



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

OMB CONTROL NUMBER: 1651-0011
EXPIRATION DATE: 03/31/2025

**DECLARATION FOR FREE ENTRY
OF RETURNED AMERICAN PRODUCTS**

19 CFR 10.1, 10.66, 10.67, 12.41, 123.4, 143.23,

PORT	DATE	ENTRY NO. & DATE
NAME OF MANUFACTURER		CITY AND STATE OF MANUFACTURE
REASON FOR RETURN		U.S. DRAWBACK PREVIOUSLY <input type="checkbox"/> CLAIMED <input type="checkbox"/> UNCLAIMED
		PREVIOUSLY IMPORTED UNDER HTSUS 9813.00.05? <input type="checkbox"/> YES <input type="checkbox"/> NO
MARKS, NUMBERS, AND DESCRIPTION OF ARTICLES RETURNED		VALUE*
<p>* If the value of the article is \$10,000 or more and the articles are not clearly marked with the name and address of U.S. manufacturer, please attach copies of any documentation or other evidence that you have that will support or substantiate your claim for duty free status as American Goods Returned.</p>		
<p>I declare that the information given above is true and correct to the best of my knowledge and belief; that the articles described above are the growth, production, and manufacture of the United States and are returned without having been advanced in value or improved in condition by any process of manufacture or other means; that no drawback bounty, or allowance have been paid or admitted thereon, or on any part thereof; and that if any of exportation of articles with benefit of drawback <input type="checkbox"/> was <input type="checkbox"/> were filed upon exportation of the merchandise from the United States, such notice(s) <input type="checkbox"/> has <input type="checkbox"/> have been abandoned.</p>		
NAME OF DECLARANT (Last, First, MI)	TITLE OF DECLARANT	
NAME OF CORPORATION OR PARTNERSHIP (If any)	SIGNATURE (See note)	
SIGNATURE OF AUTHORIZING CBP OFFICER		
<p>NOTE: If the owner or ultimate consignee is a corporation, this form must be signed by the president, vice president, secretary, or treasurer of the corporation, or by any employee or agent of the corporation who holds a power of attorney and a certificate by the corporation that such employee or agent has or will have knowledge of the pertinent facts.</p>		
<p>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 1651-0011. The obligation to respond is required to obtain benefits. The estimated average time to complete this application is 6 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Trade, Regulations and Rulings, 90 K Street, NE., Washington DC 20002.</p>		

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a (e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY:

U.S Customs and Border Protection (CBP) is authorized to collect the information requested on this form pursuant to 19 CFR 10.1, 10.66, 10.67, 12.41, 123.4 and 144.23 and the collection of information is in a manner consistent with 5 CFR 1320.5(d)(2); Chapter 98, subchapter I, Harmonized Tariff Schedule of the United States.

PURPOSE:

CBP is requesting this collection of information to be used by CBP to collect information from the importer or authorized agent when a duty-free entry claim is made for goods that were manufactured in the United States (U.S.), previously exported, and are returning to the U.S. under the Harmonized Tariff Schedule of the United States.

ROUTINE USES:

The information requested on this form may be shared externally, as a "routine use" with appropriate federal, state, local, tribal, or foreign governmental agencies, or multilateral governmental organizations, to assist DHS in investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, order, license, or treaty or when DHS determines that the information would assist in the enforcement of civil or criminal laws. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/CBP-001 Import Information System." The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Providing this information is voluntary. However, failure to provide the information will result in CBP not being able to assess eligibility for such an allowance.