		S. DEPARTMENT OF House of Customs an			NO.	. 1651-0010
	C	ERTIFICATE OF	REGISTRATIO	ON		
19 CFR 10.8, 10.9, 10.6 148.1, 148.8, 148.32, 14	8, <i>(N</i> (	OTE: Number of copies to be subm Inquire at Port Director's office as	itted varies with type of trans	saction.		
VIA (Carrier)		inquire at 1 of 2 process of office as	B/L or INSURED NO.	<u>u.,</u>	DATE	
NAME, ADDRESS, AND MAILED (If Applicable)	ZIP CODE TO WHICH	CERTIFIED FORM IS TO BE	ARTICLES EXPORTED FOR:			
					PROCESSING* OTHER, (specify) ations, repairs, or processing CBP duty.	
Number	Kind of	LIST AR	TICLES EXPORTED			
Packages	Packages					
■ SIGNATURE OF	OWNER OR AGENT <i>(P</i>	rint or Type <u>and</u> Sign)			DATE	
	EXAMINED	The Above-D	Described Articles Were:	LADEN under my	/ supervision	
DATE PORT			DATE	PORT	- Caper Holon	
SIGNATURE OF CBP C	OFFICER		SIGNATURE OF CBP OFFICER			
			CATE ON RETURN			
Duty-free entry is cialme	ra foi the described affic	ies as naving been exponed withou	r Delient of Grawdack and are	е гелитей инспануей б	except as noted: (use reverse if need	ieu)
SIGNATURE OF	IMPORTER (Print or Ty)				DATE	
	NOTE: Certifyi	ing officers shall draw lines t	hrough all unused spac	es with ink or inde	lible pencil.	

Paperwork Reduction Act Notice: This request is in accordance with the Paperwork Reduction Act. The information to be provided is submitted by importers/exporters. Completion of this form is mandatory and to your benefit. The estimated average burden associated with this collection of information is 3 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 Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.