



NAFTA VERIFICATION OF ORIGIN QUESTIONNAIRE

19 CFR 181.72

This questionnaire is sent to you pursuant to 19 CFR 181.72, The questionnaire will be used in

determining if the _____

described on the NAFTA Certificate of Origin (CO) dated _____ and signed by _____

originates under the NAFTA. If necessary, additional information may be requested at a later date.

EXPORTER

If this box is checked, you are being sent this questionnaire as the exporter of the imported good. If you relied upon a Certificate of Origin or written representation from the Producer to prepare your Certificate of Origin, provide a copy of what it was that you relied upon, and then go directly to Section V and complete it. If you relied upon your knowledge of the good, complete the questionnaire.

PRODUCER OF GOOD

If this box is checked, you are being sent this questionnaire as the producer of the imported good.

The good was exported by _____

Complete the questionnaire.

EXPORTER/PRODUCER

If this box is checked, you are being sent this questionnaire as the exporter and also the producer of the imported good. Complete the questionnaire.

PRODUCER OF MATERIAL

If this box is checked, you are being sent this questionnaire because

_____ identified you as the producer of the

material(s) used in the production of the good described above. Complete the questionnaire.

You have until _____ to return the completed and signed questionnaire to the requesting CBP office. You may fax your response. If a reply cannot be made by this date, please contact the CBP office by mail, telephone, or fax. If additional space is needed for your response, attach additional pages as needed. When the verification is completed, the exporter/producer will receive a written determination of the findings. The producer of a verified material will also be notified of the results of the verification of the material. The confidential business information collected on the questionnaire may only be disclosed to those authorities responsible for the administration and enforcement of determinations of origin, and of customs and revenue matters.

The questionnaire must be signed and dated by an individual who can certify as to the accuracy of the information provided in the questionnaire. Failure to complete and return this questionnaire may result in the denial of preferential treatment under the NAFTA.

SECTION I - PRODUCTION PROCESS

Provide a **brief** description of the production process for the good/material being verified.

SECTION II - NON-ORIGINATING/UNKNOWN MATERIALS OR COMPONENTS

Provide the following information for each **non-originating** material or component and for each material or component whose origin is unknown, used to produce the good being verified. If none were used, state "NONE".

Description of the material or component

HS#

HS# - Provide the six digit Harmonized System number or if the rule of origin of the good requires eight digits, supply eight.

SECTION III - ORIGINATING MATERIALS OR COMPONENTSProvide the following information for each **originating** material or component used to produce the good being verified. If none were used, state "NONE".

Description of the material or component	Basis of Originating Status	Name & Address of the Supplier or, if known , Name & Address of the Manufacturer

Description of the Material or Component:

If the material or component is self-produced (**Self-Produced material** or component is a material or component that is produced by the producer of a good and used in the production of that good) and designated as an intermediate material (**Intermediate material** is a self-produced material or component, designated by the producer, that meets the rules of origin and that is incorporated into the final good), place the letter 'D' before the name of the material or component in the table. If the material or component is self-produced but designated as an intermediate material, then each material used in the production of this self-produced material or component must be identified separately.

Basis of Originating Status:

Describe type of information (i.e. certificate of origin, affidavit, etc.) which was relied upon to determine the originating status of the material or component.

SECTION IV - ADDITIONAL QUESTIONS

Has a classification ruling been issued with respect to any of the materials or components produced? If yes, provide a copy of the ruling.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the de minimis provision used to determine whether the good being verified was originating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the good being verified an originating fungible good? If yes, check below which inventory management method you used: <input type="checkbox"/> LIFO <input type="checkbox"/> FIFO <input type="checkbox"/> Average <input type="checkbox"/> Specific Identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did any of the originating materials used in the production of the good qualify as an originating fungible material? If yes, attach a list of the materials that qualify as originating materials under the fungible materials provisions, and check below which inventory management method you used: <input type="checkbox"/> LIFO <input type="checkbox"/> FIFO <input type="checkbox"/> Average <input type="checkbox"/> Specific Identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sale of the good/material to a related person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If a Regional Value Content (RVC) was used in ascertaining whether the good being verified originates, identify the method used.	<input type="checkbox"/> Transaction Value	<input type="checkbox"/> Net Cost
What was the estimated qualifying percentage for RVC?	%	
Was the RVC calculated using accumulation? If yes, provide the name and address of each supplier.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION V - CERTIFICATION**I CERTIFY THAT** the information on this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or relevant omissions made on or in connection with this document.

Authorized Signature	Company Name (<i>Print or Type</i>)	
	Title (<i>Print or Type</i>)	
Name (<i>Last, First, MI</i>) (<i>Print or Type</i>)	Telephone Number	Date (<i>MM/DD/YYYY</i>)

PAPERWORK REDUCTION ACT NOTICE: The requested information is needed to carry out the terms of the North American Free Trade Agreement Implementation Act (NAFTA). NAFTA provides that the CBP administration may determine by means of a written Implementation Act questionnaire whether a good imported into its territory qualifies as an originating good. Obligation to respond is required to obtain benefits. Failure to provide the requested information may result in the loss of preferential tariff treatment under the NAFTA.

The estimated average burden associated with this collection of information is 2 hours per respondent or recordkeeper 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 (1651-0098), Washington, DC 20503.