

**SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT.**

**OMB Approval**  
**No. 1117-0023**

1. CHECK ONE:

**IMPORT DECLARATION**

**EXPORT DECLARATION**

**U.S. CUSTOMS CERTIFICATION**

1a. IMPORTER/EXPORTER (Name, Address, Telephone No. to include Area Code, Telex No. and where available FAX No.)

1b. BROKER OR FORWARDING AGENT, IF USED (Name, Address, Telephone No. to include Area Code, Telex No. and where available FAX No.)

Date of Departure/Arrival

Name of Carrier/Vessel

Date of Certification

Signature of Customs Official

1c. I CERTIFY THAT THE 15-DAY ADVANCE NOTICE REQUIREMENT HAS BEEN WAIVED  Check if applicable

**2. LISTED CHEMICALS TO BE IMPORTED/EXPORTED**

2a. Name and Description of Chemical appearing on label or container

2b. Name of Chemical as designated by Title 21 C.F.R. 1310.02

2c. Number of containers, size, net weight of each chemical (Kg.)

2d. Gross Weight of each item (Kg.)

3a.  FOREIGN  DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE

3b.  FOREIGN  DOMESTIC PORT OF IMPORTATION (first U.S. Customs Port) AND APPROX. ARRIVAL DATE

4a. MODE OF TRANSPORT; NAME OF VESSEL, CARRIER

4b. NAME OF ALL INTERMEDIATE CARRIERS

5a. NAME, ADDRESS, TELEPHONE, TELEX, and where available FAX NO. OF FOREIGN CONSIGNEE/CONSIGNOR

5b. NAME, ADDRESS, TELEPHONE, TELEX, and where available FAX NO. OF ALL INTERMEDIATE CONSIGNEES

SIGNATURE OF AUTHORIZED INDIVIDUAL ( Print or Type Name below Signature)

DATE

NAME OF FIRM