

This form is used to apply for CDSOA distribution

Form Cancel

Continue to the Form

This is a secure service provided by United States Department of the Treasury. The information you will enter will remain private. <u>Please review our privacy policy</u> for more information.

CDSOA Online Certification

181

Contact: CDSOA/Byrd Help Desk Email: <u>Click to email</u> Phone: (317) 614-4462

WARNING WARNING WARNING

You have accessed a United States Government computer. Unauthorized use of this computer is a violation of federal law and may subject you to civil and criminal penalties. This computer and the automated systems which run on it are monitored. Individuals are not guaranteed privacy while using government computers and should, therefore, not expect it. Communications made using this system may be disclosed as allowed by federal law.

Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.

Contact Us | Notices & Agreements | Accessibility Policy | Privacy & Security Policy | For Agencies | *

Fiscal Service

				Log in
d Forms, Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY	ONLINE H
i i onno, rigonoloci	Couron		TIND AN AGENOT	ONLINE II
Alert Message: Agencies and their cust Eastern Time.	omers are notified that Pay.gov will condu	ict system maintenance on Tueso	day, December 27, 2016, between 1	0:00 p.m. and 10:30
ontinued Du	mping and Subsid	y Offset Act of	2000 Certificati	ion
ore You Begin 1 Comple	ete Agency Form		Nee Expand	d Help?
Click for Instructions	Department of Homeland Se U.S. Customs and Border Pro Continued Dumping and Subsidy Offset	tection Act of 2000 Form	OMB No. 1651-0086 Exp. 12-31-2016	
1	Please avoid using your browser's Back Butto ead to incomplete data being transmitted and		s may	
Claimant's Information				
1. Claimant's Name:	(As it appears on USITC List or Association (If person's name, list Last Name, First Nam			
2. Mailing Address:				
3. Address 2:				
4. City:				
5. State:	\checkmark			
ZIP/Postal Code:				
	Check here if Mailing Address is a PO Box. (Street Address is required when Mailing Address)	ldress is a PO Box)		
7. Street Address:				
8. Address 2:				
9. City:				
10. State:	✓			
11. ZIP/Postal Code:				
12. Business Type (se	lect one):			
O Sole Propriet	orship			
O Partnership				
O Corporation				
13. Number Type (sele	ect one and enter number below):			
O Social Securi				
-	entification Number			
O Federal Tax I	dentification Number			
Enter Number He	ere			
Contact Information	Primary Contact For All Certification Related	Inquiries)		
14. Contact Person:	15. Contact I	Email:		
16. Contact Phone:	17. Contact F	ax:	-	
	nant's Mailing Address)			
18. Address:				
19. Address 2:				
20. City: 21. State:				
22. ZIP/Postal Code:				
Page 1			CBP Form 7401 (12/16)	
	Previous Page	Next Page		

WARNING WARNING WARNING

You have accessed a United States Government computer. Unauthorized use of this computer is a violation of federal law and may subject you to civil and criminal penalties. This computer and the automated systems which run on it are monitored. Individuals are not guaranteed privacy while using government computers and should, therefore, not expect it. Communications made using this system may be disclosed as allowed by federal law.

Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.

Contact Us | Notices & Agreements | Accessibility Policy | Privacy & Security Policy | For Agencies | *

Fiscal Service