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| DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection NOTICE OF INTENT TO EXPORT, DESTROY OR RETURN MERCHANDISE FOR PURPOSES OF DRAWBACK 19 CFR 191 | | | PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to enforce the laws of the United States, to fulfill the U.S. Customs Regulations, to ensure that the claimant is entitled to drawback, and to have the necessary information which permits CBP to calculate and refund (or increase) the correct amount of duty and/or tax. Your response is required to obtain a benefit. The estimated average burden associated with this collection of information is 33 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Asset Management, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0075) Washington, DC 20503. | | | | | | | |
| 1. Exporter or Destroyer Name _____ Address _____ I.D. Number _____ | | | 2. Drawback Entry No. _____ | | 3. Intended Action <input type="checkbox"/> Export <input type="checkbox"/> Destroy | | 4. Intended Date of Action (MM/DD/YYYY) _____ | | 5. Drawback Center _____ | |
| | | | 6. Contact Name _____ Address _____ Phone _____ Ext. _____ FAX _____ | | | | | | | |
| 7. Location of Merchandise | | 8. Method of Destruction | 9. Location of Destruction | | 10. Exporting Carrier Name (if known) | | 11. Intended Port of Export | | 12. Unique Identifier No. | |
| | | | | | | | 13. T & E No. | | 14. Country of Ultimate Destination | |
| 15. Import Entry No. | | 16. Description of Merchandise (Include Part/Style/Serial Numbers) | | | | 17. Drawback Amount | | 18. Quantity & Unit of Measure | | |
| | | | | | | | | 19. HTSUS No./Schedule B | | |
| 20. Drawback to be filled as: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Unused Merchandise Drawback <input type="checkbox"/> J1 <input type="checkbox"/> J2 <input type="checkbox"/> Manufacturing Drawback </div> <div style="width: 30%;"> <input type="checkbox"/> Same Condition Drawback under NAFTA <input type="checkbox"/> Distilled Spirits, Wine or Beer under 26 U.S.C. 5062 (c) </div> <div style="width: 30%;"> <input type="checkbox"/> Rejected Merchandise <input type="checkbox"/> Shipped without Consent <input type="checkbox"/> Defective at Time of Importation <input type="checkbox"/> Not Conforming to Sample or Specifications </div> </div> | | | | | | | | | | |
| 21. Preparer _____ Printed Name X Signature Title Date | | | | | | | | | THIS FORM MUST BE SUBMITTED WITH THE DRAWBACK CLAIM | |
| CBP USE ONLY | | | | | | | | | | |
| 22. Examination <input type="checkbox"/> Required or <input type="checkbox"/> Waived (Additional information may be required if exam requested, T & E may be required) | | 25. Printed Name _____ Phone Number _____ | | | 29. Comments/Results of Examination or Witnessing of Destruction. (Merchandise matches invoice description) | | | | | |
| 23. Present Merchandise to CBP at: | | 26. Signature & Badge No. X | | | 30. Date Destroyed or Exam Conducted | | | 31. Printed Name of Examining Officer _____ Phone Number _____ | | 32. Signature & Badge No. X |
| 24. Destruction to be Witnessed by Customs <input type="checkbox"/> Yes <input type="checkbox"/> No | | 27. Date _____ | | 28. Port _____ | _____ Ext _____ | | | _____ Date | | |