Approved OMB No. 1651-0029

| CENSUS USE ONLY | ] |
|-----------------|---|
|                 | 1 |
|                 | l |
|                 | ı |

## DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

|                          | Exp. 10/31/2018 |
|--------------------------|-----------------|
| 1. ZONE NO. AND LOCATION | (Address)       |
|                          |                 |
|                          |                 |

| 5555   |                    |   | APPLICAT                            | ION FO           | )R               |                            |  |  |                             |  |
|--|--------------------|---|-------------------------------------|------------------|------------------|----------------------------|--|--|-----------------------------|--|
|  |                    | FOREI   | GN-TRADE Z                          | _                | _                | N                          |  |  |                             |  |
|  |                    | AND   | OR STATUS                           |                  |                  |                            |  |  |                             |  |
|  |                    |   | 19 CFR 146                          | 5.32, 146.4      | 0                |                            | 2. PC  | ORT CODE                                 |                             |  |
| 3. IMPORTING VESSEL (& FLAG)/OTHER CARRIE          |                    |   | ER 4. EXPORT DA                     |                  |                  | 5. IM                      | MPORT DATE 6. ZONE ADMISSION NO.               |  |                             |  |
| 7. U.S. PORT OF UNLADING                           |                    |   | 8. FOREIGN PORT OF LADING           |                  |                  | 9.                         | 9. BILL OF LADING/AWB NO. 10. INWARD M'FEST NO |  |                             |  |
| 11. INBOND CARRIER                                 |                    |   | 12. I.T. NO. AND DATE               |                  | 13.              | 13. I.T. FROM (Port)       |  |  |                             |  |
| 14. STATISTICA                                     | L INFORMATIC       | N FURNISHED DIRI  | ECTLY TO BUREAU                     | OF CENS          | SUS BY APPLIC    | CANT?                      | YES  | NO                                       |                             |  |
| 15. 16. NO. OF PACKAGES AND COUNTRY OF ORIGIN CODE |                    | RCHANDISE F   |                                     | 17.<br>HTSUS NO. |                  | 18.<br>QUANTITY<br>(HTSUS) | 19.<br>GROSS<br>WEIGHT                         | 20.<br>SEPARATE<br>VALUE & AGGR<br>CHGS. |                             |  |
|  |                    |   |                                     |                  |                  |                            |  |  |                             |  |
|  |                    |   |                                     |                  |                  |                            |  |  |                             |  |
|  |                    |   |                                     | 21               | LADROD MAIN      | NITENIA                    | NCE EEE (10                                    | CFR 24.24)                               |                             |  |
| merchandis   |                    | n of the above merched entry in the Foreigns Regulations. |                                     | gn-Trade 2       | Zone. I declare  | to the                     | best of my kn                                  | owledge and bel                          |                             |  |
|  | oly for the status | designation indicate GED FOREIGN                          | d:<br>PRIVILEGED FOF<br>(19 CFR 146 |                  |                  |                            | ZONE RES                                       |  | DOMESTIC<br>(19 CFR 146.43) |  |
| 24. APPLICANT                                      |                    | ,   | 25. BY (Signature                   | <del>)</del>     |                  |                            | 26. TITLE                                      | ,  | 27. DATE                    |  |
| F.T.Z. AGREE                                       |                    |   | 28. FOR THE F.T                     | .Z. OPER         | ATOR (Signatu    | re)                        | 29. TITLE                                      |  | 30. DATE                    |  |
| MERCHANDIS<br>PERMIT                               | Permission is      | s hereby granted to<br>above merchandiso                  | o 31. PORT DIREC                    | TOR OF (         | CBP: BY (Signa   | ature)                     | 32. TITLE                                      |  | 33. DATE                    |  |
| PERMIT   |                    | erchandise has been                                       | 34. PORT DIREC                      | TOR OF C         | CBP: BY (Signa   | ature)                     | 35. TITLE                                      |  | 36. DATE                    |  |
|  | 37. The goods      | described herein are                                      | authorized to be train              | nsferred:        | v                | without                    | exception                                      | except                                   | t as noted below            |  |
| PERMIT<br>TO                                       |                    |   |                                     |                  |                  |                            |  |  |                             |  |
| TRANSFER   | 38. CBP OFFI       | CER AT STATION (S   | Signature)                          |                  | 39. TITLE        |                            |  | 40. STATION                              | 41. DATE                    |  |
|  | 42. RECEIVE        | D FOR TRANSFER 1  | ΓΟ ZONE (Driver's S                 | ignature)        | 43. CARTMAN      | N                          |  | 44. CHL NO.                              | 45. DATE                    |  |
| FTZ<br>OPERATOR'S<br>REPORT OF<br>MERCHANDISE      |                    | t Director of CBP: Th                                     | ne above merchandis                 | se was rec       | eeived at the Zo | one on t                   | he date show                                   | n except as note                         | d below:                    |  |
| RECEIVED AT ZONE                                   | 47. FOR THE        | FTZ OPERATOR (S.  | ignature)                           |                  | 48. TITLE        |                            |  |  | 49. DATE                    |  |

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0029. The estimated average time to complete this application is 15 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street NE, Washington, DC 20229.