

Form Approved. OMB No. 1651-0010
Exp. 08-31-2009

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

19 CFR 10.8, 10.9, 10.68,
148.1, 148.8, 148.32, 148.37

NO.

VIA (Carrier)	B/L or INSURED NO.	DATE
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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

Number Packages	Kind of Packages	Description

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign)	DATE
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EXAMINED	LADEN under my supervision
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DATE	PORT	DATE	PORT
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SIGNATURE OF CBP OFFICER	SIGNATURE OF CBP OFFICER
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