

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. _____

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

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	Amount Required By Customs	Activity Code	Activity Name and Customs Regulations in which conditions codified	Amount Required By Customs
<input type="checkbox"/> 1	Importer or broker.....113.62		<input type="checkbox"/> 3	International Carrier.....113.64	
<input type="checkbox"/> 1a	Drawback Payment Refunds.....113.65		<input type="checkbox"/> 3a	Instruments of International Traffic.....113.66	
<input type="checkbox"/> 2	Custodian of bonded merchandise (includes bonded carriers, freight forwarders, carmen and lightermen, all classes of warehouses, container station operators).....113.63		<input type="checkbox"/> 4	Foreign Trade Zone Operator.....113.73	
			<input type="checkbox"/> 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)