

DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection  <b>NOTICE OF INTENT TO EXPORT, DESTROY OR RETURN                  MERCHANDISE FOR PURPOSES OF DRAWBACK</b> 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, Asset Management, 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 (MM/DD/YYYY) _____	5. Drawback Center _____												
			6. Contact Name _____ Address _____  Phone _____ Ext. _____ FAX _____					<b>DATE RECEIVED</b> <div style="border: 2px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>											
7. Location of Merchandise _____		8. Method of Destruction _____	9. Location of Destruction _____	10. Exporting Carrier Name (if known) _____		11. Intended Port of Export _____	12. Unique Identifier No. _____												
				13. T & E No. _____		14. Country of Ultimate Destination _____													
15. Import Entry No. _____		16. Description of Merchandise (Include Part/Style/Serial Numbers) _____			17. Drawback Amount _____		18. Quantity & Unit of Measure _____												
						19. HTSUS No./Schedule B _____													
20. 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"/> Rejected Merchandise</td> </tr> <tr> <td><input type="checkbox"/> J1 <input type="checkbox"/> J2</td> <td></td> <td><input type="checkbox"/> Shipped without Consent</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing Drawback</td> <td><input type="checkbox"/> Distilled Spirits, Wine or Beer under 26 U.S.C. 5062 (c)</td> <td><input type="checkbox"/> Defective at Time of Importation</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Not Conforming to Sample or Specifications</td> </tr> </table>								<input type="checkbox"/> Unused Merchandise Drawback	<input type="checkbox"/> Same Condition Drawback under NAFTA	<input type="checkbox"/> Rejected Merchandise	<input type="checkbox"/> J1 <input type="checkbox"/> J2		<input type="checkbox"/> Shipped without Consent	<input type="checkbox"/> Manufacturing Drawback	<input type="checkbox"/> Distilled Spirits, Wine or Beer under 26 U.S.C. 5062 (c)	<input type="checkbox"/> Defective at Time of Importation			<input type="checkbox"/> Not Conforming to Sample or Specifications
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21. Preparer _____ Printed Name <span style="margin-left: 150px;"><b>X</b></span> _____ Signature <span style="margin-left: 150px;">Title</span> _____ <span style="margin-left: 150px;">Date</span> _____						<b>THIS FORM MUST BE                  SUBMITTED WITH THE                  DRAWBACK CLAIM</b>													
<b>CBP USE ONLY</b>																			
22. Examination <input type="checkbox"/> Required <b>or</b> <input type="checkbox"/> Waived (Additional information may be required if exam requested, T & E may be required)		25. Printed Name _____ Phone Number _____		29. Comments/Results of Examination or Witnessing of Destruction. (Merchandise matches invoice description) _____															
23. Present Merchandise to CBP at: _____		26. Signature & Badge No. <b>X</b> _____		30. Date Destroyed or Exam Conducted _____		31. Printed Name of Examining Officer _____													
24. Destruction to be Witnessed by Customs <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Date _____	28. Port _____	32. Signature & Badge No. <b>X</b> _____ _____ Date _____															