

CPAAAAAAAAXUS

firmly; you are making multiple copies. See Privacy Notice and Indemnity Coverage on Customer Copy.

<b>FROM:</b> Sender's Last Name		First	MI	Insured Amount (US \$)		SDR Value	
Business				\$ . 0 0			
Address (Number, street, suite, apt., P.O. Box, etc. Residents of Puerto Rico include Urbanization Code preceded with URB)				Insurance Fees (US \$)		Total Postage Fees (US \$)	
				\$ .		\$ .	
City		State	ZIP+4®	14. Sender's Customs Reference (If any)			
<b>TO:</b> Addressee's Last Name		First	MI	15. Importer's Reference - Optional (If any)			
Business				16. Importer's Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> (select one)			
Address (Number, street, suite, apt., P.O. Box, etc.)				17. License No.			
				18. Certificate No.			
Postcode	City			19. Invoice No.			
State/Province	Country			20. HS Tariff Number			
				21. Country of Origin of Goods			
1. Detailed Description of Contents (enter one item per line)		2. Qty.	3. Lbs.	Oz.	4. Value (U.S. \$)		
5. Check One:		6. Check One		7. Other Restrictions: (pertains to No. 12)		8. Total Gross Wt: (all items Lbs. & Ozs.)	
<input type="checkbox"/> Gift <input type="checkbox"/> Documents <input type="checkbox"/> Merchandise		<input checked="" type="checkbox"/> Returned Goods <input type="checkbox"/> Commercial Sample <input type="checkbox"/> Other:		<input type="checkbox"/> Airmail <input type="checkbox"/> Surface		<input type="checkbox"/> Treat as Abandoned <input type="checkbox"/> Return to Sender (see inst) <input type="checkbox"/> Redirect to Address Below:	
9. Total Value US \$						10. If non-deliverable:	
11. EEL/PFC		12. Restrictions					
		<input type="checkbox"/> Quarantine <input type="checkbox"/> Sanitary or Phytosanitary Inspection					
13. I certify the particulars given in this customs declaration are correct. This item does not contain any dangerous article.							

Sample