

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

OMB No. 1651-0024
Exp. 08-31-2018

ENTRY/IMMEDIATE DELIVERY

19 CFR 142.3, 142.16, 142.22, 142.24, 149.3

HEADER INFORMATION		
1. PORT OF ENTRY:	2. BOND TYPE: <input type="checkbox"/> Single Transaction Bond <input type="checkbox"/> Continuous Bond <input type="checkbox"/> No Bond Required	3. IMPORTER NUMBER: IRS: _____ SSN: _____ CBP Assigned: _____
4. ENTRY NUMBER:	5. BOND VALUE:	6. ENTRY VALUE:
7. ENTRY TYPE:	8. SURETY CODE:	9. PORT OF UNLOADING:
10. MODE OF TRANSPORTATION: <input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Hard Carry <input type="checkbox"/> Other	11. LOCATION OF GOODS (FIRMS):	12. G.O. NUMBER:
HEADER REFERENCE INFORMATION – FILER DEFINED		
13. REFERENCE ID CODE:	14. REFERENCE NUMBER (UP TO 50 CHARACTERS):	
HEADER PARTIES (MUST APPLY TO ENTIRE ENTRY; IF NOT, SKIP TO LINE INFORMATION)		
16. HEADER PARTY TYPE:	17. HEADER PARTY TYPE NAME / ADDRESS	18. HEADER ID #, IF APPLICABLE
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party <input type="checkbox"/> Ship To Party <input type="checkbox"/> Stuffing Location <input type="checkbox"/> Consolidator <input type="checkbox"/> Booking Party		IRS: _____ SSN: _____ CBP Assigned: _____
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party <input type="checkbox"/> Ship To Party <input type="checkbox"/> Stuffing Location <input type="checkbox"/> Consolidator <input type="checkbox"/> Booking Party		IRS: _____ SSN: _____ CBP Assigned: _____
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party <input type="checkbox"/> Ship To Party <input type="checkbox"/> Stuffing Location <input type="checkbox"/> Consolidator <input type="checkbox"/> Booking Party		IRS: _____ SSN: _____ CBP Assigned: _____
19. CERTIFICATION		20. CBP USE ONLY
I hereby make application for entry/immediate delivery. I certify that the above information is accurate, the bond is sufficient, valid, and current, and that all requirements of 19 CFR Part 142 have been met.		<input type="checkbox"/> OTHER AGENCY ACTION REQUIRED, NAMELY: <input type="checkbox"/> CBP EXAMINATION REQUIRED. <input type="checkbox"/> ENTRY REJECTED, BECAUSE:
SIGNATURE OF APPLICANT:		
PHONE NUMBER:	DATE:	
BROKER OR OTHER GOVT. AGENCY USE		
		DELIVERY AUTHORIZED:
		SIGNATURE: DATE:
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 1651-0024. The estimated average time to complete this application is 15 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, Washington DC 20229.		

21. LINE INFORMATION			
HTS CODE:	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description:	VALUE:	COUNTRY OF ORIGIN:
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party <input type="checkbox"/> Ship To Party <input type="checkbox"/> Stuffing Location <input type="checkbox"/> Consolidator <input type="checkbox"/> Booking Party	LINE NAME / ADDRESS:	LINE ID NUMBER, IF APPLICABLE: IRS: _____ SSN: _____ CBP Assigned: _____	
HTS CODE:	HTS / COMMERCIAL / DESCRIPTION: <input type="checkbox"/> HTS <input type="checkbox"/> Commercial/Invoice Description:	VALUE:	COUNTRY OF ORIGIN:
LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party <input type="checkbox"/> Ship To Party <input type="checkbox"/> Stuffing Location <input type="checkbox"/> Consolidator <input type="checkbox"/> Booking Party	LINE NAME / ADDRESS:	LINE ID NUMBER, IF APPLICABLE: IRS: _____ SSN: _____ CBP Assigned: _____	
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LINE PARTY TYPE: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Buying Party <input type="checkbox"/> Consignee <input type="checkbox"/> Selling Party <input type="checkbox"/> Ship To Party <input type="checkbox"/> Stuffing Location <input type="checkbox"/> Consolidator <input type="checkbox"/> Booking Party	LINE NAME / ADDRESS:	LINE ID NUMBER, IF APPLICABLE: IRS: _____ SSN: _____ CBP Assigned: _____	
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BILL OF LADING INFORMATION			
22. <input type="checkbox"/> Non-AMS	23. BOL TYPE: <input type="checkbox"/> In-Bond <input type="checkbox"/> Master <input type="checkbox"/> House <input type="checkbox"/> Regular/Simple		
24. SCAC / CARRIER ID:	25. BOL NUMBER:	26. QUANTITY:	27. UNIT OF MEASURE:
28. VOYAGE / FLT TRIP:	29. CONVEYANCE:	30. ARRIVAL / DATE:	