

FORM BIS-647-P
(REV.4/03)

U.S. DEPARTMENT OF COMMERCE
Bureau of Industry and Security

DELIVERY VERIFICATION CERTIFICATE

Public reporting burden for this collection of information is estimated to average 15 minutes per response,, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 the burden, to the Director of Administration, room-3889, Bureau of Industry and Security, U.S. Department of Commerce, Washington, D.C. 20230; and to the Office of Management and Budget Paperwork Reduction Project (0694-0016, 0694-0093) Washington, DC 20503.

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

Instructions- When required to obtain a delivery verification, the U.S. Importer shall submit this form in duplicate, to the Customs Office. U.S. importer is required to complete all items on this form except the portion to be completed by the U.S. Customs Service. The Customs Office will certify a Delivery Verification Certificate only after the import has been delivered to the U.S. importer. The duly certified form shall then be dispatched by the U.S. importer to the foreign exporter or otherwise disposed of in accordance with instructions of the exporting country.

No delivery verification may be obtained unless a completed application form has been received. (50 U.S.C App § 2401 et seq.,15 C.F.R. §748)

EXPORTER *(Name and Address)*

Name

Address

City

State/Country

Zip/ Postal Code

This certification applied to the goods described below, shown on U.S. Department of Commerce International Import Certificate No. _____

ARRIVED *(Name of Port)*

DATE OF ARRIVAL *(mm/dd/yyyy)*

IMPORTER *(Name and Address)*

Name

Address

City

State/Country

Zip/ Postal Code

NAME OF SHIP, AIRCRAFT, OR CARRIER *(Include numbers on bills of lading, airways bills, etc.)*

DESCRIPTION OF GOODS	QUANTITY	VALUE (FOB, CIR, etc)

TO BE COMPLETED BY U.S. CUSTOMS SERVICE

REGION NO.

(Custom's Seal)

CERTIFICATION-It is hereby certified that the importer has produced evidence that the goods specified above have been delivered and brought under the Export Administration Regulations of the United States.

Signature

Date

ENTRY

WAREHOUSE

CONSUMPTION

NUMBER

DATE