

**APPLICATION TO FILE
C.F. 301 - CONTINUOUS BOND
ACTIVITY CODE 2
(113.63)**

1) FEDERAL I.D. NUMBER (I.R.S.#) OR SSN#: _____

2) NAME & ADDRESS OF FIRM (IF INDIVIDUAL: FIRST, MIDDLE, LAST NAME)

3) BUSINESS PHONE NUMBER: (_____) _____

4) THE BOND WILL COVER (CHECK AS APPROPRIATE)

_____ CARTMAN	_____ CONTAINER STATION OPERATOR
_____ COMMON CARRIER	_____ PROPRIETORS WAREHOUSE(S)
_____ FOREIGN TRADE ZONE	_____ CENTRALIZED EXAMINATION STATION

5) IF A COMMON CARRIER, STATE THE PORTS WHERE YOU WILL BE TRANSPORTING MERCHANDISE TO AND FROM:

_____/_____/_____
_____/_____/_____

6) IF CONTAINER STATION(S) OR PROPRIETORS WAREHOUSE(S) GIVE THE EXACT PHYSICAL LOCATION(S) OF EACH.

A _____	B _____	C _____
_____	_____	_____
_____	_____	_____

7) TYPE OF MERCHANDISE HANDLED: (CHECK AS APPROPRIATE)

GENERAL MERCHANDISE ALCOHOL TOBACCO

8) HAVE YOU BEEN OPERATING AS A CUSTOMS APPROVED CUSTODIAN (ie. HOLDING A CUSTOMS CUSTODIAL LICENSE) IN THE PAST OR PRESENTLY?

YES NO

PLEASE LIST THE PORT(S) WHERE YOU HAVE BEEN APPROVED TO OPERATE:

WHAT IMPORTER NUMBER(S) HAVE/DO YOU USE(D) WHEN OPERATING AS A CUSTOMS APPROVED CUSTODIAN? PLEASE LIST ALL NUMBERS:

CERTIFICATION

I CERTIFY THAT THE FACTUAL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE AND IS BASED UPON THE BEST INFORMATION AVAILABLE ON THE DATE OF THIS APPLICATION.

(TYPE OR PRINT NAME)

(TITLE)

(SIGNATURE)

(DATE)