OMB No. 0625-0134
Expires 3/31/09

U. S. DEPARTMENT OF COMMERCE	U. S. DEPARTMENT OF THE INTERIOR

FORM **ITA-361P**
REV. 3-06

REQUEST FOR REFUND OF DUTIES ON ARTICLES ENTERED DUTY PAID (P.L. 97-446, AS AMENDED BY P.L. 103-465, P.L. 106-36 AND P.L. 108-429)

This form must be completed in order to obtain duty refunds pursuant to P.L. 97-446, AS AMENDED BY P.L. 103-465, P.L. 106-36 AND P.L. 108-429

A. This request for refund is made pursuant to Certicate of Entitlement (Form ITA-360P) Number _____, issued to _____, on _____, and expiring _____.

B. The number of this request is _____ and is in the amount of $_____.

C. Duties are requested to be refunded to: _____ (Name). _____ (Address),

_____ (City, State, ZIP Code). _____ (Signature of Authorized Company Official)

Check whether affiliated _____ or not affiliated _____ with the certificate holder.

D. Certification by Department of Commerce: _____ (Date), _____ (FTS Number)

_____ (Typed name and title), _____ (Signature)

INSTRUCTIONS FOR CERTIFICATE HOLDER:

Complete blocks A, B, and C. Enter the related information requested on the reverse side of your certificate (Form ITA-360P), sign in block C above, and submit to:

Statutory Imports Program Staff
International Trade Administration
U.S. Department of Commerce
Washington, D.C. 20230

Public reporting for this collection of information is established to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the date needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports Clearance Officer, Internatinal Trade Administration, U.S. Dept. of Commerce, Room 4001, 14th & Constitution Ave. NW, Washington, D.C. 20230.

Your copy (Copy E) will be returned to you after certification by the Department of Commerce.

INSTRUCTIONS FOR CUSTOMS OFFICIAL:

Provided that this form is presented to you on or before the expiration date shown in block A and the certifications in block D above and block E (1) of Copy B have been executed, you are authorized to refund the duties on articles that entered the United States duty paid with the exception of articles containing any material which is the product of a country with respect to which Column 2 rates of duty apply, which were made within the three-year period beginning two years prior to the date of issuance of the Certificate of Entitlement described in block A. This request for refund of duties must be presented to you by the party shown in block C, together with any other documentation required by applicable regulations of the U.S. Customs and Border Protection. You may verify the validity of this request by telephoning the Commerce official shown in block D. You may verify the information supplied by the claimant in block E (1) from your records. After the U.S. Customs and Border Protection has refunded the requested duties, enter the pertinent information in block E (2) of Copy B, ensuring that the information is legible on the remaining copies. This form may be used as often as necessary to exhaust the amount shown in block B. When the total amount of gross duties refunded equals the amount shown in block B, return the original and Copy C to Commerce at the address shown above. The form should also be returned to Commerce in the event it is presented after the expiration date shown in block A, and in that event no refund of duties is permitted. If additional instructions are needed, telephone the Commerce official shown in block D. THE ORIGINAL AND COPIES B, C, AND D SHOULD REMAIN AFFIXED TOGETHER UNTIL EXPIRATION OR THE AMOUNT IN BLOCK B IS EXHAUSTED, WHICHEVER OCCURS FIRST.

ORIGINAL

THIS DOCUMENT MUST BE PRESENTED TO THE U.S. CUSTOMS AND BORDER PROTECTION OFFICER AT THE PORT OF ENTRY WHERE THE ARTICLES FOR WHICH REFUND OF DUTIES IS REQUESTED WERE ENTERED

OMB No. 0625-0134
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A. This request for refund is made pursuant to Certificate of Entitlement (Form ITA-360P) Number _____ , issued to _____, on _____, and expiring _____ .

B. The number of this request is _____ and is in the amount of $_____.

C. Duties are requested to be refunded to: _____ (Name) . _____ (Address) ,
_____ (City, State, ZIP Code) . _____ (Signature of Authorized Company Official)

Check whether affiliated _____ or not affiliated _____ with the certificate holder.

D. Certification by Department of Commerce: _____ (Date) , _____ (FTS Number)
_____ (Typed name and title) , _____ (Signature)

E. Refund Information:

(1) Refunds requested: (to be completed by claimant)

FY	Entry number	Port	Entry date	Duties	Claimant's initials/date (each claim)
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DECLARATION BY CLAIMANT: I declare that the information given above is true and correct to the best of my knowledge and belief; that no notices of exportation of articles with benefit of drawback were filed upon exportation of this merchandise from the United States; that no liquidated refunds on the articles relating to the present claim have been paid; and that no protest or request for litigation for refund of duties paid and herewith claimed has been made.

(2) Refunds paid: (to be completed by Customs)

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ (Customs initials date) Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ (Customs initials date) Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ (Customs initials date) Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ (Customs initials date) Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ (Customs initials date) Subtotal: _____

TOTAL: _____

_____ Customs signature (when last refund is made)

COPY B

NOTICE TO CUSTOMS: Do not accept this document unless it is accompanied by the original (see instructions thereon). After completing block E (2), retain this copy for your records. Copy C is the Department of Commerce copy. Copy D is the broker's copy.

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_____ (Typed name and title) , _____ (Signature)

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(1) Refunds requested: (to be completed by claimant)

FY	Entry number	Port	Entry date	Duties	Claimant's initials/date (each claim)
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_____
Claimant's signature (when first claim is made)

(2) Refunds paid: (to be completed by Customs)

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

TOTAL: _____

_____
Customs signature (when last refund is made)

COPY C

DEPARTMENT OF COMMERCE COPY

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D. Certification by Department of Commerce: _____ (Date) , _____ (FTS Number)

_____ (Typed name and title) , _____ (Signature)

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Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

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Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

Gross duties refunded: _____
Less Customs reimbursement: _____
Net duties refunded: _____
_____/_____ Customs initials date — Subtotal: _____

TOTAL: _____

_____
Customs signature (when last refund is made)

COPY D

BROKER'S COPY

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B. The number of this request is _____ and is in the amount of $_____.

C. Duties are requested to be refunded to: _____ . _____ ,
Name Address

_____ . _____
City, State, ZIP Code Signature of Authorized Company Official

Check whether affiliated _____ or not affiliated _____ with the certificate holder.

D. Certification by Department of Commerce: _____ , _____
Date FTS Number

_____ , _____
Typed name and title Signature

COPY E

NOTICE TO CERTIFICATE HOLDER: Do not remove this copy. The Department of Commerce will return it for your records after your request is certified.