

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

OMB No. 1651-0024
Exp. 08-31-2018

ENTRY/IMMEDIATE DELIVERY CONTINUATION

19 CFR 142.3, 142.16, 142.22, 142.24, 149.3

24. LINE INFORMATION (Continuation)			
LINE 5 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned	
LINE 6 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned	
LINE 7 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned	
LINE 8 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned	

BILL OF LADING INFORMATION (Continuation)			
1. BOL TYPE: <input type="checkbox"/> In-Bond <input type="checkbox"/> Master <input type="checkbox"/> House <input type="checkbox"/> Regular/Simple		SCAC/CARRIER ID: _____	
IN-BOND NUMBER: _____	BOL NUMBER: _____	QUANTITY: _____	UNIT OF MEASURE: _____
2. BOL TYPE: <input type="checkbox"/> In-Bond <input type="checkbox"/> Master <input type="checkbox"/> House <input type="checkbox"/> Regular/Simple		SCAC/CARRIER ID: _____	
IN-BOND NUMBER: _____	BOL NUMBER: _____	QUANTITY: _____	UNIT OF MEASURE: _____

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 1651-0024. 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.