APPLICATION TO DISTRICT DIRECTOR U.S. CUSTOMS SERVICE TO FILE C.F. 301 – CONTINUOUS

Bond Serial No. _____ CHB Name _____.
Importer Name _____ Importer No. _____.
Street _____ City _____ State _____ Zip _____.

DESCRIBE MERCHANDISE (Attach additional sheet if necessary)	COUNTRY OF ORIGIN
1.	
2.	
3.	
4.	
5.	
6.	

	LAST CALENDAR YEAR			ESTIMATE NEXT CALENDAR YEAR		
TYPE MERCHANDISE	VALUE	EST.DUTIES	NO.ENTRIES	VALUE	EST.DUTIES	NO.ENTRIES
Dutiable						
Conditionally Free						
Unconditionally Free						
TOTAL						

Total amount of Penalties & Liquidated Damages Assessed: _____ Total number of cases: _____.
Importer requests that customs approve the filing of C.F. 301
Continuous in an amount determined by customs to be effective on _____.

Activity Code	Activity Name and Customs Regulations in which conditions codified	Bond Amount Requested	Bond Amount Approved	Activity Code	Activity Name and Customs Regulations in which conditions codified	Bond Amount Requested	Bond Amount Approved
☐ 1	Importer or broker……....113.62			☐ 3	International Carrier…..……113.64		
☐ 1a	Drawback Payment Refunds ……..113.65			☐ 3a	Instruments of International Traffic ……..…113.66		
☐ 2	Custodian of bonded merchandise ……..113.63 (Includes bonded carriers, freight forwarders, cartmen and lighterman, all classes of warehouses, container station operators)			☐ 4	Foreign Trade Zone Operator ……..…113.73		
				☐ 5	Public Gauger……...113.67		

U.S. Customs district where bond is to be filed _____.
Other districts through which I will import _____.
_____. _____. _____. _____.
_____. _____. _____. _____.

List Current Term, Annual or Continuous Bonds – E.G. 7553, 7595, 3581, Etc. (Attach additional sheet if necessary)				
BOND TYPE	BOND AMOUNT	EFFECTIVE DATE	SURETY	WHERE FILED
1.				
2.				
3.				
4.				
5.				

Local district additional information _____
_____
_____
_____
_____

_____Years in Business
☐ Proprietorship
☐ Partnership
☐ Corporation
☐ Individual

CERTIFICATION

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

BY: _____ TITLE _____ DATE _____.
(Type name)

_____.
(Signature)