

DEPARTMENT OF THE TREASURY United States Customs Service NOTICE OF INTENT TO EXPORT, DESTROY OR RETURN MERCHANDISE FOR PURPOSES OF DRAWBACK 19 CFR 191	PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act of 1995. We ask for the information in order to enforce the laws of the United States, to fulfill the Customs Regulations, to ensure that the claimant is entitled to drawback, and to have the necessary information which permits Customs to calculate and refund (or increase) the correct amount of duty and/or tax. Your response is required to obtain a benefit. The estimated average burden associated with this collection of information is 10 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to U.S. Customs Service, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1515-0213) Washington, DC 20503
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1. Exporter or Destroyer Name _____ Address _____ I.D. Number _____	2. Drawback Entry No. _____	3. Intended Action <input type="checkbox"/> Export <input type="checkbox"/> Destroy	4. Intended Date of Action _____	5. Drawback Center DATE RECEIVED <div style="border: 2px solid black; width: 100px; height: 40px; margin: 10px auto;"></div>
6. Contact Name _____ Address _____ Phone _____ Ext. _____ FAX _____				

7. Location of Merchandise	8. Method of Destruction/Location	9. Exporting Carrier Name (if known)	10. Intended Port of Export	11. Unique Identifier No.
			12. T & E No.	13. Country of Ultimate Destination

14. Import Entry No.	15. Description of Merchandise (include part number(s))	16. Drawback Amount	17. Quantity & Unit of Measure
			18. HTSUS No./Schedule B

19. Drawback to be filled as:

<input type="checkbox"/> Unused Merchandise Drawback	<input type="checkbox"/> Same Condition Drawback under NAFTA	<input type="checkbox"/> Shipped without Consent
<input type="checkbox"/> Manufacturing Drawback	<input type="checkbox"/> Distilled Spirits, Wine or Beer under	<input type="checkbox"/> Defective at Time of Importation
<input type="checkbox"/> Rejected Merchandise		<input type="checkbox"/> Not Conforming to Sample or Specifications

20. Preparer _____ X _____ Printed Name Signature Title Date	THIS FORM MUST BE SUBMITTED WITH THE DRAWBACK CLAIM
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CUSTOMS USE ONLY

21. Examination <input type="checkbox"/> Waived <input type="checkbox"/> Required (Additional information may be required if exam requested, T & E may be required)	24. Printed Name _____ Phone Number _____	28. Comments/Results of Examination or Witnessing of Destruction. (Merchandise matches invoice description)	
22. Present Merchandise to Customs at:	25. Signature & Badge No. _____ X	29. Date Destroyed or Exam Conducted	
	23. Destruction to be Witnessed by Customs <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Date _____	27. Port _____
		30. Printed Name of Examining Officer _____ Phone Number _____ Ext. _____	31. Signature & Badge No. _____ X _____ Date _____