

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

Form Approved OMB No. 1651-0012. Expires 03-31-2020

**LIEN NOTICE**

19 U.S.C. 66, 1564; 19 CFR 141.112

5. NAME OF CONSIGNEE/IMPORTER		1. PORT	2. CBP ASSIGNED NO.	
8. LOCATION OF GOODS		3. DATE OF NOTICE	4. DATE OF ARRIVAL	
		6. NAME OF CARRIER	7. B/L NO. OR CBP 7512 NO.	
9. MARKS AND NUMBERS	10. NO. OF PACKAGES	11. REMARKS		
12. AMOUNTS CLAIMED	A. Freight	B. Charges	C. Contributions to General Average	D. Total
<p>13. <b>STATEMENT OF AGENT</b> I, the Undersigned, agent of the above named carrier, certify that the carrier has a lien on the above listed merchandise in accordance with Sections 564 and 613 of the Tariff Act of 1930. I further certify that the information set forth in this notice is true to the best of my knowledge and belief, and that the sum claimed is due and unpaid and was a subsisting lien upon the goods described at the time they passed into U.S. Customs and Border Protection (CBP) custody. I understand that sale of this merchandise by the Government for any reason does not entitle claimants to advance notice in the absence of a written request identifying the goods with this notice. I also, agree, upon the discharge or satisfaction of this lien, to promptly notify the CBP office at the above-named port by filing a written release or receipt showing payment of the claim in full.</p> <p>X _____ SIGNATURE OF AGENT <span style="float: right;">DATE</span></p>				
<p>14. NAME AND ADDRESS OF LIENHOLDER</p> <p>X _____ SIGNATURE <span style="float: right;">TITLE</span> <span style="float: right;">DATE</span></p>				
<p>15. STATEMENT OF CLAIMANT: <i>The amounts claimed as due and unpaid have been satisfied.</i></p> <p>X _____ SIGNATURE OF CLAIMANT <span style="float: right;">Date</span></p>				
<b>DISPOSITION (CBP Use Only)</b>				
16. CBP OFFICER	NAME	SIGNATURE	DATE	
<p>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 1651-0012. The estimated average time to complete this application is 15 minutes. Obligation to respond is required to obtain benefits. 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.</p>				