



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

OMB CONTROL NO. 1651-0004  
EXPIRATION DATE: 11/30/2024

**APPLICATION FOR EXPORTATION OF ARTICLES UNDER SPECIAL BOND**

19 CFR 10.38

**INSTRUCTIONS:** The CBP Form 3495, Application for Exportation of Articles Under Special Bond, will only be required when merchandise has been designated for examination. In those instances in which an export examination has been designated, the importer/broker is required to submit the form prior to exportation to the Port Director or his/her designee. It shall be the responsibility of the importer of record to ensure the CBP Form 3495 is presented to the port of exportation in sufficient time to perform the examination. The Port Director at the port of exportation will determine the time frame for presentation of the form prior to exportation.

**IMPORTER/AGENT EXPORT INFORMATION**

FROM: <i>(Importer or Agent)</i>			TO: CBP Port Director <i>(Email and Address)</i>		
Name <i>(Last, First, MI)</i> :			Port Email:		
Street Address Line 1:			Street Address Line 1:		
Street Address Line 2:			Street Address Line 2:		
City:	State:	Zip Code:	City:	State:	Zip Code:

**NOTE:** Please attach copy of export invoice describing articles to be exported.

Name of Exporting Carrier:	Date of Departure:	Country of Origin:	No. of Export Packages:
Port of Entry:	Entry Number:	Date:	Date Bonded Period Expires:
Date Articles Available for CBP Examination:	Signature of Importer or Agent:		Date:

**FOR CBP USE ONLY**

**NOTICE TO IMPORTER TO DELIVER ARTICLES TO BE EXAMINED AND IDENTIFIED FOR EXPORTATION**

Place of CBP Examination:

CBP Port Director: By:	Date:
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**REPORT OF EXAMINATION**

The articles covered by this application have been examined and agree with the invoice in content and No. of export pkgs. and are approved for export.

No. of Export Packages:	Date of Delivery for Exportation:	Marks or Numbers on Export Packages:
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The articles covered by this application do not agree with the invoice in content or in number of packages as follows:

Officer Initials:                      Badge No.:                      Date:

**REPORT OF EXPORTATION**

Home of Exporting Conveyance: *(Vessel, Railroad, Airline and Flight Number)*

Date of Departure:	Manifest No.:	Officer Initials:	Badge No.:
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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 1651-0004. Obligation to respond is required to Obtain Benefits. The estimated average time to complete this application is 8 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Trade, Regulations and Rulings, 90 K Street, NE., Washington DC 20002.

(CBP Officer must upload one copy of this form to [DIS](#) for the port of origin upon exportation.)