

*Please read carefully before completing your documents inside.*

#### 1. COMMERCE CUSTOMS & TRANSPORTATION ORDER FORM

Please complete the enclosed Customers Order Form, ensuring that all fields, including credit card information, are filled.  
N.B. Goods cannot be returned to the U.S.A. after the show unless I.R.S./Tax, I.D./E.I.N. number is provided.

#### 2. CANADA CUSTOMS DOCUMENTATION (Photocopies are acceptable)

Enclosed is a Canada Customs invoice. **AN EXAMPLE FOR COMPLETION PURPOSES IS ENCLOSED.**

How to complete the Canada Customs Invoice:

- A. Fill in all information required on the Canada Customs Invoice, (Follow example enclosed.)
- B. Three (3) completed Canada Customs invoices must be attached to your Truck Bill of Lading, Air Waybill or Ocean Bill of Lading.
- C. The Bill of Lading or Air Waybill, all Customs documents and labels must be marked "NOTIFY COMMERCE FOR CUSTOMS CLEARANCE".
- D. Fax copies of the Canada Customs invoice, ORDER FORM, Truck Bill of Lading, Air Waybill, or Ocean Bill of Lading (and a copy of the FCC Information Sheet, if required).
- E. Retain a photocopy of all documents for your records and your on-site COMMERCE REPRESENTATIVE.

#### 3A. ITEMS NOT OF U.S.A. ORIGIN AND TO BE RETURNED TO U.S.A. AFTER EVENT

##### VERY IMPORTANT:

For any items you are shipping to Canada that are not of U.S.A., origin but have been shipped from the U.S.A., the U.S. Certificate of Registration (Form 4455) contained in this brochure is required. This form must accompany the shipment to Canada **and must be signed by U.S. Customs prior to coming to Canada.**

Complete the 4455 as per the example and **MARK IN THE BODY OF YOUR BILL OF LADING OR AIR WAYBILL:**

**"CERTIFICATE OF REGISTRATION 4455 ATTACHED. GOODS MUST BE IDENTIFIED BY U.S. CUSTOMS AT PORT OF EXIT AND CERTIFIED COPIES TO BE GIVEN TO COMMERCE AT DESTINATION".**

#### 3B. ITEMS THAT EMIT OR ARE CAPABLE OF EMITTING RADIATION

Goods of this type: high voltage vacuum tube or switch, industrial X-ray systems, laser light show, microwave heating products, microwave ovens, CD players, etc., require an FDA Radiation Form when they are returned to the U.S.A. Please complete the enclosed FDA Radiation Form to ensure your goods are not delayed upon return. Send the FDA Radiation Form with your Commerce Order Form.

#### 3C. ITEMS THAT EMIT OR ARE CAPABLE OF EMITTING RADIO FREQUENCIES

Goods of this type: T.V.'s, communications equipment, computer equipment, monitors, microwaves, etc., require a Federal Communications Commission Statement when they are returned to the U.S.A. Please complete the enclosed F.C.C. Information Sheet to ensure your goods are not delayed upon return. Send the F.C.C. Form with your Commerce Order Form. Fax the F.C.C. Form to Commerce with a copy of the Order Form, the Canada Customs Invoice and your Bill of Lading or Air Waybill.

#### 4. SHIPPING INSTRUCTIONS

Before shipping by Parcel Courier, i.e., UPS; call Commerce Customs Brokers for advice. We strongly suggest that all exhibitors DO NOT ship by parcel courier, or parcel post mail.

- A) Exhibition goods shipped by common surface carrier should be scheduled to arrive and be available for Customs processing one week prior to show opening.

Exceptions:

**AIRFREIGHT – Schedule to arrive 3 days prior to show opening.**

**VAN LINE SHIPMENTS –** May be sent direct to show site and should be scheduled to arrive on the appropriate move in day.

- B) All shipments **MUST BE SENT PREPAID.**

C) For direct delivery shipments: all Truck Bills of Lading, Ocean Bills of Lading, Air Waybills and shipping labels should be addressed consigned to:

Exhibitor Name:

Booth:

Name of Event:

Location:

City/Prov: Zip Code:

Notify: COMMERCE for Customs Clearance.

#### 5. PRIVATE/COMPANY VEHICLES

For goods being transported to Canada by: company, rented, personal or other non-Canada Customs Bonded method of transport; Canada Customs Invoices (and Certificate of Registration Form and F.C.C. Information Form if applicable), must accompany the shipment. You **MUST** notify us in advance with:

- A. Date and estimated time of crossing.
- B. Specific border crossing point.
- C. Total value and brief description of the goods.
- D. Driver's Name, Vehicle License Number and State shown on License Plate.
- E. A fax copy will be required for all appropriate forms including the Order Form.

This information should be provided to our office one week prior to entering Canada.

#### 6. AIRLINE HAND BAGGAGE

If you are bringing exhibit or commercial goods as airline baggage, in most cases "Formal" Customs clearance is required.

Contact our office at least one week in advance of your flight so arrangements can be made. Canada Customs Invoices (and Certificate of Registration Form and F.C.C. Information Form if applicable), must accompany the individual carrying the materials. A facsimile copy will be required for all appropriate forms including the Order Form.

#### 7. SHOW SITE PROCEDURES

The show site has been declared a bonded area for the entire event. Under no circumstances are any goods to be removed without prior consent of COMMERCE. COMMERCE can provide the following services:

- A) Return of goods to your stated destination.  
Export Documents, Bill of Lading and labels supplied by COMMERCE.
- B) Arrange Customs clearance of those goods remaining in Canada. The applicable duties and taxes must be paid prior to removal from the show site.
- C) Arrange in-bond transfer of goods to be displayed at another Canada Customs recognized event.
- D) Coordinate under Customs supervision the destruction of non-returning items.
- E) Note: COMMERCE is not responsible for lost, stolen or damaged freight.  
All goods should be insured; prior to; during; and after the show.



**The Commerce  
Trade Show  
Logistics Group Ltd.**

**T 905.673.5445  
F 905.673.2574  
Toll Free 1.888.827.7469**

**CUSTOMS AND TRANSPORTATION ORDER FORM**

Complete and return all Custom and Shipping forms to the fax number indicated above. Forms must be received by The Commerce Trade Show Logistics Group Ltd. prior to the move in of your event.

**Commerce can only process Customers, Transportation and/or related functions with a valid credit card.**

Individual Customs Order Forms must be used for multiple shipments. *(photocopy as required)*

Exhibiting Company Name <i>ABC COMPANY</i>		Exhibit will be shipped from: <i>(city &amp; intended shipping date)</i> <i>NEW YORK NEW YORK</i>	
Name of Event <i>XYZ ANNUAL EVENT</i>		Federal Tax I.D. #, Exporter Identification # or I.R.S. # <i>00-0000000</i>	
Event Facility <i>XYZ Convention Centre</i>	Booth # <i>1149</i>	No. of Pieces <i>2</i>	Weight <i>2000</i>
Event Dates <i>(M/D/YY)</i>		Selected Carrier <i>XYZ Transportation</i>	

Our Company representative at the event will be: *John Doe*

and can be reached at: *ABC Hotel*  
*(name and telephone number of hotel - for emergency purposes only)*

At the completion of the event all shipments will be shipped to:

Company Name <i>ABC Company</i>		Contact Name <i>John Doe</i>	
Address <i>100 – 5<sup>th</sup> Avenue</i>		City <i>New York</i>	State/Province <i>New York</i>
Zip Code/Postal Code <i>00000</i>	Tel. # <i>(212) 555-1212</i>	Fax # <i>(212) 555-1212</i>	

**BILLING INFORMATION**

Please indicate below method of payment you will be using for services provided:

Master Card       Visa       American Express

Credit Card Account Number: *12345678912*      Expiration Date: *01/10*

Name of Cardholder: *John Doe*      Authorized Signature: *John Doe*

Please forward copies of invoice to:

Company name: *ABC Company*      Contact Name: *John Doe*

Address: *100 – 5<sup>th</sup> Avenue*      City: *New York*      State/Province: *New York*

Zip Code/Postal Code: *00000-0000*      Tel. # *(212) 555-1212*      Fax # *(212) 555-1212*

**Attention: The Commerce Trade Show Logistics Group Ltd. please accept this Order Form as your authority to effect customs clearance of our shipment. Commerce will process all Customs & related charges on the credit card that is listed above. A statement will also be issued to the address listed above.**

**Any Carriers/Cartage companies that are providing a service for Commerce on behalf of the client listed above will receive a separate billing on the above credit card. This will only apply to Shows where the carriers/cartage company has a contracted agreement with Commerce.**

**Commerce will not be responsible for any goods delayed, lost, damaged, or stolen prior to, during or after the event. Exhibitors are therefore urged to carry all -risk insurance covering their materials.**



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**Commerce can only process Customers, Transportation and/or related functions with a valid credit card.**

Individual Customs Order Forms must be used for multiple shipments. *(photocopy as required)*

Exhibiting Company Name		Exhibit will be shipped from: <i>(city &amp; intended shipping date)</i>	
Name of Event		Federal Tax I.D. #, Exporter Identification # or I.R.S. #	
Event Facility	Booth #	No. of Pieces	Weight
Event Dates		Selected Carrier	

Our Company representative at the event will be: \_\_\_\_\_

and can be reached at: \_\_\_\_\_

*(name and telephone number of hotel - for emergency purposes only)*

At the completion of the event all shipments will be shipped to:  
Company Name

Contact Name

Address		City	State/Province
Zip Code/Postal Code	Tel. #	Fax #	

**BILLING INFORMATION**

Please indicate below method of payment you will be using for services provided:

Master Card                       Visa                       American Express

Credit Card Account Number: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_                      Authorized Signature: \_\_\_\_\_

Please forward copies of invoice to:

Company name: \_\_\_\_\_                      Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_                      City: \_\_\_\_\_                      State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_                      Tel. # \_\_\_\_\_                      Fax # \_\_\_\_\_

**Attention: The Commerce Trade Show Logistics Group Ltd. please accept this Order Form as your authority to effect customs clearance of our shipment. Commerce will process all Customs & related charges on the credit card that is listed above.**

*A statement will also be issued to the address listed above.*

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**Commerce will not be responsible for any goods delayed, lost, damaged, or stolen prior to, during or after the event.**

*Exhibitors are therefore urged to carry all -risk insurance covering their materials.*



1. Vendor (Name and Address) / <i>Vendeur (Nom et adresse)</i> <i>Name and Address of Shipper</i>		2. Date of Direct Shipment to Canada / <i>Date d'expédition directe vers le Canada</i> <i>Date Shipped Must Be Shown</i>		3. Other References (Include Purchaser's Order No.) <i>Exporter's I.R.S./Tax I.D./E.I.N. Number Must Be Shown</i>	
4. Consignee (Name and Address) / <i>Destinataire (Nom et adresse)</i> <i>Name of Exhibitor / Booth Number</i> <i>Name of Event, Facility's Name, Street Address</i> <i>City, Province Postal Code</i> <i>Notify: COMMERCE for Customs Clearance</i>		5. Purchaser's Name and Address (if other than Consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) <i>For Display Purposes Only</i>			
VII. 1 is this a related company transaction? <i>Est-ce que les compagnies sont liées entre elles?</i>  Yes <input type="checkbox"/> No <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/>		6. Country of Transshipment / <i>Pays de transbordement</i>		7. Country of Origin of Goods / <i>Pays d'origine de marchandises</i> <i>U.S.A., Japan Etc. Must be Shown</i>	
8. Transportation: Give Mode and Place of Direct Shipment to Canada <i>Transport: Préciser mode et lieu d'expédition direct vers le Canada</i>  <i>Name of Carrier (Please Use "Canada Customs Bonded Carrier")</i>  <i>Place of Loading</i>		9. Condition of Sale and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) <i>Conditions de vente et modalités de paiement</i> (p. ex. vente, expédition en consignation, location de marchandises, etc.) <i>No Sale Involved</i>		10. Currency of Settlement / <i>Devises du paiement</i> <i>Must Be Shown</i>	
11. No. of pkgs <i>Nbre de colis</i>	12. Specification of Commodities (Kind of Packages, Marks and Number, General Description and Characteristics i.e. Grade Quality) <i>Désignation des articles (Nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)</i>	13. Quantity (State Unit) <i>Quantité (Préciser l'unité)</i>	Selling Price / <i>Prix de vente</i>		
			14. Unit price <i>Price unitaire</i>	15. Total	
2 pcs	#1, #2 Wooden Crates Containing Display Booth K.D., (Backwalls, Lights, Carpet, Graphics) and/or Description of Product for Display	1	5,000.00	5,000.00	
2 pcs	Cartons of Technical / Promotional Literature	5,000	.15	750.00	
1 pc	Cartons of Letter Openers	50	.50	25.00	
1 pc	Carton of Bottle Openers	50	1.00	50.00	
<i>Notify: COMMERCE for Customs Clearance</i>					
XI. 1 Total number of Pieces / <i>Nombre total de Pieces</i> <i>6 Pcs. (Total Number of Pieces Must Be Shown)</i>					
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <i>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette case</i>  Commercial Invoice No. / <i>N° de la facture commerciale</i> <input type="checkbox"/>		16. Total Weight / <i>Poids total</i>		17. Invoice Total <i>Total de la facture</i> <i>Total Value Must Be Shown</i>	
		Net		Gross / <i>412 Kilos</i>	
19. Exporter's Name and Address (if other than Vendor) <i>Nom et adresse de l'exportateur (s'il diffère de vendeur)</i>  <i>Complete this Box when the shipper is OTHER than the Owner of these Goods (Contact Name, Company Name, Address, Telephone Number, Etc.)</i>		20. Originator (Name and Address) <i>Expéditeur d'origine (Nom et adresse)</i> <i>Same as Shipper</i> <i>Indicate Telephone Number and Contact Name (Person who has knowledge of this shipment)</i>			
21. Departmental Ruling (if applicable) <i>Décision ministérielle (s'il y a lieu)</i>		22. If fields 23 to 25 are not applicable, check this box <i>Si les zones 23 à 25 sont sans objet, cocher cette case</i> <input type="checkbox"/>			
23. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i>  \$ _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada <i>Les coûts de construction, de montage et d'assemblages après importation au Canada</i>  \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i>  \$ _____		24. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i>  \$ _____ (ii) Amounts for commissions other than buying commissions <i>Les commissions autres que celles versées pour l'achar</i>  \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i>  \$ _____		25. Check (if applicable) <i>Cocher (s'il y a lieu)</i> (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser <i>Des redevances ou produits ultérieurs ont été ou seront versés par l'acheteur</i>  <input type="checkbox"/> (ii) The purchaser has supplied goods and services for use in the production of these goods <i>L'acheteur a fourni des biens ou des services pour la production de ces marchandises.</i>  <input type="checkbox"/>	



1. Vendor (Name and Address) / <i>Vendeur (Nom et adresse)</i>		2. Date of Direct Shipment to Canada / <i>Date d'expédition directe vers le Canada</i>	
4. Consignee (Name and Address) / <i>Destinataire (Nom et adresse)</i>		3. Other References (Include Purchaser's Order No.)	
5. Purchaser's Name and Address (if other than Consignee) <i>Nom et adresse de l'acheteur (s'il diffère du destinataire)</i>		6. Country of Transshipment / <i>Pays de transbordement</i>	
VII. 1 is this a related company transaction? <i>Est-ce que les compagnies sont liées entre elles?</i>  Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Oui <input type="checkbox"/> Non <input type="checkbox"/></i>		7. Country of Origin of Goods <i>Pays d'origine de marchandises</i> <small>IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. S'IL L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES EN PRÉCISER LA PROVENANCE EN 12.</small>	
8. Transportation: Give Mode and Place of Direct Shipment to Canada <i>Transport: Préciser mode et lieu d'expédition direct vers le Canada</i>		9. Condition of Sale and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) <i>Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.)</i>	
		10. Currency of Settlement / <i>Devises du paiement</i>	
11. No. of pkgs <i>Nbre de colis</i>	12. Specification of Commodities (Kind of Packages, Marks and Number, General Description and Characteristics i.e. Grade Quality) <i>Désignation des articles (Nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)</i>	13. Quantity (State Unit) <i>Quantité (Préciser l'unité)</i>	Selling Price / <i>Prix de vente</i>
			14. Unit price <i>Price unitaire</i>
			15. Total
XI. 1 Total number of Pieces / <i>Nombre total de Pieces</i>			
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <i>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette case</i>  Commercial Invoice No. / <i>N° de la facture commerciale</i> <input type="checkbox"/>		16. Total Weight / <i>Poids total</i> Net <input type="checkbox"/> Gross / <input type="checkbox"/>	17. Invoice Total <i>Total de la facture</i>
19. Exporter's Name and Address (if other than Vendor) <i>Nom et adresse de l'exportateur (s'il diffère de vendeur)</i>		20. Originator (Name and Address) <i>Expéditeur d'origine (Nom et adresse)</i>	
21. Departmental Ruling (if applicable) <i>Décision ministérielle (s'il y a lieu)</i>		22. If fields 23 to 25 are not applicable, check this box <i>Si les zones 23 à 25 sont sans objet, cocher cette case</i> <input type="checkbox"/>	
23. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada <i>Les coûts de construction, de montage et d'assemblages après importation au Canada</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____	24. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Amounts for commissions other than buying commissions <i>Les commissions autres que celles versées pour l'achar</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____	25. Check (if applicable) <i>Cocher (s'il y a lieu)</i> (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser <i>Des redevances ou produits ultérieurs ont été ou seront versés par l'acheteur</i> <input type="checkbox"/>  (ii) The purchaser has supplied goods and services for use in the production of these goods <i>L'acheteur a fourni des biens ou des services pour la production de ces marchandises.</i> <input type="checkbox"/>	



DO NOT WRITE IN SHADED AREAS

DO NOT WRITE IN SHADED AREAS

MAKE COPIES AND ATTACH THREE (3) COPIES TO YOUR BILL OF LADING

Form Approved OMB No. 48 -R0247

**COMPLETE WHEN GOODS  
ARE NOT OF U.S.A. ORIGIN**

No. \_\_\_\_\_

VIA ( <i>Carrier</i> ) <i>Name of Trucking Company, Airline, etc.</i>	B/L or INSURED NO. <i>Complete if Available</i>	DATE <i>Must be Shown</i>
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NAME, ADDRESS AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED <i>(If Applicable)</i>  <i>ABC Company 3405 American Drive, Unit 7 Mississauga, Ontario L4V 1T6</i>	<b>ARTICLES EXPORTED FOR:</b>	
	<input type="checkbox"/> ALTERATION * <input type="checkbox"/> REPAIR * <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> PROCESSING * <input type="checkbox"/> OTHER, (specify)  <b>- EXHIBITION</b> * NOTE: The cost or value of alterations, repairs or processing abroad is subject to Customs duty.

**LIST ARTICLES EXPORTED**

NUMBER PACKAGES	KIND OF PACKAGES	DESCRIPTION
<i>3 Crates (1 - 3)</i>	<i>Wooden Crates as Addressed</i>	<i>Crate #1 - (Make / Brand Name) Model A - Computer Serial #123 - Made in Japan            Crate #2 - (Make / Brand Name) Model A - Computer Serial #456 - Made in Hong Kong            Crate #3 - (Make / Brand Name) Model A - Computer Serial #789 - Made in Taiwan</i>
		EXPORTER: <i>ABC Company 123 Main Street New York, New York 10001</i> TO: ( <i>Consignee</i> ) <i>ABC Company % Machinery Show, Booth #333 Name &amp; Address of Event Facility</i>

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign) TYPE NAME _____ SIGN NAME _____	TEL: ( ) _____	DATE: _____
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**THE ABOVE -DESCRIBED ARTICLES WERE:**

EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CUSTOMS OFFICER		SIGNATURE OF CUSTOMS OFFICER	

**CERTIFICATE ON RETURN**

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (see reverse if needed)

*If your list of goods exceeds the available space — prepare your list (as above) on a separate sheet and mark on this form "Exhibition Material as per Attached". Please attach a copy of your list to each copy of the 4455 forms.*

**IMPORTANT:** Be sure to mark the following in the body of your Air Waybill or Bill of Lading: U.S. Certificate of Registration Form 4455 Attached. Goods must be examined by U.S. Customs prior to export from U.S.A. and certified copies must be given to Commerce at show site.

SIGNATURE OF IMPORTER (Print or Type <u>and</u> Sign)	DATE
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**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**



[ ]

DO NOT WRITE IN SHADED AREAS

MAKE COPIES AND ATTACH THREE (3) COPIES TO YOUR BILL OF LADING

Form Approved OMB No. 48 -R0247

**COMPLETE WHEN GOODS  
ARE NOT OF U.S.A. ORIGIN**

No.
-----

VIA <i>(Carrier)</i>	B/L or INSURED NO.	DATE
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NAME, ADDRESS AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED <i>(If Applicable)</i>	<b>ARTICLES EXPORTED FOR:</b>	
	<input type="checkbox"/> ALTERATION * <input type="checkbox"/> REPAIR * <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> PROCESSING * <input type="checkbox"/> OTHER, (specify)  <b>-EXHIBITION</b> * NOTE: The cost or value of alterations, repairs or processing abroad is subject to Customs duty.

**LIST ARTICLES EXPORTED**

NUMBER PACKAGES	KIND OF PACKAGES	DESCRIPTION
		EXPORTER: _____ TO: <i>(Consignee)</i> _____

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign) TYPE NAME _____ SIGN NAME _____	TEL: ( ) _____	DATE: _____
---	----------------	-------------

**THE ABOVE -DESCRIBED ARTICLES WERE:**

EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CUSTOMS OFFICER		SIGNATURE OF CUSTOMS OFFICER	

**CERTIFICATE ON RETURN**

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FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

Approved by OMB  
3060-0059

**STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES  
CAPABLE OF CAUSING HARMFUL INTERFERENCE**

PART I – All Blocks MUST Be Completed				
Date of Entry	Entry Number	Port of Entry	Harmonized Tariff Number	Quantity of item (not container) <b>1</b>
<b>Do not complete shaded area</b>				
Model/Type Name or Model/type Number <b>LaserJet 4</b>	Trade Name <b>HEWLETT PACKARD</b>	** FCC ID Number <b>B94C2001A</b>	Description of Equipment <b>PRINTER</b>	
Manufacturer's Name and Address <b>HEWLETT PACKARD 11311 CHINDEN BLVD.</b>		Importer's Name and Address <b>ABC COMPANY 123 MAIN STREET</b>		
Consignee's Name and Address <b>SAME AS IMPORTER</b>		Signature of Importer or Consignee <b>ROBERT SMITH</b>	Date <b>JAN</b>	
		Print or Type Name of Importer or Consignee <b>ROBERT SMITH</b>		
<b>WARNING: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. 1001.</b>				

PART II – With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT:  
(Place an "X" in only one box.)

<b>X</b>	1. An equipment authorization has been issued by the FCC.
	2. An equipment authorization is not required but the equipment complies with FCC technical requirements.
	3. The described equipment is being imported in limited quantities for testing and evaluation for compliance with technical requirements or marketing suitability. The equipment will not be offered for sale or otherwise marketed. (See instructions.)
	4. The described equipment is being imported in limited quantities for demonstration at industry trade shows and will not be offered for sale or otherwise marketed. (See instructions.)
	5. The described equipment is being imported solely for export. It will not be offered for sale or otherwise marketed in the U.S.
	6. The described equipment is being imported for use exclusively by the U.S. Government.
	7. Three or fewer radio receivers, computers, or other unintentional radiators as defined in Part 15 of the FCC Rules, are being imported for an individual's personal use and are not intended for sale.
	8. The described equipment is being imported for repair and will not be offered for sale or otherwise marketed.

\* If shipping multiple pieces of equipment with the same Model # and FCC ID #, complete only one form.

\*\* If no FCC ID # appears on equipment, leave blank.

FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

Approved by OMB  
3060-0059

**STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES  
CAPABLE OF CAUSING HARMFUL INTERFERENCE**

PART I – All Blocks MUST Be Completed				
Date of Entry	Entry Number	Port of Entry	Harmonized Tariff Number	Quantity of item (not container)
<b>Do not complete shaded area</b>				
Model/Type Name or Model/type Number	Trade Name	** FCC ID Number	Description of Equipment	
Manufacturer's Name and Address		Importer's Name and Address		
		Signature of Importer or Consignee	Date	
Consignee's Name and Address		Print or Type Name of Importer or Consignee		
<b>WARNING: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. 1001.</b>				

PART II – With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT:  
(Place an "X" in only one box.)

	1. An equipment authorization has been issued by the FCC.
	2. An equipment authorization is not required but the equipment complies with FCC technical requirements.
	3. The described equipment is being imported in limited quantities for testing and evaluation for compliance with technical requirements or marketing suitability. The equipment will not be offered for sale or otherwise marketed. (See instructions.)
	4. The described equipment is being imported in limited quantities for demonstration at industry trade shows and will not be offered for sale or otherwise marketed. (See instructions.)
	5. The described equipment is being imported solely for export. It will not be offered for sale or otherwise marketed in the U.S.
	6. The described equipment is being imported for use exclusively by the U.S. Government.
	7. Three or fewer radio receivers, computers, or other unintentional radiators as defined in Part 15 of the FCC Rules, are being imported for an individual's personal use and are not intended for sale.
	8. The described equipment is being imported for repair and will not be offered for sale or otherwise marketed.

\* If shipping multiple pieces of equipment with the same Model # and FCC ID #, complete only one form.  
\*\* If no FCC ID # appears on equipment, leave blank.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>DECLARATION FOR PRODUCTS SUBJECT TO          RADIATION CONTROL STANDARDS</b>		Form Approved OMB No. 57-R0120 <b>INSTRUCTIONS</b> 1. Type or print with ball point pen. ( <i>One form per model #</i> ) 2. Complete one copy for U.S. Customs Commerce 3. Attach all completed copies to the Canada Customs Invoice	
<b>DISTRICT / PORT DIRECTOR OF CUSTOMS</b>			
PORT OF ENTRY  <i>For Customs Use Only</i>	ENTRY NO.  <i>For Customs Use Only</i>	DATE  <i>For Customs Use Only</i>	
<b>PRODUCT IDENTIFICATION</b>			
NAME AND ADDRESS OF MANUFACTURER:  <div style="text-align: center;"><b>MATSUI JAPAN</b></div>			
NAME AND ADDRESS OF IMPORTER OF RECORD:  <div style="text-align: center;"><b>ABC COMPANY 123 Main Street New York, New York 10001</b></div>			
ULTIMATE CONSIGNEE <i>(If not Importer of Record)</i>			
QUANTITY  <div style="text-align: center;"><b>1</b></div>	TYPE  <div style="text-align: center;"><b>COLOUR MONITOR</b></div>	BRAND NAME  <div style="text-align: center;"><b>PANASONIC</b></div>	MODEL NO.  <div style="text-align: center;"><b>EI-1611</b></div>
FOR X - RAY, LIST APPROPRIATE SYSTEMS OR COMPONENT CATEGORY  <div style="text-align: center;"><i>COMPLETE ONLY WHEN SHIPPING X -RAY EQUIPMENT</i></div>			
<b>AFFIRMATION</b> <i>(Check appropriate statement and sign)</i>			
I/WE hereby declare:			
<input type="checkbox"/>	A. That the electronic products identified above were manufactured prior to the date of any applicable electronic product performance standard.  <div style="text-align: right;">Date of Manufacture: _____</div>		
<input checked="" type="checkbox"/>	B. That the electronic products identified above comply with the performance Standards prescribed in Food and Drug Administration Rules 21 CFR 1010 which are applicable at date of manufacture and that a certificate in the form of a tag or label to this effect is affixed to each product.		
<input type="checkbox"/>	C. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but are being imported for the purpose of research, investigations, studies, demonstrations or training. An exception for these products has been or will be requested of the Director of the FDA Bureau of Radiological Health in accord with Section 360B (b) (42 U.S.C. 263j) of the Radiation Control for Health and Safety Act. They will not be introduced into commerce, and when their mission is completed they will be destroyed or exported under United States Customs Service supervision.		
<input type="checkbox"/>	D. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but that a timely and adequate petition for permission to bring the product into compliance with the applicable standard has been or will be filed with the Food and Drug Administration in accordance with 21 CFR 100.21. These products will remain under bond and not be introduced into commerce until notification is received from the Food and Drug Administration, that the products are in compliance with applicable standards.		
<b>Signature of Importer of Record</b>		<div style="text-align: center;"><b>Robert Smith</b></div>	



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION <b>DECLARATION FOR PRODUCTS SUBJECT TO          RADIATION CONTROL STANDARDS</b>	Form Approved OMB No. 57-R0120  <p style="text-align: center;"><b>INSTRUCTIONS</b></p> 1. Type or print with ball point pen. <i>(One form per model #)</i> 2. Complete one copy for U.S. Customs Commerce 3. Attach all completed copies to the Canada Customs Invoice
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**DISTRICT / PORT DIRECTOR OF CUSTOMS**

PORT OF ENTRY	ENTRY NO.	DATE
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**PRODUCT IDENTIFICATION**

NAME AND ADDRESS OF MANUFACTURER:

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NAME AND ADDRESS OF IMPORTER OF RECORD:

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ULTIMATE CONSIGNEE *(If not Importer of Record)*

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QUANTITY	TYPE	BRAND NAME	MODEL NO.
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FOR X - RAY, LIST APPROPRIATE SYSTEMS OR COMPONENT CATEGORY

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**AFFIRMATION** *(Check appropriate statement and sign)*

I/WE hereby declare:

A. That the electronic products identified above were manufactured prior to the date of any applicable electronic product performance standard.

Date of Manufacture: \_\_\_\_\_

B. That the electronic products identified above comply with the performance Standards prescribed in Food and Drug Administration Rules 21 CFR 1010 which are applicable at date of manufacture and that a certificate in the form of a tag or label to this effect is affixed to each product.

C. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but are being imported for the purpose of research, investigations, studies, demonstrations or training. An exception for these products has been or will be requested of the Director of the FDA Bureau of Radiological Health in accord with Section 360B (b) (42 U.S.C. 263j) of the Radiation Control for Health and Safety Act. They will not be introduced into commerce, and when their mission is completed they will be destroyed or exported under United States Customs Service supervision.

D. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but that a timely and adequate petition for permission to bring the product into compliance with the applicable standard has been or will be filed with the Food and Drug Administration in accordance with 21 CFR 100.21. These products will remain under bond and not be introduced into commerce until notification is received from the Food and Drug Administration, that the products are in compliance with applicable standards.

**Signature of Importer of Record** \_\_\_\_\_