

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

Approved through 01/31/96. OMB No. 1515-0068.
See back of form for Paperwork Reduction Act Notice.

REQUEST FOR INFORMATION

(General Information/Instructions on reverse)

19 CFR 151.11

3. MANUFACTURER/SELLER/SHIPPER	4. CARRIER	1. DATE OF REQUEST
6A. INVOICE DESCRIPTION OF MERCHANDISE		6. ENTRY NO.
8. COUNTRY OF ORIGIN/EXPORTATION		7. HTSUS ITEM NO.
10. TO:		9. CUSTOMS BROKER AND REFERENCE OR FILE NO.
11. FROM:		

PRODUCTION OF DOCUMENTS AND/OR INFORMATION REQUIRED BY LAW: If you have provided the information requested on this form to U.S. Customs at other ports, please indicate the port of entry to which it was supplied, and furnish a copy of your reply to this office, if possible.	A. PORT	B. DATE INFORMATION FURNISHED
---	---------	-------------------------------

12. PLEASE ANSWER INDICATED QUESTION(S)	13. PLEASE FURNISH INDICATED ITEM(S)
<input type="checkbox"/> A. Are you related (see reverse) in any way to the seller of this merchandise? If you are related, please describe the relationship, and explain how this relationship affects the price paid or payable for the merchandise. <input type="checkbox"/> B. Identify and give details of any additional costs/expenses incurred in this transaction, such as: <input type="checkbox"/> (1) packing <input type="checkbox"/> (2) commissions <input type="checkbox"/> (3) proceeds that accrue to the seller (see reverse) <input type="checkbox"/> (4) assists (see reverse) <input type="checkbox"/> (5) royalties and/or license fees (see reverse)	<input type="checkbox"/> A. Copy of contract (or purchase order and seller's confirmation thereof) covering this transaction, and any revisions thereto. <input type="checkbox"/> B. Descriptive or illustrative literature or information explaining what the merchandise is, where and how it is used, and exactly how it operates. <input type="checkbox"/> C. Breakdown of components, materials, or ingredients by weight and the actual cost of the components at the time of assembly into the finished article. <input type="checkbox"/> D. Submit samples: Article no. and description _____ _____ from container no. _____ mark(s) and no. _____ Samples consumed in analysis, and other samples whose return is not specifically requested, will not normally be returned. <input type="checkbox"/> E. See Item 14 below.

14. CUSTOMS OFFICER MESSAGE

15. REPLY MESSAGE (Please print or type. Use additional sheets if more space is needed.)

16. CERTIFICATION	It is required that an appropriate corporate/company official execute this certificate and/or endorse all correspondence in response to the information requested. (NOTE: NOT REQUIRED IF FOREIGN FIRM COMPLETES THIS FORM.)		
I hereby certify that the information furnished herewith or upon this form in response to this inquiry is true and correct, and that any samples provided were taken from the shipment covered by this entry.	A. NAME AND TITLE/POSITION OF SIGNER (Owner, Importer, or Corporate/Company Official--Print or Type)		B. SIGNATURE
			C. TELEPHONE NO.
		D. DATE	
17. CUSTOMS OFFICER (Print or Type)	18. TEAM DESIGNATION	19. TELEPHONE NO.	