



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

OMB APPROVAL NO. 1651-0007
EXPIRES: 11/30/2021

APPLICATION FOR ALLOWANCE IN DUTIES

19 CFR 158.11, 158.13, 158.23

1. TO: (Port Director of CBP)		2. FROM: (Name and address of Importer or Agent)	
		3. ENTRY NO.	4. DATE
<p>5. APPLICATION FOR ALLOWANCE IN DUTY BECAUSE OF:</p> <p>A. <input type="checkbox"/> Damage <input type="checkbox"/> Destruction (<i>Casualty</i>) <input type="checkbox"/> Lost or stolen while in Public</p> <p>B. <input type="checkbox"/> Excessive moisture and impurities not usually found in or upon such or similar merchandise. (<i>Landed weight or gauge in excess of that invoiced is in itself not adequate evidence of excessive moisture or impurities.</i>)</p> <p>C. <input type="checkbox"/> Nonimportation of perishable merchandise. Goods to be segregated <input type="checkbox"/> on pier <input type="checkbox"/> at our place of business</p>			
<p>Complete columns 6, 7, 8, and 9 for Claims A and B, and columns 8 and 9 for Claim C. <i>INSTRUCTIONS:</i> Columns 6 and 7 are self-explanatory. For column 8, the nature and normal content may be stated together, such as "2% moisture," or "No Sand," etc. When normal content is based upon a standard which the applicant contends is recognized and required by traders in a particular commodity, state the approximate length of time such standard has existed. For column 9, furnish results of laboratory test or other physical data obtained in support of this claim.</p>			
6. MARKS AND NUMBERS	7. DESCRIPTION OF MERCHANDISE	8. DESCRIBE CASUALTY, NATURE OF IMPURITY AND NORMAL CONTENT CONTENTED	9. LAB TEST RESULTS (<i>Attach Copy</i>)
10. IMPORTER		11. OWNER/IMPORTER NUMBER	12. CARRIER
13. DATE, TIME, AND PLACE OF UNLOADING			
14. COMPLETE APPLICABLE STATEMENT BELOW (<i>Letters match those above</i>)			
<p>A. <input type="checkbox"/> I have personally inspected and examined the merchandise described and I hereby declare that same sustained damage above stated. The merchandise, to the best of my knowledge and belief, was <input type="checkbox"/> Destroyed (<i>Casualty</i>) <input type="checkbox"/> Lost or stolen while in Public Stores</p> <p>B. <input type="checkbox"/> I have personally inspected and examined the merchandise described in the foregoing application and determine that the same contains excessive moisture, or other impurities, not usually found in or upon such or similar merchandise, as indicated above. This claim is based upon the following facts, if any, ascertained by me or under my direction.</p> <p>C. <input type="checkbox"/> We request permission to segregate the damaged goods with the agreement that all expenses in connection with the delivery under custody and the supervision of segregation at our place of business will be borne by us, and will be paid promptly.</p>			
15. DATE OF FILING		16. SIGNATURE AND TITLE OF APPLICANT/AGENT	
17. CBP ACTION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED		18. DATE	19. SIGNATURE AND TITLE OF CBP OFFICER
<p>PAPERWORK REDUCTION ACT: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the laws and regulations administered by the Customs and Border Protection. The form is used by United States importers to apply for a duty allowance due to damaged or defective imported merchandise and by CBP to authorize such a duty allowance. It is required to obtain or retain a benefit. The estimated average burden associated with this collection of information is 8 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0007), Washington, DC 20503.</p>			

