

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

Bond Serial No. _____ C.H.B. Name: _____
 Importer Name: _____ Importer No.: _____
 Street: _____ State: _____ Zip Code: _____

Describe Merchandise (Attach additional sheet if necessary)	Country of Origin
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Last Calendar Year				Estimate Next Calendar Year		
Type Merchandise	Value	Est. Duties	No. Entries	Value	Est. Duties	No. Entries
Dutiable	\$ _____	_____	_____	\$ _____	_____	_____
Conditionally free	\$ _____	_____	_____	\$ _____	_____	_____
Unconditionally free	\$ _____	_____	_____	\$ _____	_____	_____

Total amount of Penalties & Liquidated Damages Assessed: _____ Total number of cases: _____
 Importer requests that customs approve the filing of C.F. 301
 Continuous in an amount determined by customs to be effective on _____

Activity	Activity Name and Customs Regulations	BOND AMOUNT	Requested	Approved	Activity	Activity Name and Customs Regulations	BOND AMOUNT	Requested	Approved
<input type="checkbox"/> 1	Importer or Broker 113.62	\$ _____			<input type="checkbox"/> 3	International Carrier 113.64	_____		
<input type="checkbox"/> 1a	Drawback Payment Returns . 113.65	_____			<input type="checkbox"/> 3a	Instruments Int'l Traffic 113.66	_____		
<input type="checkbox"/> 2	Custodian of bonded Merchandise 113.63	_____			<input type="checkbox"/> 4	Foreign Trade Zone Operator . 113.73	_____		
	(Includes bonded carrier, freight for- wards, cartmen and lightermen, all classes of warehouses, container station operations)	_____			<input type="checkbox"/> 5	Public Gauger 113.67	_____		

U.S. Customs District where bond is to be filed: _____
 Other district through which I will import: _____

LIST CURRENT TERM. ANNUAL OR CONTINUOUS BONDS – E.G. 7553, 7595, 3581, ETC.(Attach add. Sheet if necessary)				
Bond Type	Bond Amount	Effective Date	Surety	Where Filed
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Local district additional information _____

Year in
Business
 Proprietorship
 Partnership
 Corporation
 Individual

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: _____

 (Type Name)

 (Signature)