

**APPLICATION TO PORT DIRECTOR U.S. CUSTOMS SERVICE  
TO FILE C.F. 301 — CONTINUOUS**

Bond Serial No: \_\_\_\_\_ CHB Name: \_\_\_\_\_  
 Importer Name: \_\_\_\_\_ Importer Number: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Last Calendar Year				Estimate Next Calendar Year		
Type Merchandise	Value	Est. Duties	No. Entries	Value	Est. Duties	No. Entries
Dutiable						
Conditionally Free						
Unconditional Free						
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>

Total amount of Penalties & Liquidation 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 Code	Activity Name and Customs Regulation in which conditions codified	Bond Amount		Activity Code	Activity Name and Customs Regulation in which conditions codified	Bond Amount	
		Requested	Approved			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 Refunds.. 113.65			<input type="checkbox"/> 3a	Instrument of International Traffic..... 113.66		
<input type="checkbox"/> 2	Custodian of Bonded Merchandise ..... 113.63 (Includes bonded carriers, freight forwarders, cartmen and lightermen. all classes of warehouses, container station operators)			<input type="checkbox"/> 4	Foreign Trade Zone Operator..... 113.73		
				<input type="checkbox"/> 5	Public Gauger..... 113.67		

U S. Customs district where bond is to be filed: \_\_\_\_\_

Other districts through which I will import: \_\_\_\_\_

LIST CURRENT ANNUAL BONDS (Attach additional sheet if necessary)				
BOND TYPE	BOND AMOUNT	EFFECTIVE DATE	SURETY	WHERE FILED
1.				
2.				
3.				
4.				
5.				

State of Incorporation: \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Local district additional information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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: \_\_\_\_\_

(Signature)