

**APPLICATION TO DISTRICT DIRECTOR OF 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.	

LAST CALENDAR YEAR				ESTIMATE NEXT CALENDAR YEAR		
TYPE MERCHANDISE	VALUE	EST. DUTIES	NO. ENTRIES	VALUE	EST. DUTIES	NO. ENTRIES
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, Cartmen 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 so be filed _____
Other districts through which I 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 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)