

U.S. DEPARTMENT OF HOMELAND SECURITY  
Bureau of Customs and Border Protection**APPLICATION FOR  
FOREIGN-TRADE ZONE  
ACTIVITY PERMIT**

Any data typed after screen scrolls will not print.

19 CFR 146.52, 146.66

1. ZONE NO. AND LOCATION (*Address*)

2. ZONE ADMISSION NO.

3. APPLICATION DATE (*mm/dd/yyyy*)

## 4. TYPE OF ACTIVITY FOR WHICH PERMIT REQUESTED

 Manipulate Manufacture Exhibit Destroy Temporary Removal5. FULL DESCRIPTION OF THE ACTIVITY (*Include designation of the exact place in zone where the operation is to be performed and, in the case of a proposed manipulation or manufacture, a statement as to whether merchandise with one zone status is to be packed, commingled, or combined with merchandise having different zone status. If additional space required, attach separate sheet. If first application for manufacturing of this kind, state whether Foreign-Trade Zones board has occurred in proposed operation.*)

6. ZONE LOT NO. OR UNIQUE IDENTIFIER	7. MARKS AND NUMBERS	8. DESCRIPTION OF MERCHANDISE	9. QUANTITY	10. WEIGHTS, MEASURES	11. ZONE STATUS

If any merchandise is to be manipulated in any way or manufactured, I agree to maintain the records provided for in sections 146.21(a), 146.23, and 146.52(d) of the Customs Regulations and to make them available to CBP officers for inspection.

12. APPLICANT FIRM NAME ( <i>This is a mandatory field</i> )	13. BY ( <i>Signature</i> )	14. TITLE
<b>APPROVED BY FOREIGN- TRADE ZONE</b>	15. BY ( <i>Signature</i> )	16. TITLE

**PERMIT**

The application made above is hereby approved and permission is granted to manipulate, manufacture, exhibit, destroy, or temporarily removed, as requested, on condition that the applicable regulations are complied with and the records required to be maintained will be available for inspection.

17. PORT DIRECTOR OF CBP: By ( <i>Signature</i> )	18. TITLE	19. DATE ( <i>mm/dd/yyyy</i> )
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**FTZ OPERATOR'S RETURN**

## 20. TO THE PORT DIRECTOR OF CBP:

I certify that the goods described herein have been disposed of as directed except as noted below.

21. FOR THE FTZ OPERATOR: ( <i>Signature</i> )	22. TITLE	23. DATE ( <i>mm/dd/yyyy</i> )
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PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act of 1995. We ask for the information in order to carry out the laws and regulations administered by the Bureau of Customs and Border Protection and Foreign-Trade Zones Board. These regulations and forms apply to importers/exporters to ensure that they are complying with these laws. It is mandatory. The estimated average burden associated with this collection of information is 17 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Service Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0029), Washington, DC 20503.

**CBP Form 216 (6-03)**