OMB Number: 1651-0117
Expiration Date:
02/28/2022

CERTIFICATION OF ORIGIN

Select Country

BLANKET ONLY:

IMPORTER

Name:	
Address:	
State/Province:	
Zip/Postal Code:	
Country:	United States of America
Phone:	
Email:	

EXPORTER

Name:	
Address:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone:	
Email:	

Additional Information / Notes

PRODUCER

☐ Same as Exporter

Name:	
Address:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone:	
Email:	

Product(s) for which preference is claimed

☐ **Blanket Period**

Invoice Date	Invoice #	HTSUS #	Description	Quantity	Origin	Criterion

☐ Click this box to generate a second sheet with additional lines

I CERTIFY THAT:

The information on this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document;

I agree to maintain and present upon request, documentation necessary to support these representations;

The goods comply with all requirements for preferential tariff treatment specified for those goods in the Agreement; and

This document consists of pages, including all attachments.

Signature: (click or hand sign)			
Name & Title:			
Date:		**Role:**	
Phone:			
Email:			

Privacy Act Statement

Privacy Act Statement Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: The U.S. Customs and Border Protection (CBP) is authorized to collect the information requested on this form pursuant to General Note 3(a)(iv) of the Harmonized Tariff Schedule of the United States (19 U.S.C. 1202) and provided for by 19 CFR Part 7.3.

PURPOSE:
CBP is requesting this information to provide qualifying imported goods duty-free or reduced duty treatment as allowed under applicable free trade agreements.

ROUTINE USES: The information requested on this form may be shared outside DHS as a routine use pursuant to 5 U.S.C. 552a(b)(3) with appropriate federal, state, local, tribal, or foreign governmental agencies, or multilateral governmental organizations, to assist DHS in investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, order, license, or treaty or when DHS determines that the information would assist in the enforcement of civil or criminal laws. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/CBP-001 Import Information System." The Department's full list of system of records notices can be found on the Department's website at http://www.dhs.gov/system-records-notices-sorns.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. Failure to provide this information may result in the inability of CBP to make a determination on a trade benefit or a reduction in tariff.