OMB APPROVAL NO.1651-0029
EXPIRATION DATE 2/28/2022

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

APPLICATION FOR FOREIGN-TRADE ZONE ADMISSION AND/OR STATUS DESIGNATION

19 CFR 146.22, 146.32, 146.35-146.37, 146.39-146.41, 146.44, 146.53, 146.66

CENSUS USE ONLY

1. ZONE LOCATION *(Address)* ADDRESS: CITY: STATE: ZIP CODE:	2. ZONE NO. 3. PORT CODE	

4. IMPORTING VESSEL (& FLAG)/OTHER CARRIER	5. EXPORT DATE *(mm-dd-yyyy)*	6. IMPORT DATE *(mm-dd-yyyy)*	7. ZONE ADMISSION NO.

8. U.S. PORT OF UNLADING	9. FOREIGN PORT OF LADING	10. BILL OF LADING/AWB NO.	11. INWARD M'FEST NO.

12. INBOND CARRIER	13. I.T. NO. AND DATE I.T Number *(mm/dd/yyyy)*	14. I.T. FROM *(Port)*

15. STATISTICAL INFORMATION FURNISHED DIRECTLY TO BUREAU OF CENSUS BY APPLICANT? ☐ YES ☐ NO

16. NO. OF PACKAGES AND COUNTRY OF ORIGIN CODE	17. DESCRIPTION OF MERCHANDISE	18. HTSUS NO.	19. QUANTITY (HTSUS)	20. GROSS WEIGHT	21. SEPARATE VALUE & AGGR CHGS.
		22. HARBOR MAINTENANCE FEE (19 CFR 24.24)			

23. I hereby apply for admission of the above merchandise into the Foreign-Trade Zone. I declare to the best of my knowledge and belief that the above merchandise is not prohibited entry in the Foreign-Trade Zone within the meaning of section 3 of the Foreign-Trade Zones Act of 1934, as amended, and section 146.31, Customs Regulations.

24. I hereby apply for the status designation indicated:
☐ NONPRIVILEGED FOREIGN (19 CFR 146.42) ☐ PRIVILEGED FOREIGN (19 CFR 146.41) ☐ ZONE RESTRICTED (19 CFR 146.44) ☐ DOMESTIC (19 CFR 146.43)

25. APPLICANT FIRM NAME Last Name First Name MI	26. BY *(Signature)*	27. TITLE	28.DATE *(mm/dd/yyyy)*
F.T.Z. AGREES TO RECEIVE MERCHANDISE INTO THE ZONE	29. FOR THE F.T.Z. OPERATOR *(Signature)*	30. TITLE	31.DATE *(mm/dd/yyyy)*
PERMIT — **Permission is hereby granted to transfer the above merchandise into the Zone.**	32. PORT DIRECTOR OF CBP: BY *(Signature)*	33. TITLE	34.DATE *(mm/dd/yyyy)*
PERMIT — The above merchandise has been granted the requested status.	35. PORT DIRECTOR OF CBP: BY *(Signature)*	36. TITLE	37.DATE *(mm/dd/yyyy)*

PERMIT TO TRANSFER				
	38. The goods described herein are authorized to be transferred: ☐ Without exception ☐ Except as noted below			
	39. CBP OFFICER AT STATION *(Signature)*	40. TITLE	41. STATION	42.DATE *(mm/dd/yyyy)*
	43. RECEIVED FOR TRANSFER TO ZONE *(Driver's Signature)*	44. CARTMAN	45. CHL NO.	46.DATE *(mm/dd/yyyy)*

FTZ OPERATOR'S REPORT OF MERCHANDISE RECEIVED AT ZONE	47. To the Port Director of CBP: The above merchandise was received at the Zone on the date shown except as noted below:		
	48. FOR THE FTZ OPERATOR *(Signature)*	49. TITLE	50. DATE *(mm-dd-yyyy)*

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.