

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

CERTIFICATE OF REGISTRATION

	148.37 Inquire at Port		nitted varies with type of transaction in the control of copies required.)		
/IA (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*	PROCESSING*	
			REPAIR*	OTHER, (specify)	
			USE ABROAD		
			REPLACEMENT		
			* NOTE : The cost ab	or value of alterations, repairs, or procestroad is subject to CBP duty.	ssing
		LIST AR	TICLES EXPORTED		
Number Packages	Number Kind of Packages Packages		Description		
SIGNATURE OF	OWNER OR AGENT (Print	or Type <u>and</u> Sign)		DATE	
SIGNATURE OF	OWNER OR AGENT (Print			DATE	
SIGNATURE OF			-Described Articles Were:		
	EXAMINED		LA	DEN under my supervision	
SIGNATURE OF CBP	EXAMINED PORT		LA	DEN under my supervision PORT	
DATE	EXAMINED PORT	The Above	DATE	DEN under my supervision PORT	

SIGNATURE OF IMPORTER (Print or Type and Sign)

DATE

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 U.S. 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.

Form Approved. OMB No. 1651-0010

Exp. 08-31-2009

NO.