



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

OMB CONTROL NO: 1651-0011
EXPIRATION DATE: 11-30-2021

**DECLARATION FOR FREE ENTRY
OF RETURNED AMERICAN PRODUCTS**

19 CFR 7.8, 10.1, 10.5, 10.66, 10.67, 12.41, 123.4, 143.23, 145.35

1. PORT		2. DATE	3. ENTRY NO. & DATE
4. NAME OF MANUFACTURER		5. CITY AND STATE OF MANUFACTURE	
6. REASON FOR RETURN		7. U.S. DRAWBACK PREVIOUSLY <input type="checkbox"/> CLAIMED <input type="checkbox"/> UNCLAIMED	
		8. PREVIOUSLY IMPORTED UNDER HTSUS 9813.00.05? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. MARKS, NUMBERS, AND DESCRIPTION OF ARTICLES RETURNED			10. VALUE*

* If the value of the article is \$10,000 or more and the articles are not clearly marked with the name and address of U.S. manufacturer, please attach copies of any documentation or other evidence that you have that will support or substantiate your claim for duty free status as American Goods Returned.

11. I declare that the information given above is true and correct to the best of my knowledge and belief; that the articles described above are the growth, production, and manufacture of the United States and are returned without having been advanced in value or improved in condition by any process of manufacture or other means; that no drawback bounty, or allowance have been paid or admitted thereon, or on any part thereof; and that if any notice(s) of exportation of articles with benefit of drawback was were filed upon exportation of the merchandise from the United States, such notice(s) has have been abandoned.

12. NAME OF DECLARANT (Last, First, MI)	13. TITLE OF DECLARANT
14. NAME OF CORPORATION OR PARTNERSHIP (If any)	15. SIGNATURE (See note)

16. SIGNATURE OF AUTHORIZING CBP OFFICER

NOTE: If the owner or ultimate consignee is a corporation, this form must be signed by the president, vice president, secretary, or treasurer of the corporation, or by any employee or agent of the corporation who holds a power of attorney and a certificate by the corporation that such employee or agent has or will have knowledge of the pertinent facts.

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 1651-0011. The obligation to respond is required to obtain benefits. The estimated average time to complete this application is 6 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Trade, Regulations and Rulings, 90 K Street, NE., Washington DC 20229.