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

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| 19 CFR 10.8, 10.9, 10.<br>148.1, 148.8, 148.32, 1                                   | 68, (NOTE: Numb                | per of copies to be subn | nitted varies with type of trans<br>s to number of copies require                                      |                 |                                      |  |  |
|---|--------------------------------|--------------------------|--|-----------------|--------------------------------------|--|--|
| 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:   |                 |                                      |  |  |
|   |                                |                          | ALTERATION*  REPAIR*  USE ABROAD  REPLACEMENT  |                 | ROCESSING*<br>THER, (specify)        |  |  |
|   |                                |                          | * <b>NOTE:</b> The cost or value of alterations, repairs, or processing abroad is subject to CBP duty. |                 |                                      |  |  |
|   |                                | LIST ART                 | ICLES EXPORTED   |                 |                                      |  |  |
| Number<br>Packages  |                                |                          |  | Description     |                                      |  |  |
| SIGNATURE OF  | OWNER OR AGENT <i>(Print</i> c | or Type <u>and</u> Sign) |  |                 | DATE                                 |  |  |
| <del>-</del>  |                                | The Above-D              | Described Articles Were:   |                 |                                      |  |  |
|   | EXAMINED                       |                          |  | DEN under my    | supervision                          |  |  |
| DATE  | PORT                           |                          | DATE   | PORT            |                                      |  |  |
| SIGNATURE OF CBP OFFICER  |                                |                          | SIGNATURE OF CBP OFFICER   |                 |                                      |  |  |
|   |                                | CERTIFIC                 | CATE ON RETURN   |                 |                                      |  |  |
| Duty-free entry is clai<br>reverse if needed)                                       | imed for the described article | es as having been expo   | rted without benefit of drawba   | ck and are retu | rned unchanged except as noted: (use |  |  |
| SIGNATURE OF IMPORTER (Print or Type and Sign)                                      |                                |                          |  |                 | DATE                                 |  |  |
| , N   | IOTE: Certifying officer       | s shall draw lines th    | hrough all unused space  | s 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: 09/30/2022