

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

OMB No. 1651-0024
Exp. 08-31-2018

ENTRY/IMMEDIATE DELIVERY

19 CFR 142.3, 142.16, 142.22, 142.24, 149.3

HEADER INFORMATION			
1. PORT OF ENTRY:	2. BOND TYPE: <input type="checkbox"/> Single Transaction Bond <input type="checkbox"/> Continuous Bond <input type="checkbox"/> No Bond Required	3. IMPORTER NUMBER: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned	4. IMPORTER NAME AND ADDRESS:
5. ENTRY NUMBER:	6. BOND VALUE:	7. ENTRY VALUE:	8. CES:
9. ENTRY TYPE:	10. ORIGINATING WHSE ENTRY NUMBER (For Entry Type 22 Only):		11. SURETY CODE:
12. PORT OF UNLADING:	13. MODE OF TRANSPORTATION: <input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Hand Carry <input type="checkbox"/> Pipeline <input type="checkbox"/> Other	14. LOCATION OF GOODS (FIRMS):	
15. G.O. NUMBER:	16. CONVEYANCE NAME/FTZ ZONE ID:		

HEADER REFERENCE INFORMATION	
17. REFERENCE ID CODE:	18. REFERENCE ID NUMBER (UP TO 50 CHARACTERS):

HEADER PARTIES (MUST APPLY TO ENTIRE ENTRY; IF NOT, SKIP TO LINE INFORMATION)		
19. HEADER PARTY TYPE:	20. HEADER PARTY TYPE NAME/ADDRESS	21. HEADER ID #, IF APPLICABLE
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party		<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party		<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party		<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party		<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned

22. CERTIFICATION	23. CBP USE ONLY
I hereby make application for entry/immediate delivery. I certify that the above information is accurate, the bond is sufficient, valid, and current, and that all requirements of 19 CFR Part 142 have been met.	<input type="checkbox"/> OTHER AGENCY ACTION REQUIRED, NAMELY: <input type="checkbox"/> CBP EXAMINATION REQUIRED. <input type="checkbox"/> ENTRY REJECTED, BECAUSE:
SIGNATURE OF APPLICANT:	
PHONE NUMBER: _____ DATE: _____	
BROKER OR OTHER GOVT. AGENCY USE	
	DELIVERY AUTHORIZED: _____ SIGNATURE: _____ DATE: _____

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 1651-0024. The estimated average time to complete this application is 15 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, 90 K Street, NE, Washington DC 20229.

24. LINE INFORMATION			
LINE 1 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned _____	
LINE 2 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned _____	
LINE 3 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned _____	
LINE 4 HTS CODE: 1. _____ 2. _____	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description: _____	LINE ITEM QUANTITY: FTZ FILING DATE: _____	VALUE: 1. _____ 2. _____
COUNTRY OF ORIGIN: _____		ZONE STATUS: <input type="checkbox"/> P <input type="checkbox"/> N	
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party	LINE NAME/ADDRESS: _____	LINE ID NUMBER, IF APPLICABLE: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned _____	
BILL OF LADING INFORMATION (Use additional block below for a second Bill of Lading)			
25. <input type="checkbox"/> Non-AMS	26. <input type="checkbox"/> Split Bill	27. BOL TYPE: <input type="checkbox"/> In-Bond <input type="checkbox"/> Master <input type="checkbox"/> House <input type="checkbox"/> Regular/Simple	28. SCAC/CARRIER ID: _____
29. IN-BOND NUMBER: _____	30. BOL NUMBER: _____	31. QUANTITY: _____	32. UNIT OF MEASURE: _____
SECOND BILL OF LADING BOL TYPE: <input type="checkbox"/> In-Bond <input type="checkbox"/> Master <input type="checkbox"/> House <input type="checkbox"/> Regular/Simple			SCAC/CARRIER ID: _____
IN-BOND NUMBER: _____	BOL NUMBER: _____	QUANTITY: _____	UNIT OF MEASURE: _____
33. VOYAGE/FLT/TRIP: _____	34. CONVEYANCE: _____	35. ARRIVAL DATE: _____	