARED. PLEASE VALIDATE TO SHOW PROOF OF EXPORT, ALLOWING THE USE OF HS# 9801.00.85.00 / 9801.00.60.00 ON THE RETURN ENTRY.		

SIGNATURE OF OWNER OR AGENT (Print or Type and Sign) JOHN SMITH	<i>John Smith</i>	DATE MM/DD/YYYY
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The Above-Described Articles Were:

EXAMINED	DATE	BE SURE TO MARK THE FOLLOWING IN THE BODY OF YOUR BILL OF LADING OR AIR WAYBILL: "CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE PROVIDED TO TWI GROUP INC. (FAX: 905-812-0133), AND TURNED OVER ON DELIVERY."
DATE	DATE	
SIGNATURE OF CBP OFFICER	SIGNATURE	

CERTIFICATE

Duty-free entry is claimed for the described articles as having been exported with reverse if needed)

ATTENTION CBP: **FORMAL ENTRY PREPARED -- PLEASE BE SURE TO SCAN THE ACE E-MANIFEST.**

(THIS DOCUMENT WAS VALIDATED TO MEET DUTY-FREE RE-ENTRY REQUIREMENTS UNDER HS# 9801.00.85.00 / 9801.00.60.00, ONLY.)

SIGNATURE OF IMPORTER (Print or Type and Sign) JOHN SMITH	<i>John Smith</i>	DATE MM/DD/YYYY
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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.

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

OMB Control Number: 1651-0010
Expiration Date: 08/31/2019

NO.

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.)

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:	
	<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 _____	
* 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 <u>and</u> 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 <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: 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.