



DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB APPROVAL NO. 1651-0029
EXPIRATION DATE 2/28/2022

APPLICATION FOR FOREIGN-TRADE ZONE ADMISSION AND/OR STATUS DESIGNATION

19 CFR 146.22, 146.32, 146.35-146.37, 146.39-146.41, 146.44, 146.53, 146.66

ZONE LOCATION (Address) ADDRESS: _____		ZONE NO.		CENSUS USE ONLY	
CITY: _____ STATE: _____ ZIP CODE: _____		PORT CODE			
IMPORTING VESSEL (& FLAG)/OTHER CARRIER		EXPORT DATE	IMPORT DATE	ZONE ADMISSION NO.	
U.S. PORT OF UNLADING		FOREIGN PORT OF LADING		BILL OF LADING/AWB NO.	INWARD M'FEST NO.
INBOND CARRIER		I.T. NO. AND DATE		I.T. FROM (Port)	
STATISTICAL INFORMATION FURNISHED DIRECTLY TO BUREAU OF CENSUS BY APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NO. OF PACKAGES AND COUNTRY OF ORIGIN CODE	DESCRIPTION OF MERCHANDISE	HTSUS NO.	QUANTITY (HTSUS)	GROSS WEIGHT	SEPARATE VALUE & AGGR CHGS.
I hereby apply for admission of the above merchandise into the Foreign-Trade Zone. I declare to the best of my knowledge and belief that the above merchandise is not prohibited entry in the Foreign-Trade Zone within the meaning of section 3 of the Foreign-Trade Zones Act of 1934, as amended, and section 146.31, Customs Regulations.					
I hereby apply for the status designation indicated: <input type="checkbox"/> NONPRIVILEGED FOREIGN (19 CFR 146.42) <input type="checkbox"/> PRIVILEGED FOREIGN (19 CFR 146.41) <input type="checkbox"/> ZONE RESTRICTED (19 CFR 146.44) <input type="checkbox"/> DOMESTIC (19 CFR 146.43)					
APPLICANT FIRM NAME		BY (Signature)		TITLE	DATE
F.T.Z. AGREES TO RECEIVE MERCHANDISE INTO THE ZONE		FOR THE F.T.Z. OPERATOR (Signature)		TITLE	DATE
PERMIT	Permission is hereby granted to transfer the above merchandise into the Zone.	PORT DIRECTOR OF CBP: BY (Signature)		TITLE	DATE
PERMIT	The above merchandise has been granted the requested status.	35. PORT DIRECTOR OF CBP: BY (Signature)		TITLE	DATE
PERMIT TO TRANSFER	The goods described herein are authorized to be transferred: <input type="checkbox"/> without exception <input type="checkbox"/> except as noted below				
	CBP OFFICER AT STATION (Signature)		TITLE	STATION	DATE
	RECEIVED FOR TRANSFER TO ZONE (Driver's Signature)		CARTMAN	CHL NO.	DATE
FTZ OPERATOR'S REPORT OF MERCHANDISE RECEIVED AT ZONE	To the Port Director of CBP: The above merchandise was received at the Zone on the date shown except as noted below:				
	FOR THE FTZ OPERATOR (Signature)		TITLE	DATE	
Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0029.					
The estimated average time to complete this application is 15 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street NE, Washington, DC 20229					