

DEPARTMENT OF THE TREASURY  
UNITED STATES CUSTOMS SERVICE

Approved Through 03/31/97  
OMB No. 1515-0154  
For Paperwork Reduction Act  
Notice, see back of form.

CUSTOMS USE ONLY

SUBMIT ORIGINAL  
AND ONE COPY  
INSTRUCTIONS  
ON REVERSE

ANNUAL USER FEE  
DECAL REQUEST

19 CFR 24.22

|                 |                                                                          |                  |
|-----------------|--------------------------------------------------------------------------|------------------|
| 1. REQUEST DATE | 2. CALENDAR YEAR FOR WHICH DECAL(S) REQUESTED (January 1 to December 31) | DATE ISSUED      |
|                 |                                                                          | ISSUED BY        |
|                 |                                                                          | CASH RECEIPT NO. |

|                                      |                                                                |
|--------------------------------------|----------------------------------------------------------------|
| 3. SHIP DECALS TO (Name and Address) | 4. NAME, ADDRESS AND PHONE NUMBER OF CONTACT PERSON (Required) |
|--------------------------------------|----------------------------------------------------------------|

5. TYPE OF PROCESSING FEE (Check One Only)

(1)  Commercial Truck(s), U.S./**Canada** Border. U.S. Customs Fee Only. (\$100 each)

(2)  Commercial Truck(s), U.S./**Mexico** Border. U.S. Customs: \$100 AND APHIS: \$40. (\$140 each)

(3)  Private Boat(s) (\$25 each)

(4)  Private Aircraft (\$25 each)

| LINE | (A) DESCRIPTION                         | (B) UNIQUE IDENTIFIERS                                                                                                                                                          | (C) CUSTOMS USE ONLY |
|------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|      | (1) MAKE<br>(2) MODEL<br>(3) MODEL YEAR | TRUCKS: (1) VIN; (2) Current Base License Plate Number(s)<br>VESSELS: (1) Name; (2) Hull No.; (3) All Current Registration Nos.<br>AIRCRAFT: (1) Aircraft Tail No.; (2) Country | (Decal Number)       |
| 1    |                                         |                                                                                                                                                                                 |                      |
| 2    |                                         |                                                                                                                                                                                 |                      |
| 3    |                                         |                                                                                                                                                                                 |                      |
| 4    |                                         |                                                                                                                                                                                 |                      |
| 5    |                                         |                                                                                                                                                                                 |                      |
| 6    |                                         |                                                                                                                                                                                 |                      |
| 7    |                                         |                                                                                                                                                                                 |                      |
| 8    |                                         |                                                                                                                                                                                 |                      |
| 9    |                                         |                                                                                                                                                                                 |                      |
| 10   |                                         |                                                                                                                                                                                 |                      |

IF SPACE FOR ADDITIONAL CONVEYANCES IS NEEDED, CONTINUE LIST ON ANOTHER FORM. IF ADDITIONAL FORMS ARE USED, INDICATE PAGE COUNT. (Example: 2 of 3)

6. PAGE \_\_\_\_\_ of \_\_\_\_\_

|                                                                                                                 |                            |                           |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 7. SIGNATURE OF OWNER OR OPERATOR<br><i>I certify that the information in this request is true.</i><br><b>X</b> | 8. TOTAL NUMBER OF DECALS* | 9. TOTAL FEES PAID*<br>\$ |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|

(Print or type full name)

\*Indicate Totals On Last Page Only, When More Than One Page Is Used.