

DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection NOTICE OF INTENT TO EXPORT, DESTROY OR RETURN MERCHANDISE FOR PURPOSES OF DRAWBACK 19 CFR 191		PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to enforce the laws of the United States, to fulfill the U.S. Customs Regulations, to ensure that the claimant is entitled to drawback, and to have the necessary information which permits CBP to calculate and refund (or increase) the correct amount of duty and/or tax. Your response is required to obtain a benefit. The estimated average burden associated with this collection of information is 33 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0075) Washington, DC 20503.																			
1. Exporter or Destroyer Name _____ Address _____ I.D. Number _____		2. Drawback Entry No. _____		3. Intended Action <input type="checkbox"/> Export <input type="checkbox"/> Destroy		4. Intended Date of Action _____		5. Drawback Center DATE RECEIVED <div style="border: 2px solid black; width: 100px; height: 40px; margin: 10px auto;"></div>													
		6. Contact Name _____ Address _____ Phone _____ Ext. _____ FAX _____																			
7. Location of Merchandise _____		8. Method of Destruction/Location _____		9. Exporting Carrier Name (if known) _____		10. Intended Port of Export _____		11. Unique Identifier No. _____													
						12. T & E No. _____		13. Country of Ultimate Destination _____													
14. Import Entry No. _____		15. Description of Merchandise (include part number(s)) _____			16. Drawback Amount _____		17. Quantity & Unit of Measure _____														
										18. HTSUS No./Schedule B _____											
19. Drawback to be filled as: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Unused Merchandise Drawback</td> <td><input type="checkbox"/> Same Condition Drawback under NAFTA</td> <td><input type="checkbox"/> Shipped without Consent</td> </tr> <tr> <td><input type="checkbox"/> J1 <input type="checkbox"/> J2</td> <td></td> <td><input type="checkbox"/> Defective at Time of Importation</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing Drawback</td> <td><input type="checkbox"/> Distilled Spirits, Wine or Beer under</td> <td><input type="checkbox"/> Not Conforming to Sample or Specifications</td> </tr> <tr> <td><input type="checkbox"/> Rejected Merchandise</td> <td></td> <td></td> </tr> </table>										<input type="checkbox"/> Unused Merchandise Drawback	<input type="checkbox"/> Same Condition Drawback under NAFTA	<input type="checkbox"/> Shipped without Consent	<input type="checkbox"/> J1 <input type="checkbox"/> J2		<input type="checkbox"/> Defective at Time of Importation	<input type="checkbox"/> Manufacturing Drawback	<input type="checkbox"/> Distilled Spirits, Wine or Beer under	<input type="checkbox"/> Not Conforming to Sample or Specifications	<input type="checkbox"/> Rejected Merchandise		
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20. Preparer _____ X _____ Printed Name Signature Title Date								THIS FORM MUST BE SUBMITTED WITH THE DRAWBACK CLAIM													
CBP USE ONLY																					
21. Examination <input type="checkbox"/> Waived <input type="checkbox"/> Required (Additional information may be required if exam requested, T & E may be required)		24. Printed Name _____ Phone Number _____			28. Comments/Results of Examination or Witnessing of Destruction. (Merchandise matches invoice description)																
22. Present Merchandise to CBP at: _____		25. Signature & Badge No. X _____			29. Date Destroyed or Exam Conducted _____																
23. Destruction to be Witnessed by CBP <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date _____		27. Port _____		30. Printed Name of Examining Officer _____ Phone Number _____ Ext. _____		31. Signature & Badge No. X _____ _____ Date _____													