

DEPARTMENT OF HOMELAND SECURITY  
 U.S. Customs and Border Protection

**APPLICATION-PERMIT-SPECIAL LICENSE  
 UNLADING-LADING-OVERTIME SERVICES**

19 CFR 4.10, 4.30, 4.37, 4.39, 4.91, 10.60, 24.16,  
 122.29, 122.38, 123.8, 146.32, 146.34

<b>CBP USE ONLY</b>
<b>APPROVED</b>
No. _____
Date/Time _____
Signature of CBP Officer _____

1. Name of Vessel, Vehicle or Aircraft _____	2. Port _____
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3. Flag _____	4. Name and Nationality of Owner/Operator _____	5. Name/Phone No. of Agent _____
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6. Arriving from (Port Name and Country) _____	7. Date/Time of Arrival _____	8. Locations (Dock/Terminal)* _____	Day Phone _____	Night Phone _____
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9. Application is made for a permit for the operations indicated:

(1) To unlade merchandise (intended to be unladen at this port, as shown by the manifest), baggage or passengers. To discharge ballast, and to land "in bond" merchandise. (Sec. 551, Tariff Act of 1930).

(2) To land supplies, ship's stores, sea stores, or equipment not to be reladen, subject, however, to free or duty-paid entry (Sec. 446, Tariff Act of 1930).

(3) To lade merchandise or baggage requiring CBP supervision.

(4) To land and release for repair, adjustment, or refilling and to relade under CBP supervision articles of carrier's equipment. (Articles to be listed reverse side hereof showing date and hour of unloading and relading.) The undersigned certifies the articles listed on the reverse hereof for release under this term is to be landed only for the purpose mentioned in this item and will be reladen on this carrier.

(5) Other \_\_\_\_\_

10. Itinerary of Vessel/Aircraft (show port country and departure dates for entire voyage including U.S. itinerary)\*

\_\_\_\_\_

\_\_\_\_\_

11. TYPE OF CARGO:  Container  Break Bulk  Bulk  Other (Specify) \_\_\_\_\_

12. List all carriers, including carriers sharing or chartering space onboard the vessel and check the box that describes how the carrier presented the cargo manifest.\*

SCAC	AMS	CBP 1302	Paperless	SCAC	AMS	CBP 1302	Paperless
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Application is made for a special license for overtime services of CBP officers and employees for:

Entrance, Clearance  Unlading, lading, etc.  Other: \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  Per supplemental oral request

(Date) (Time)

14. Bond No. \_\_\_\_\_

15. Application is made for a Term Permit and Special License

From: \_\_\_\_\_ To: \_\_\_\_\_

16. Principal on Bond _____	17. Surety Company Code _____	18. Amount of Bond _____	19. Date of Bond _____
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20. Importer Number (Party to be billed; show hyphens) _____	21. Address of Agent _____	
	22. Signature _____	23. Date _____

This PERMIT is not valid until properly lodged with a CBP officer at the point of discharge and all operations indicated therein are performed under CBP supervision.

**CONTINUED FROM ITEM #9 (4): RECORD OF ARTICLES RELEASED AND RELADEN**

UNLADEN AND RELEASED						RELADEN		
Date	Time	Description of Articles	Released to		Insp. Badge #	Date	Time	Insp. Badge #
			Signature	Company				

Continued from # 8 - additional Locations:

Continued from # 9 (5) - Other:

Continued from # 10 - additional Itinerary of Vessel:

Continued from # 12 - additional SCAC Codes:

SCAC	AMS	CBP 1302	Paperless	SCAC	AMS	CBP 1302	Paperless
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INSTRUCTIONS**

CBP Form 3171 shall be filed in duplicate. (When a term permit is requested, additional copies may be required for local purposes). Items shall be completed as follows:

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|---|---|
| <ol style="list-style-type: none"> <li>1. Name or number of vessel, vehicle, or aircraft (On term permit "Not Applicable.")</li> <li>2. Port at which application is filed.</li> <li>3. Flag of vessel.</li> <li>4. Name of shipping company, airlines etc., which owns or operates the vessel, vehicle or aircraft and their nationality.</li> <li>5. Name and day/night phone numbers of party filing application.</li> <li>6. Name of port or place and country from which a vessel, vehicle, or aircraft is arriving. (On Term Permit show "Not applicable.")</li> <li>7. Give the date of arrival or expected arrival when request covers a specific vessel, vehicle, or aircraft.</li> <li>8. List all places of lading, unloading, etc. If request is for overtime services only state where services are to be performed.</li> <li>9. Check appropriate items.</li> </ol> | <ol style="list-style-type: none"> <li>10. Show port, country and sailing dates for the itinerary of the vessel/aircraft, including U.S. itinerary.</li> <li>11. Check the appropriate box/boxes.</li> <li>12. List all carriers, including carriers sharing or chartering space onboard the vessel and check the box that describes how the carrier presented the cargo manifest.</li> <li>13. Indicate purpose for which services are requested and date and time. (If date and time are not known, check "per supplemental oral request.")</li> <li>14. Self-Explanatory.</li> <li>15. When requesting a term permit, show dates or period to be covered.</li> <li>16-21. Self-Explanatory.</li> <li>22-23. Signature and date of party submitting request.</li> </ol> |
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**Paperwork Reduction Act Statement:** An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0005. The estimated average time to complete this application is 8 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.