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

CHB Name: _____ Contact Name: _____ Phone: _____
 Contact Email: _____ Website: _____
 Importer Name: _____ Importer Number: _____
 Years in Business: _____ Corporation, state of _____ Individual Partnership Proprietorship Subsidy Foreign
 Street: _____ City: _____ State: _____ Zip: _____
 How many years with CHB? _____ Is credit extended? Yes No Does every entry liquidate without change? Yes No

DESCRIBE MERCHANDISE (Attach additional sheet if necessary)	COUNTRY OF ORIGIN
1.	
2.	
3.	
4.	
5.	

LAST CALENDAR YEAR				ESTIMATE NEXT CALENDAR YEAR		
Type Merchandise	Value	Est. Duties	No. Entries	Value	Est. Duties	No. Entries

Total amount of Penalties & Liquidation Damages assessed: _____ Total number of cases: _____
 Merchandise subject to FDA? Yes No If FDA merchandise, Subject to Automatic Detention? Yes No
 Anti-Dumping? Yes No If yes, AD/CVD _____ Duties/Taxes paid With entry With entry summary ACH Payment
 HTS Number _____ Duty Rate _____
 If Bond Currently on file – Bond Serial No. _____ Previous Surety _____
 Importer requests that customs approve the filing of C.F. 301 Continuous in an amount determined by Customs to be effective _____

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 Merchandise113.63 (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: _____

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: _____ DATE: _____
 TITLE: _____

(signature)