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

OMB No. 1651-0007

## APPLICATION FOR ALLOWANCE IN DUTIES

Any data typed after screen scrolls will not print. 19 CFR 158 11 158 13 158 23

			19 01 10	130.11, 130.13, 130.23			
1. TO: (Port Director of CBP)				2. FROM: (Name and address of Importer or Agent)			
				3. ENTRY NO.		4. DATE (mm/dd/yyyy)	
5. APPLICATION FOR ALLO	WANCE IN DUT	Y RECAUSE OF:				<u> </u>	
A. Damage Destruction (Casualty) Lost or stolen while in Public Stores							
B. Excessive moisture evidence of excessi			on such or sim	ilar merchandise. (Landed weight or g	auge in excess of that in	voiced is in itself not adequate	
C. Nonimportation of p	erishable merch	andise. Goods to be seg	regated	on pier at our place	e of business		
Complete columns 6	5, 7, 8, and 9 for	Claims A and B, and col	umns 8 and 9	for Claim C.			
normal content is ba	ased upon a sta	andard which the applica	ant contends i	the nature and normal content may be s recognized and required by traders st or other physical data obtained in s	in a particular commod	as "2% moisture," or "No Sand," etc. When ity, state the approximate length of time	
6. MARKS AND NUMBERS	7. DESCRIPTION OF MERCHANDISE			8. DESCRIBE CASUALTY, NATURE OF IMPURITY AND NORMAL CONTENT CONTENDED		9. LAB TEST RESULTS (Attach Copy)	
10. IMPORTER			11. OW	11. OWNER/IMPORTER NUMBER 12. CARRIER			
13. DATE, TIME, AND PLACE	E OF UNLOADII	NG					
14. COMPLETE APPLICABLI	E STATEMENT	BELOW (Letters match	those above)				
A. Thave personally inspected and examined the merchandise described and I hereby declare that same sustained damage above stated. The merchandise, to the best of my knowledge and belief, was							
Destroyed (Casualty)  Lost or stolen while in Public Stores							
I have personally inspe	ected and exami	ned the merchandise de	scribed in the f	oregoing application and determine that	at the same contains exc	essive moisture, or other	
impurities, not usually found in or upon such or similar merchandise, as indicated above. This claim is based upon the following facts, if any, ascertained by me or under my							
				t that all expenses in connection with the	he delivery under custod	y and the supervision of	
segregation at our place of business will be borne by us, and will be p  15. DATE OF FILING (mm/dd/yyyy)			<del></del>	16. SIGNATURE AND TITLE OF APPLICANT/AGENT			
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17. CBP ACTION 18. DATE (mm/dd/yyyy)			yy) 19. SIG	19. SIGNATURE AND TITLE OF CBP OFFICER			
ACCEPTED NO	OT CCEPTED						
AC		Luest is in accordance wi	th the Paperw	ork Reduction Act of 1995. We ask f	or the information in ord	der to carry out the laws and regulations	

administered by the Bureau of Customs and Border Protection. The form is used by United States importers to apply for a duty allowance due to damaged or defective imported merchandise and by CBP to authorize such a duty allowance. It is required to obtain or retain a benefit. The estimated average burden associated with this collection of

information is 8 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 Services Branch, Washington, DC 20229, and to the Office of Management and Budget, **CBP Form 4315 (7-03)** 

Paperwork Reduction Project (1651-0007), Washington, DC 20503.