

U.S. DEPARTMENT OF HOMELAND SECURITY Bureau of Customs and Border Protection NOTICE OF INTENT TO EXPORT, DESTROY OR RETURN MERCHANDISE FOR PURPOSES OF DRAWBACK 19 CFR 191		PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to enforce the laws of the United States, to fulfill the Customs Regulations, to ensure that the claimant is entitled to drawback, and to have the necessary information which permits CBP to calculate and refund (or increase) the correct amount of duty and/or tax. Your response is required to obtain a benefit. The estimated average burden associated with this collection of information is 10 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0075) Washington, DC 20503													
1. Exporter or Destroyer Name _____ Address _____ I.D. Number _____		2. Drawback Entry No. _____	3. Intended Action <input type="checkbox"/> Export <input type="checkbox"/> Destroy	4. Intended Date of Action (mm/dd/yyyy) _____	5. Drawback Center										
		6. Contact Name _____ Address _____ Phone _____ Ext. _____ FAX _____			DATE RECEIVED <div style="border: 2px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>										
7. Location of Merchandise	8. Method of Destruction/Location	9. Exporting Carrier Name (if known)	10. Intended Port of Export	11. Unique Identifier No.											
			12. T & E No.	13. Country of Ultimate Destination											
14. Import Entry No.	15. Description of Merchandise (include part number(s))		16. Drawback Amount	17. Quantity & Unit of Measure											
				18. HTSUS No./Schedule B											
19. Drawback to be filled as: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Unused Merchandise Drawback</td> <td><input type="checkbox"/> Same Condition Drawback under NAFTA</td> <td><input type="checkbox"/> Shipped without Consent</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing Drawback</td> <td><input type="checkbox"/> Distilled Spirits, Wine or Beer under</td> <td><input type="checkbox"/> Defective at Time of Importation</td> </tr> <tr> <td><input type="checkbox"/> Rejected Merchandise</td> <td></td> <td><input type="checkbox"/> Not Conforming to Sample or Specifications</td> </tr> </table>							<input type="checkbox"/> Unused Merchandise Drawback	<input type="checkbox"/> Same Condition Drawback under NAFTA	<input type="checkbox"/> Shipped without Consent	<input type="checkbox"/> Manufacturing Drawback	<input type="checkbox"/> Distilled Spirits, Wine or Beer under	<input type="checkbox"/> Defective at Time of Importation	<input type="checkbox"/> Rejected Merchandise		<input type="checkbox"/> Not Conforming to Sample or Specifications
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20. Preparer _____ X _____ Printed Name Signature Title Date				THIS FORM MUST BE SUBMITTED WITH THE DRAWBACK CLAIM											
CBP USE ONLY															
21. Examination <input type="checkbox"/> Waived <input type="checkbox"/> Required (Additional information may be required if exam requested, T & E may be required)	24. Printed Name _____ Phone Number _____		28. Comments/Results of Examination or Witnessing of Destruction. (Merchandise matches invoice description)												
22. Present Merchandise to CBP at:	25. Signature & Badge No. _____ X		29. Date Destroyed or Exam Conducted		31. Signature & Badge No. _____										
23. Destruction to be Witnessed by CBP <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Date	27. Port	30. Printed Name of Examining Officer _____ Phone Number _____ Ext _____		Date _____										