



**APPLICATION TO DISTRICT DIRECTOR OF U.S. CUSTOMS SERVICE TO FILE C.F. 301 –  
CONTINUOUS BOND**

CHB Name: \_\_\_\_\_ CHB Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Importer Name: \_\_\_\_\_ Importer No: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Corporation, state of \_\_\_\_\_  Individual  Partnership  Proprietorship  Subsidiary  Foreign

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How many years with CHB: \_\_\_\_\_ Is Credit Extended? \_\_\_\_\_ Does every entry liquidate without change? \_\_\_\_\_

DESCRIBE MERCHANDISE (Attach Additional Sheet if Necessary)	Country of Origin
1.	
2.	
3.	
4.	
5.	
6.	

LAST CALENDAR YEAR			ESTIMATED NEXT CALENDAR YEAR			
MERCHANDISE	VALUE	EST. DUTIES	NO. ENTRIES	VALUE	EST. DUTIES	NO. ENTRIES

Merchandise subject to FDA?  Yes  No If FDA merchandise, Subject to Automatic Detention?  Yes  No

Anti-Dumping?  Yes  No If yes, AD/CVD Margin: \_\_\_\_\_

Duties/Taxes paid:  with entry  with entry summary  ACH Payment

HTS Number: \_\_\_\_\_ Duty Rate: \_\_\_\_\_

If Bond Currently on File-Bond Serial No.: \_\_\_\_\_ Previous Surety: \_\_\_\_\_

Does Principal have experience importing this product: \_\_\_\_\_ Has a binding ruling been obtained: \_\_\_\_\_

Importer requests that Customs approve the filing of C.F. 301 to be effective on \_\_\_\_\_

Activity Code	Activity Name and Customs Regulations in Which conditions codified	Amount Required by Customs	Activity Code	Activity Name and Customs Regulations in which codified	Amount Required By Customs
<input type="checkbox"/> 1	Importer or broker.....113.62		<input type="checkbox"/> 3	International Carrier..... 113.64	
<input type="checkbox"/> 1a	Drawback Payment Refunds..... 113.65		<input type="checkbox"/> 3a	Instruments of International Traffic..... 113.66	
<input type="checkbox"/> 3	Custodian of bonded merchandise..... 113.63 Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouses, container station operators		<input type="checkbox"/> 4	Foreign Trade Zone Operator..... 113.73	

U.S. Customs district where bond is to be filed: \_\_\_\_\_

**CERTIFICATION**

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

<p><b>CA Insurance License Number 0809244</b>  <b>600 E. Ocean Blvd., Suite 409</b>  <b>Long Beach, CA 90802</b>  <b>Tel: (562) 951-9599 Fax: (562) 951-9525</b></p>
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