

Continuous CBP Bond Application

CHB Name: _____ Imp No/Tax ID/SS #/CBP Assigned No: _____

Principal Name: _____

DBA: _____

Business Type: Corporation / LLC (State of Incorporation: _____) / Partnership / Proprietorship / Individual

If Partnership, indicate if: General Add sheet with a complete listing of all partners
 Limited Attach a copy of the complete partnership agreement

If Proprietorship, indicate name of Sole Proprietor: _____

Co-Principals / Users: Yes No (If yes, add sheet with Name, Imp No/Tax ID/SS #/CBP Assigned No and Address)

Physical Address: _____

City/State/Zip Code: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Years in Business: _____

Activity Code: 1 – Import (see below) 3a – Instruments of Intl Traffic 14 – In-Bond Export Consolidation
 1a – Drawback 4 – Foreign Trade Zone 15 – Intellectual Property Rights
 2 – Custodial (see below) 5 – Public Gauger 16 – ISF
 3 – Intl Carrier (see below) 11 – Airport Security (see below) 17 – Marine Terminal Operator

Bond Amount: _____ Effective Date Requested: _____

Is a current bond on file (same activity code)? Yes No
 Has termination been sent on current bond? Yes No If yes, termination date: _____
 Has any Surety ever suffered a loss on Principal's behalf? Yes No
 Has Principal ever been placed on sanctions with CBP? Yes No

For Activity Code 1 – Import Bonds only, please fill out below:

Description of merchandise to be imported: _____

Country(ies) of Origin: _____

Is merchandise subject to antidumping/countervailing duties? Yes No
 Does the Importer require a Reconciliation Rider? Yes No

Previous 12 Months

Estimated For Next 12 Months

Value of Merchandise: _____

Estimated Duties, Taxes & Fees: _____

Number of Entries: _____

For Activity Code 2 – Custodial Bonds or Activity Code 3 – Intl Carrier Bonds only, please fill out below:

Activities to be conducted: _____

If a Carrier, provide SCAC: _____ If a Warehouse, Centralized Examination Station (CES), or Container Freight Station (CFS), provide FIRMS code: _____

For Airport Security only, please fill out below:

List Airport(s): _____

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.

Signature of officer or attorney-in-fact _____

Date _____

Printed name and title _____