

**DECLARATION OF OWNER  
FOR MERCHANDISE OBTAINED (OTHERWISE THAN) IN PURSUANCE  
OF A PURCHASE OR AGREEMENT TO PURCHASE**

19 CFR 24.11(a)(1), 141.20

This declaration must be presented at the port of entry within 90 days after the date of entry in order to comply with Section 485(d), of the Tariff Act of 1930. **LINE OUT EACH PHRASE SHOWN IN ITALICS NOT APPLICABLE TO THIS DECLARATION.**

1. NAME OF OWNER		2. ADDRESS OF OWNER (STREET, CITY, STATE, ZIP CODE)		3. SUPERSEDING BOND SURETY CODE	
4. PORT OF ENTRY	5. PORT CODE	6. IMPORTER NUMBER OF AUTHORIZED AGENT (SHOW HYPHENS)		7. VESSEL/CARRIER ARRIVED FROM	
8. IMPORTER NUMBER OF OWNER (SHOW HYPHENS)		9. ENTRY NUMBER	10. DATE OF ENTRY		11. DATE OF ARRIVAL

*I, the undersigned, representing the above named owner in the capacity indicated herein, declare that they are the actual owners for CBP purposes of the merchandise covered by the entry identified in Blocks 9 and 10 above, and that they will pay all additional and increased duties thereon pursuant to Section 485(d), of the Tariff Act of 1930, and that such entry exhibits a full and complete account of all the merchandise imported by them in the vessel identified in the entry and obtained by them (otherwise than) in pursuance of a purchase, or an agreement to purchase, except as listed in columns 20-26 below.*

*I also declare to the best of my knowledge and belief that all statements appearing in the entry and in the invoice or invoices and other documents presented therewith and in accordance with which the entry was made, are true and correct in every respect; that the entry and invoices set forth the true prices, values, quantities, and all information as required by the law and the regulations made in pursuance thereof; that the invoices and other documents are in the same state as when received; that I have not received and do not know of any other invoice, paper, letter, document, or information showing a different currency, price, value, quantity, or description of the said merchandise; and that if any time hereafter I discover any information showing a different state of facts, I will immediately make the same known to the Port Director of CBP at the port of entry.*

*I further declare, if the merchandise was entered by means of a seller's or shipper's invoice, that no CBP invoice for any of the merchandise covered by the said seller's or shipper's invoice can be produced due to causes beyond my control, and that if entered by means of a statement of the value or the price paid in the form of an invoice it is because neither seller's, shipper's, nor CBP invoice can be produced at this time.*

12. EXCEPTIONS (IF ANY)		13. NOMINAL CONSIGNEE OR AUTHORIZED AGENT FILED BY:	
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14. I REQUEST THAT:

<input type="checkbox"/> BILLS, REFUNDS, AND NOTICES OF LIQUIDATION	<input type="checkbox"/> BILLS ONLY
<input type="checkbox"/> CHECKS FOR REFUNDS ONLY	<input type="checkbox"/> NOTICES OF LIQUIDATION ONLY

BE ADDRESSED TO ME IN CARE OF THE AUTHORIZED AGENT WHOSE IMPORTER NUMBER IS SHOWN ABOVE.

15. SIGNATURE OF PRINCIPAL MEMBER OF FIRM <b>X</b>	16. DATE	17. ADDRESS OF PRINCIPAL MEMBER OF FIRM (STREET, CITY, STATE, ZIP CODE)
18. TITLE		

19. EXECUTE THIS PORTION ONLY IF OWNER DOES NOT HAVE AN IMPORT NUMBER (I.E., HAS NOT FILED CBP FORM **5106**)

IRS EMPLOYER NUMBER OF FIRM OWNER	SUFFIX	NAME
OR IF NO EMPLOYER NUMBER: SSN OF INDIVIDUAL OWNER		ADDRESS (STREET, CITY, STATE, ZIP CODE)
OR IF NEITHER OF THE ABOVE NUMBERS: CUSTOMS SERIAL NUMBER		<b>NOTE:</b> IF OWNER HAS NO IRS OR SOCIAL SECURITY NUMBER OR A CBP SERIAL NUMBER HAS NOT BEEN PREVIOUSLY ASSIGNED, FILE AN ADDITIONAL COPY OF THIS FORM. THE COPY WILL BE RETURNED TO OWNER WITH A CBP SERIAL NUMBER ASSIGNED. SUCH NUMBER SHALL BE USED BY OWNER IN ALL FUTURE CBP TRANSACTIONS REQUIRING THE IMPORTER NUMBER.

20. NUMBER OF PACKAGES	21. SELLER OR SHIPPER	22. PLACE AND DATE OF INVOICE	23. AMOUNT PAID OR TO BE PAID IN FOREIGN CURRENCY	24. RATE OF EXCHANGE	25. ENTERED VALUE (FOREIGN CURRENCY)	26. ENTERED VALUE (U.S. DOLLARS)

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 1651-0093. The estimated average time to complete this application is 6 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, 799 9th Street, NW., Washington DC 20229.

Statement required by 5 CFR 1320.21: The estimated average burden associated with this collection of information is 6 minutes 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 (1651-0093), Washington, DC 20503.

Privacy Act Notice: The following information is provided as required by the Privacy Act of 1974 (P.L. 93-579):

1. The disclosure of the social security number on CBP Form 3347 is mandatory.
2. The regulatory authority for requesting the social security number on CBP Form 3347 is 19 CFR 24.5(a).
3. When the importer of record has declared at the time of entry that they are not the actual owner of the merchandise, the social security number shown on CBP Form 3347 will identify the actual owner and establish liability for any increased duties and taxes.