



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

OMB APPROVAL NO. 1651-0029  
EXPIRATION DATE 2/28/2022

## APPLICATION FOR FOREIGN-TRADE ZONE ADMISSION AND/OR STATUS DESIGNATION

19 CFR 146.22, 146.32, 146.35-146.37, 146.39-146.41, 146.44, 146.53, 146.66

**CENSUS USE ONLY**

1. ZONE LOCATION ( <i>Address</i> )  ADDRESS: _____  CITY: _____ STATE: _____ ZIP CODE: _____			2. ZONE NO.			
			3. PORT CODE			
3. IMPORTING VESSEL (& FLAG)/OTHER CARRIER		4. EXPORT DATE ( <i>mm-dd-yyyy</i> )		5. IMPORT DATE ( <i>mm-dd-yyyy</i> )		6. ZONE ADMISSION NO.
7. U.S. PORT OF UNLADING		8. FOREIGN PORT OF LADING		9. BILL OF LADING/AWB NO.		10. INWARD M'FEST NO.
11. INBOND CARRIER		12. I.T. NO. AND DATE  I.T Number _____ ( <i>mm-dd-yyyy</i> )		13. I.T. FROM ( <i>Port</i> )		
14. STATISTICAL INFORMATION FURNISHED DIRECTLY TO BUREAU OF CENSUS BY APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO						
15. NO. OF PACKAGES AND COUNTRY OF ORIGIN CODE	16. DESCRIPTION OF MERCHANDISE		17. HTSUS NO.	18. QUANTITY (HTSUS)	19. GROSS WEIGHT	20. SEPARATE VALUE & AGGR CHGS.
			21. HARBOR MAINTENANCE FEE (19 CFR 24.24)			
22. I hereby apply for admission of the above merchandise into the Foreign-Trade Zone. I declare to the best of my knowledge and belief that the above merchandise is not prohibited entry in the Foreign-Trade Zone within the meaning of section 3 of the Foreign-Trade Zones Act of 1934, as amended, and section 146.31, Customs Regulations.						
23. I hereby apply for the status designation indicated: <input type="checkbox"/> NONPRIVILEGED FOREIGN (19 CFR 146.42) <input type="checkbox"/> PRIVILEGED FOREIGN (19 CFR 146.41) <input type="checkbox"/> ZONE RESTRICTED (19 CFR 146.44) <input type="checkbox"/> DOMESTIC (19 CFR 146.43)						
24. APPLICANT FIRM NAME  Last Name _____ First Name _____ MI _____		25. BY ( <i>Signature</i> )		26. TITLE		27. DATE ( <i>mm-dd-yyyy</i> )
<b>F.T.Z. AGREES TO RECEIVE MERCHANDISE INTO THE ZONE</b>		28. FOR THE F.T.Z. OPERATOR ( <i>Signature</i> )		29. TITLE		30. DATE ( <i>mm-dd-yyyy</i> )
<b>PERMIT</b>	Permission is hereby granted to transfer the above merchandise into the Zone.	31. PORT DIRECTOR OF CBP: BY ( <i>Signature</i> )		32. TITLE		33. DATE ( <i>mm-dd-yyyy</i> )
<b>PERMIT</b>	The above merchandise has been granted the requested status.	34. PORT DIRECTOR OF CBP: BY ( <i>Signature</i> )		35. TITLE		36. DATE ( <i>mm-dd-yyyy</i> )
37. The goods described herein are authorized to be transferred: <input type="checkbox"/> Without exception <input type="checkbox"/> Except as noted below						
<b>PERMIT TO TRANSFER</b>	38. CBP OFFICER AT STATION ( <i>Signature</i> )		39. TITLE		40. STATION	41. DATE ( <i>mm-dd-yyyy</i> )
	42. RECEIVED FOR TRANSFER TO ZONE ( <i>Driver's Signature</i> )		43. CARTMAN		44. CHL NO.	45. DATE ( <i>mm-dd-yyyy</i> )

<b>FTZ OPERATOR'S REPORT OF MERCHANDISE RECEIVED AT ZONE</b>	46. To the Port Director of CBP: The above merchandise was received at the Zone on the date shown except as noted below:		
	47. FOR THE FTZ OPERATOR <i>(Signature)</i>	48. TITLE	49. DATE <i>(mm-dd-yyyy)</i>

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 1651-0029.

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.