



## Customs Clearance & Transportation Services

*CMTS - Canadian Manufacturing Technology Show 2013  
September 30<sup>th</sup> – October 3<sup>rd</sup>, 2013 at the International Centre*

### **Customs:**

The services of an Official Customs Broker are strongly recommended for all shipments originating outside of Canada. This will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation resulting in these same materials arriving too late or not at all. **The Commerce Trade Show Logistics Group Ltd.** will assist all Exhibitors with their temporary imports, permanent entries & export of Exhibit Materials.

Exhibitors using their own broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

### **Shipping (US, International, Domestic & Local Cartage):**

The Commerce Trade Show Logistics Group has developed a competent and cost effective transportation offering, which is focused on time sensitive freight which is crucial in the Meetings, Conventions and Trade Show Industry. We have created an extremely reliable network of agents throughout the world to transport Exhibit materials via Land, Sea or Air.

**For Customs or Transportation quotes and/or information please fax or email  
your completed forms too:**

**Tel:** 905-673-5445 **Fax:** 905-673-2574 **Toll Free:** 1-888-827-SHOW (7469)

**Brian Moore,** [brianm@commerctradeshows.com](mailto:brianm@commerctradeshows.com) (Transportation Services)

**Gary Sebastian,** [garys@commerctradeshows.com](mailto:garys@commerctradeshows.com) (Transportation Services)

**Beverly Carson,** [beverlyc@commerctradeshows.com](mailto:beverlyc@commerctradeshows.com) (Customs Services)

**Rob Parr,** [robp@commerctradeshows.com](mailto:robp@commerctradeshows.com) (Customs Services)



### **Advance Show Receiving and Cartage Order Form**

Shipments will be accepted at the Advance Warehouse 30 days prior to the Event's 1<sup>st</sup> move-in date.

**The Commerce Trade Show Logistics Group Ltd.** offers **FREE** Advance Show Storage LTL SHIPMENTS ONLY! when using **The Commerce Trade Shows Logistics Group Ltd.** as their Carrier. Please also complete the "Customs Clearance and Transportation Services Order Form" which is enclosed.

#### **Shipper Information:**

|                          |               |
|--------------------------|---------------|
| Event Name:              |               |
| Exhibiting Company Name: | Booth #:      |
| Contact Name:            | Cell:         |
| Email:                   |               |
| Carrier:                 |               |
| # of Pieces:             | Total Weight: |

#### **Invoice Address Information:**

|               |             |             |
|---------------|-------------|-------------|
| Company Name: |             |             |
| Address:      |             |             |
| City:         | Prov/State: | Postal/Zip: |
| Contact Name: | Tel:        | Fax:        |
| Email:        |             |             |

#### **Terms of Payment (MUST BE COMPLETED IN FULL)**

|  |                               |                                     |   |
|--|-------------------------------|-------------------------------------|---|
| Charge to:   | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| Card Holder Name:  |                               |                                     |   |
| Credit Card Number:  |                               |                                     |   |
| Expiry Date (mm/yy):   |                               | Security Code:                      |   |
| Card Holder's Signature:   |                               |                                     |   |
| The credit card provided will be authorized for payment of services related to this order. Please be advised that a 30% delinquent surcharge will be applied for declined cards. |                               |                                     |   |

#### **Information to Appear on Shipping Label(s):**

|   |
|---|
| Exhibitor's Name/Booth Number                               |
| <b>Canadian Manufacturing Technology Show 2013</b>          |
| c/o Commerce Trade Show Logistics Group Ltd / ABF           |
| 15 Strathearn   |
| Brampton, ON, L6T 4P1                                       |
| <b>**NOTIFY: COMMERCE LOGISTICS FOR CUSTOMS CLEARANCE**</b> |

**The Commerce Trade Show Logistics Group Ltd.** offers **FREE** Advance Show Storage LTL SHIPMENTS ONLY! when using **The Commerce Trade Shows Logistics Group Ltd.** as their Carrier. Please also complete the "Customs and Transportation Services Order Form" which is enclosed.

**ADVANCED SHIPMENTS TO THE WAREHOUSE: \$30.00 PER 100LBS (MINIMUM 300LBS)**

**Advance Warehouse services do not include Material Handling services provided by the General Services Contractor for the Show.**

**ADVANCE WAREHOUSE SERVICES INCLUDE DELIVERY TO THE SHOW SITE ONLY. THERE IS NO POST SHOW WAREHOUSE SERVICE. ALL CARRIERS MUST PICK UP FROM SHOW SITE DIRECTLY AT THE CONCLUSION OF THE SHOW.**

**\*\*\*\*This form MUST be completed in full and sent to us PRIOR to shipping to the Warehouse.\*\*\*\***



### Checklist of Forms

- ☐ Customs and Transportation Services Order Form (**Mandatory**)
- ☐ Canada Customs Invoice (**Mandatory**)
- ☐ Advance Show Receiving and Cartage Order Form (**Mandatory if using Advance Warehouse**)
- ☐ Certificate of Registration (Form 4455)
- ☐ Statement Regarding the Importation of Radio Frequency Devices Capable of Causing Harmful Interference (FCC Form 740)
- ☐ Declaration for Products Subject to Radiation Control Standards (Form FDA 2877)

**\*\*Please note:** All forms must be completed and returned to Commerce (via email and fax)

Please read carefully before completing your documents inside.

**1. COMMERCE CUSTOMS & TRANSPORTATION ORDER FORM**

Please complete the enclosed Commerce Order Form, ensuring that all fields, including credit card information, are filled.

N.B. Goods cannot be returned to the U.S. after the show unless I.R.S/Tax I.D/E.I.N number is provided

**2. CANADA CUSTOMS DOCUMENTATION (PHOTOCOPIES ARE ACCEPTABLE)**

Enclosed is a Canada Customs Invoice. **AN EXAMPLE FOR COMPLETION PURPOSES IS ENCLOSED.**

How to complete the Canada Customs Invoice:

- A. Fill in a information required on the Canada Customs Invoice (Follow example enclosed)
- B. 3 completed Canada Customs Invoices must be attached to your Truck Bill of Lading, Air Waybill, or Ocean Bill of Lading.
- C. The Bill of Lading or Air Waybill, all Customs documents & labels must be marked **"NOTIFY COMMERCE FOR CUSTOMS CLEARANCE"**
- D. Fax copies of the Canada Customs Invoice, ORDER FORM, Truck Bill of Lading, Air Waybill, or Ocean Bill of Lading (& a copy of the FCC Information Sheet if required)
- E. Retain a photocopy of all documents for your records & your on-site COMMERCE REPRESENTATIVE.

**3a. ITEMS NOT OF U.S. ORIGIN & TO BE RETURNED TO U.S. AFTER EVENT****VERY IMPORTANT:**

For items you are shipping to Canada that are not of U.S. origin but have been shipped from the U.S, the U.S. Certificate of Registration (Form 4455) contained in this brochure is required. This form must accompany the shipment to Canada & **must be signed by U.S. Customs prior to coming to Canada.**

Complete the 4455 as per the example & **MARK IN THE BODY OF YOUR BILL OF LADING OR AIR WAYBILL:**

**"CERTIFICATE OF REGISTRATION 4455 ATTACHED. GOODS MUST BE IDENTIFIED BY U.S. CUSTOMS AT PORT OF EXIT AND CERTIFIED COPIES TO BE GIVEN TO COMMERCE AT DESTINATION."**

**3b. ITEMS THAT EMIT OR ARE CAPABLE OF EMITTING RADIATION**

Goods of this type: High voltage vacuum tube or switch, industrial X-Ray systems, laser light show, microwave heating products, microwave ovens, CD Players, etc. Require an FDA Radiation Form when they are returned to the U.S. Please complete the enclosed FDA Radiation Form to ensure your goods are not delayed upon return. Send the FDA Radiation Form with your Commerce Order Form.

**3c. ITEMS THAT EMIT OR ARE CAPABLE OF EMITTING RADIO FREQUENCIES**

Goods of this type: T.V's, communications equipment, monitors, microwaves, etc. Require a Federal Communications Commission Statement when they are returned to the U.S. Please complete the enclosed FCC Information Sheet to ensure your goods are not delayed upon return. Send the FCC Form with your Commerce Order Form. Fax the FCC Form to Commerce with a copy of the Order Form, Canada Customs Invoice & Bill of Lading or Air Waybill.

**4. SHIPPING INSTRUCTIONS**

Before shipping by Parcel Courier, i.e., UPS; call Commerce Customs Brokers for advice. We strongly suggest that all exhibitors **DO NOT** ship by parcel courier, or parcel post mail.

- A. Exhibition goods shipped by common surface carrier should be scheduled to arrive & be available for Customs processing 1 week prior to show opening.

**Exceptions:**

**AIRFREIGHT – Schedule to arrive 3 days prior to show opening.**

**VAN LINE SHIPMENTS** – May be sent direct to show site and should be scheduled to arrive on the appropriate move-in day.

- A. All shipments **MUST BE SENT PREPAID**
- B. For direct delivery shipments: all Truck Bill of Lading, Ocean Bill of Lading, Air Waybills & shipping labels should be addressed consigned to:

**Exhibitor Name:**

**Booth Number:**

**Name of Event:**

**Location:**

**City/Province:**

**Zip Code:**

**Notify: COMMERCE FOR CUSTOMS CLEARANCE**

**5. PRIVATE/COMPANY VEHICLES**

For goods being transported to Canada by: company, rented, personal or other non-Canada Customs Bonded method of transport; Canada Customs Invoices (Certificate of Registration Form & FCC Information Form if applicable), must accompany the shipment. You **MUST** notify us in advance with:

- A. Date and estimated time of crossing.
- B. Specific border crossing point.
- C. Total value and brief description of the goods.
- D. Driver's Name, Vehicle License Number and State shown on License Plate.
- E. A fax copy will be required for all appropriate forms including the Order Form.

This information should be provided to our office two weeks prior to entering Canada.

**6. AIRLINE HAND BAGGAGE**

If you are bringing exhibit or commercial goods as airline baggage, in most cases "Formal" Customs clearance is required.

Contact our office at least 1 week in advance of your flight so arrangements can be made. Canada Customs Invoices (Certificate of Registration Form & FCC Information Form if applicable), must accompany the individual carrying the materials.

A facsimile copy will be required for all appropriate forms including the Order Form.

**7. SHOW SITE PROCEDURES**

The show site has been declared a bonded area for the entire event. Under no circumstances are any goods to be removed without prior consent of COMMERCE.

COMMERCE can provide the following services:

- A. Return of goods to your stated destination.  
Export Documents, Bill of Lading and labels supplied by COMMERCE.
- B. Arrange Customs clearance of those goods remaining in Canada. The applicable duties and taxes must be paid prior to removal from the show site.
- C. Arrange in-bond transfer of goods to be displayed at another Canada Customs recognized event.
- D. Coordinate under Customs supervision the destruction of non-returning items.
- E. Note: COMMERCE is not responsible for lost, stolen or damaged freight. All goods should be insured; prior to; during; and after the show.

**Customs and Transportation Services Order Form**

 Please accept as your authority for Customs and/or Transportation Services/ **Services Required:**
☐ Customs Clearance & Transportation

☐ Customs Clearance Only

☐ Transportation Only

|                  |                      |                  |                         |                  |
|------------------|----------------------|------------------|-------------------------|------------------|
| Pick up Address  | <b>Company Name:</b> |                  | <b>Company Name:</b>    |                  |
|                  | <b>IRS #:</b>        |                  | <b>Show Name:</b>       | <b>Booth #:</b>  |
|                  | <b>Address:</b>      |                  | <b>Address:</b>         |                  |
|                  | <b>City:</b>         |                  | <b>City:</b>            |                  |
|                  | <b>State/Prov:</b>   | <b>Zip/Post:</b> | <b>State/Prov:</b>      | <b>Zip/Post:</b> |
|                  | <b>Contact:</b>      |                  | <b>On-Site Contact:</b> |                  |
|                  | <b>Phone:</b>        | <b>Fax:</b>      | <b>Cell:</b>            |                  |
|                  | <b>Email:</b>        |                  | <b>Email:</b>           |                  |
| Delivery Address | <b>Company Name:</b> |                  | <b>Company Name:</b>    |                  |
|                  | <b>Address:</b>      |                  | <b>Address:</b>         |                  |
|                  | <b>City:</b>         |                  | <b>City:</b>            |                  |
|                  | <b>State/Prov:</b>   | <b>Zip/Post:</b> | <b>State/Prov:</b>      | <b>Zip/Post:</b> |
|                  | <b>Contact:</b>      |                  | <b>Contact:</b>         |                  |
|                  | <b>Phone:</b>        | <b>Fax:</b>      | <b>Fax:</b>             |                  |
|                  | <b>Email:</b>        |                  | <b>Email:</b>           |                  |
|                  | <b>Email:</b>        |                  | <b>Email:</b>           |                  |
| Bill To          | <b>Company Name:</b> |                  | <b>Company Name:</b>    |                  |
|                  | <b>Address:</b>      |                  | <b>Address:</b>         |                  |
|                  | <b>City:</b>         |                  | <b>City:</b>            |                  |
|                  | <b>State/Prov:</b>   | <b>Zip/Post:</b> | <b>State/Prov:</b>      | <b>Zip/Post:</b> |
|                  | <b>Contact:</b>      |                  | <b>Contact:</b>         |                  |
|                  | <b>Phone:</b>        | <b>Fax:</b>      | <b>Fax:</b>             |                  |
|                  | <b>Email:</b>        |                  | <b>Email:</b>           |                  |
|                  | <b>Email:</b>        |                  | <b>Email:</b>           |                  |
| Return Freight   | <b>Company Name:</b> |                  | <b>Company Name:</b>    |                  |
|                  | <b>Address:</b>      |                  | <b>Address:</b>         |                  |
|                  | <b>City:</b>         |                  | <b>City:</b>            |                  |
|                  | <b>State/Prov:</b>   | <b>Zip/Post:</b> | <b>State/Prov:</b>      | <b>Zip/Post:</b> |
|                  | <b>Contact:</b>      |                  | <b>Contact:</b>         |                  |
|                  | <b>Phone:</b>        | <b>Fax:</b>      | <b>Fax:</b>             |                  |
|                  | <b>Email:</b>        |                  | <b>Email:</b>           |                  |
|                  | <b>Email:</b>        |                  | <b>Email:</b>           |                  |

**Terms of Payment and Security Deposit –MUST BE COMPLETED IN FULL**

|  |              |                  |
|--|--------------|------------------|
| <b>Charge to</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express   |              |                  |
| Card Holder Name:  | Title:       |                  |
| Credit Card Number:  | Expiry Date: | Security Number: |
| I hereby authorize the use of this credit card for payment of services related to this order form. I understand that declined credit cards are subject to a 30% surcharge. |              |                  |
| Card Holder Signature:   | Date:        |                  |

**Shipment Information**

|  |                            |              |                       |  |                     |
|--|----------------------------|--------------|-----------------------|--|---------------------|
| <b>Carrier (If not using Commerce Logistics):</b>  |                            |              |                       |  |                     |
| <b>Pick up Date:</b>   |                            | <b>Time:</b> | <b>Delivery Date:</b> |  | <b>Time:</b>        |
| <b># of Pieces</b>   | <b>Dimensions (Inches)</b> |              |                       |  | <b>Weight (LBS)</b> |
| Cartons/Boxes  | L                          | W            | H                     |  |                     |
| Crates/Fiber Case  | L                          | W            | H                     |  |                     |
| Skid/Pallet  | L                          | W            | H                     |  |                     |
| Carpet/Other   | L                          | W            | H                     |  |                     |
| <b>TOTAL</b>   |                            |              |                       |  | <b>TOTAL</b>        |
| <b>Requested Service Level:</b> <input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> Day <input type="checkbox"/> Truck |                            |              |                       |  |                     |
| <b>Additional Services Required:</b> <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery                 |                            |              |                       |  |                     |

**Cargo Insurance SERVICE NOT PROVIDED –CHECK WITH YOUR CARRIER**

|   |  |                        |
|---|--|------------------------|
| The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged but not less than \$50.00 per shipment UNLESS a value is declared below and applicable charges paid. Subject to the terms and conditions of the liability of the Forwarder for loss or damages stated below. Cargo insurance will not apply or cover any electric goods. |  |                        |
| Do you require additional insurance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Declared Value:</b> |
| (Additional Fees for Cargo Insurance will apply)  |  |                        |

**Terms and Conditions**

|   |
|---|
| This order is place with the specific understanding that we hereby release The Commerce Trade Show Logistics Group Ltd. (CTSLG Ltd.) and or agents from all liability for loss, damages and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties be handled. 1) CTSLG Ltd. shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) CTSLG Ltd. will not be responsible for any loss, damages or delay due to fire, acts of god, strikes or lock outs of any kind beyond its control. 3) CTSLG Ltd. liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self insured or you must declare a value for carriage and pay the charges applicable for the service. 4) CTSLG Ltd. shall not be liable to any extent whatsoever for the actual, potential or assumed losses of profits or revenues, or for any collateral costs which may result from any loss or damage to an Exhibitors' materials which make it impossible or impractical to exhibit same. 5) Each Exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws. |
|---|

I have read and agree to the Terms and Conditions of this Contract with CTSLG Ltd.

Print Name:

Signature/Authorization:

Date:

Please Fax completed order form to 905-673-2574



## Customs and Transportation Services Order Form

*Please accept as your authority for Customs and/or Transportation Services*

**Services Required:**
☒ Customs Clearance & Transportation

☐ Customs Clearance Only

☐ Transportation Only

|  |                                    |  |                  |   |  |
|--|------------------------------------|--|------------------|---|--|
| Pick up Address                        | <b>Company Name:</b> ABC Company   |  | Delivery Address | <b>Company Name:</b> ABC Company                                |  |
|  | <b>IRS #:</b> 12-346578            |  |                  | <b>Show Name:</b> CMTS – Canadian Manufacturing Technology Show |  |
|  | <b>Address:</b> 123 Nowhere Street |  |                  | <b>Booth #:</b> 123   |  |
|  | <b>Suite 3</b>                     |  |                  | <b>Address:</b> International Centre                            |  |
|  | <b>City:</b> New York              |  |                  | <b>6900 Airport Road</b>  |  |
| Bill To                                | <b>State/Prov:</b> NY              |  | Return Freight   | <b>City:</b> Mississauga  |  |
|  | <b>Zip/Post:</b> 00000             |  |                  | <b>State/Prov:</b> ON   |  |
|  | <b>Contact:</b> John Smith         |  |                  | <b>Zip/Post:</b> L4V 1E8  |  |
|  | <b>Phone:</b> 123-456-7890         |  |                  | <b>On-Site Contact:</b> Mike Doe                                |  |
|  | <b>Fax:</b> 123-456-7891           |  |                  | <b>Cell:</b> 123-456-7892                                       |  |
| <b>Email:</b> johnsmith@abccompany.com |                                    | <b>Email:</b> mikedoe@abccompany.com   |                  |   |  |
| <b>Company Name:</b> ABC Company       |                                    | <b>Company Name:</b> ABC Company       |                  |   |  |
| <b>Address:</b> 456 Somewhere Road     |                                    | <b>Address:</b> 123 Nowhere Street     |                  |   |  |
| <b>Suite 3</b>                         |                                    | <b>Suite 3</b>                         |                  |   |  |
| <b>City:</b> Miami                     |                                    | <b>City:</b> New York                  |                  |   |  |
| <b>State/Prov:</b> FL                  |                                    | <b>State/Prov:</b> NY                  |                  |   |  |
| <b>Zip/Post:</b> 11111                 |                                    | <b>Zip/Post:</b> 00000                 |                  |   |  |
| <b>Contact:</b> Jane Adams             |                                    | <b>Contact:</b> John Smith             |                  |   |  |
| <b>Phone:</b> 123-456-7890             |                                    | <b>Phone:</b> 123-456-7890             |                  |   |  |
| <b>Fax:</b> 123-456-7891               |                                    | <b>Fax:</b> 123-456-7891               |                  |   |  |
| <b>Email:</b> janeadams@abccompany.com |                                    | <b>Email:</b> johnsmith@abccompany.com |                  |   |  |

### Terms of Payment and Security Deposit –MUST BE COMPLETED IN FULL

|  |                               |                                     |  |
|--|-------------------------------|-------------------------------------|--|
| <b>Charge to</b>   | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input checked="" type="checkbox"/> American Express |
| <b>Card Holder Name:</b> John Smith  |                               |                                     | <b>Title:</b> CEO                                    |
| <b>Credit Card Number:</b> 1234 5648 9123 1253   | <b>Expiry Date:</b> 01/12     | <b>Security Number:</b> 1234        |  |
| I hereby authorize the use of this credit card for payment of services related to this order form. I understand that declined credit cards are subject to a 30% surcharge. |                               |                                     |  |
| <b>Card Holder Signature:</b> <i>Signature required here</i>   |                               | <b>Date:</b> dd/mm/yyyy             |  |

### Shipment Information

|   |          |                            |  |      |
|---|----------|----------------------------|--|------|
| <b>Carrier (If not using Commerce Logistics):</b> Name of Carrier   |          |                            |  |      |
| <b>Pick up Date:</b> Date we can pick up  |          | <b>Time:</b> 9am-5pm       | <b>Delivery Date:</b> Deliver date to show |      |
| <b>Time:</b> 9am-3pm  |          |                            |  |      |
| <b># of Pieces</b>  |          | <b>Dimensions (Inches)</b> |  |      |
| Cartons/Boxes   | 2        | L 23                       | W 23                                       | H 48 |
| Crates/Fiber Case   |          | L                          | W  | H    |
| Skid/Pallet   | 1        | L 48                       | W 48                                       | H 48 |
| Carpet/Other  |          | L                          | W  | H    |
| <b>TOTAL</b>  | <b>3</b> | <b>TOTAL 512</b>           |  |      |
| <b>Requested Service Level:</b> <input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> Day <input checked="" type="checkbox"/> Truck |          |                            |  |      |
| <b>Additional Services Required:</b> <input checked="" type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery                 |          |                            |  |      |

### Cargo Insurance/Declared Value (Only to be completed when using Commerce Logistics)

|   |   |
|---|---|
| The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged but not less than \$50.00 per shipment UNLESS a value is declared below and applicable charges paid. Subject to the terms and conditions of the liability of the Forwarder for loss or damages stated below. Cargo insurance will not apply or cover any electric goods. |   |
| <b>Do you require additional insurance?</b>   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Declared Value:</b> \$5,000.00   |   |
| <i>(Additional Fees for Cargo Insurance will apply)</i>   |   |

### Terms and Conditions

|   |  |
|---|--|
| This order is place with the specific understanding that we hereby release The Commerce Trade Show Logistics Group Ltd. (CTSLG Ltd.) and or agents from all liability for loss, damages and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties be handled. 1) CTSLG Ltd. shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) CTSLG Ltd. will not be responsible for any loss, damages or delay due to fire, acts of god, strikes or lock outs of any kind beyond its control. 3) CTSLG Ltd. liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self insured or you must declare a value for carriage and pay the charges applicable for the service. 4) CTSLG Ltd. shall not me liable to any extent whatsoever for the actual, potential or assumed losses of profits or revenues, or for any collateral costs which may result from any loss or damage to an Exhibitors' materials which make it impossible or impractical to exhibit same. 5) Each Exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws. |  |
|---|--|

*I have read and agree to the Terms and Conditions of this Contract with CTSLG Ltd.*

**Print Name:**

John Smith

**Signature/Authorization:**
*Signature required here*
**Date:**

dd/mm/yyyy

Please Fax completed order form to 905-673-2574

CANADA CUSTOMS INVOICE/FACTURES DES DOUANES CANADIENNES

Page \_\_\_\_ of/de \_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. Vendor (Name and Address) / <i>Vendeur (Nom et Adresse)</i><br><br>   |  | 2. Date of Direct Shipment to Canada / <i>Date d'expédition directe vers le Canada</i><br><br><div align="right"><b>(YYYY/MM/DD)</b></div>  |  |
| 4. Consignee (Name and Address) / <i>Destinataire (Nom et Adresse)</i><br><br>   |  | 3. Other References (Include Purchaser's Order No.) / <i>Autres références (inclure le no de commande de l'acheteur)</i><br><br>  |  |
|  |  | 5. Purchaser's Name and Address (if other than Consignee) / <i>Nom et Adresse de l'acheteur (s'il diffère du destinataire)</i><br><br><div align="center"><b>No sale involved</b></div>   |  |
|  |  | 6. Country of Transshipment / <i>Pays de transbordement</i><br><br><div align="center"><b>N/A</b></div>   |  |
| VII. 1) Is this a related company transaction? / <i>Est-ce que les compagnies sont liées entre elles?</i><br><br><div align="center">           YES/OUI <input type="checkbox"/>      NO/NON <input type="checkbox"/> </div>   |  | 7. Country of Origin of Goods / <i>Pays d'origine des marchandises</i><br><br>  |  |
|  |  | If shipment includes goods of different origins, enter origins against items in field 12.<br><i>Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.</i>  |  |
| Transportation: Give Mode and Place of Direct Shipment to Canada <i>Transport: Préciser mode et lieu d'expédition directe vers le Canada</i><br><br>   |  | 9. Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) / <i>Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignment, location de marchandises, etc.)</i><br><br><div align="center"><b>No sale involved</b></div> |  |
| 11. No. Of Pkgs/ No. De Colis<br><br>  |  | 12. Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality) / <i>Désignation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)</i><br><br>      |  |
|  |  | 13. Quantity (state unit) / <i>Quantité (précisez l'unité)</i><br><br>  |  |
|  |  | Replacement Value / <i>Valeur de</i><br><br>  |  |
|  |  | 14. Unit Price / <i>Prix Unitaire</i><br><br>   |  |
|  |  | 15. Total<br><br>   |  |
| XI. 1) Total Number of Pieces / <i>Nombre total de pièces</i><br><br>  |  |   |  |
| 18. If any fields of 1 to 17 are included on an attached Commercial Invoice, check this box.<br><i>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case</i><br><br>Commercial Invoice No. / <i>No. De la facture commerciale</i> _____ |  | 16. Total Weight / <i>Poids Total</i><br>Net: <div align="center"><b>N/A</b></div> Gross/Brut: _____  |  |
| 19. Exporter's Name & Address (if other than Vendor) / <i>Nom &amp; adresse de l'exportateur (s'il diffère du vendeur)</i><br><br><div align="center">           Name:<br/><br/>           Tel:<br/><br/>           Fax:         </div>  |  | 17. Invoice Total / <i>Total de la facture</i><br><br>  |  |
|  |  | 20. Originator (Name and Address) / <i>Expéditeur d'origine (Nom et adresse)</i><br><br><div align="center">           Name:<br/><br/>           Tel:<br/><br/>           Fax:         </div>   |  |
|  |  | 21. Agency ruling (if applicable) / <i>Décision de l'Agence (s'il y a lieu)</i><br><br><div align="center"><b>N/A</b></div>   |  |
| 23.  |  | 24.   |  |
|  |  | 25.   |  |

**CANADA CUSTOMS INVOICE/FACTURES DES DOUANNES CANADIENNES**

Page \_\_\_ of/de \_\_\_

|   |   |  |  |   |   |   |  |
|---|---|--|--|---|---|---|--|
| <b>1. Vendor (Name and Address) / Vendeur (Nom et Adresse)</b><br><br><p align="center">ABC Company<br/>123 Nowhere Street<br/>New York, NY<br/>00000</p>   |   | <b>2. Date of Direct Shipment to Canada/Date d'expédition directe vers le Canada</b><br><br><p align="center">2013/04/11 (YYYY/MM/DD)</p>  |  |   |   |   |  |
| <b>4. Consignee (Name and Address) / Destinataire (Nom et Adresse)</b><br><br><p align="center">ABC Company –Booth 123<br/>CMTS – Canadian Manufacturing Technology Show 2013<br/>c/o International Centre<br/>6900 Airport Road<br/>Mississauga, ON, L4V 1E8</p> <p align="center"><b>NOTIFY: COMMERCE LOGISTICS for Customs Clearance</b></p> |   | <b>3. Other References (Include Purchaser's Order No.)/Autres références (inclure le no de commande de l'acheteur)</b><br><br><p align="center">12-456789</p>  |  |   |   |   |  |
|   |   | <b>5. Purchaser's Name and Address (if other than Consignee)/Nom et Adresse de l'acheteur (s'il diffère du destinataire)</b><br><br><p align="center"><b>No sale involved</b></p>  |  |   |   |   |  |
| <b>VII. 1) Is this a related company transaction?/Est-ce que les compagnies sont liées entre elles?</b><br><br><p align="center">YES/OU <input checked="" type="checkbox"/> NO/NON <input type="checkbox"/></p>   |   | <b>6. Country of Transshipment / Pays de transbordement</b><br><br><p align="center"><b>N/A</b></p>  |  |   |   |   |  |
|   |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <b>7. Country of Origin of Goods/Pays d'origine des marchandises</b><br/><br/> <p align="center">USA</p> </td> <td style="width:50%; vertical-align: top;"> <small>If shipment includes goods of different origins, enter origins against items in field 12.<br/>Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.</small> </td> </tr> </table> |  | <b>7. Country of Origin of Goods/Pays d'origine des marchandises</b><br><br><p align="center">USA</p> | <small>If shipment includes goods of different origins, enter origins against items in field 12.<br/>Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.</small> |   |  |
| <b>7. Country of Origin of Goods/Pays d'origine des marchandises</b><br><br><p align="center">USA</p>   | <small>If shipment includes goods of different origins, enter origins against items in field 12.<br/>Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.</small> |  |  |   |   |   |  |
| <b>Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada</b><br><br><p align="center">Carrier, City and State of Shipment</p>   |   | <b>9. Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.)/Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)</b><br><br><p align="center"><b>No sale involved</b></p>   |  |   |   |   |  |
| <b>11. No. Of Pkgs/ No. De Colis</b>  |   | <b>12. Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality)/Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)</b>   |  |   |   |   |  |
| <p>2 pcs<br/>2 pcs<br/>1 pc<br/>1 pc<br/>3 pcs<br/>2 pcs</p>  |   | <p>Wooden Crates –Display Booth (backwalls, lights, graphics, carpets)<br/>Cartons –Advertising Brochures/Catalogs/Technical Literature<br/>Carton –Plastic Key Chains<br/>Carton –Books<br/>Crates- Computers<br/>Crates –Computer Monitors</p>   |  |   |   |   |  |
| <b>13. Quantity(state unit) Quantité (précisez l'unité)</b>   |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: center;">Replacement Value<br/>Valeur de</td> </tr> <tr> <td style="text-align: center;">14. Unit Price<br/>Prix Unitaire</td> <td style="text-align: center;">15. Total</td> </tr> </table>   |  |   | Replacement Value<br>Valeur de  | 14. Unit Price<br>Prix Unitaire               | 15. Total  |
|   | Replacement Value<br>Valeur de  |  |  |   |   |   |  |
| 14. Unit Price<br>Prix Unitaire   | 15. Total   |  |  |   |   |   |  |
| <p>1<br/>1,000<br/>50<br/>50<br/>3<br/>2</p>  |   | <p>\$5,000.00<br/>\$0.10<br/>\$0.50<br/>\$1.00<br/>\$1,000.00<br/>\$500.00</p>   |  |   |   |   |  |
| <p>\$5,000.00<br/>\$100.00<br/>\$25.00<br/>\$50.00<br/>\$3,000.00<br/>\$1,000.00</p>  |   |  |  |   |   |   |  |
| <b>XI. 1)Total Number of Pieces/ Nombre total de pieces</b><br><br><b>18. If any fields of 1 to 17 are included on an attached Commercial Invoice, check this box. Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case</b><br><br>Commercial Invoice No./No. De la facture commerciale _____           |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>16. Total Weight/Poids Total</b></td> <td style="width:50%;"><b>17. Invoice Total</b></td> </tr> <tr> <td>           Net: <b>N/A</b><br/>           Gross/Brut: <b>300 lbs</b> </td> <td>           Total de la facture<br/> <p align="center"><b>\$9,175.00</b></p> </td> </tr> </table>   |  | <b>16. Total Weight/Poids Total</b>   | <b>17. Invoice Total</b>  | Net: <b>N/A</b><br>Gross/Brut: <b>300 lbs</b> | Total de la facture<br><p align="center"><b>\$9,175.00</b></p> |
| <b>16. Total Weight/Poids Total</b>   | <b>17. Invoice Total</b>  |  |  |   |   |   |  |
| Net: <b>N/A</b><br>Gross/Brut: <b>300 lbs</b>   | Total de la facture<br><p align="center"><b>\$9,175.00</b></p>  |  |  |   |   |   |  |
| <b>19. Exporter's Name &amp; Address (if other than Vendor)/Nom &amp; adresse de l'exportateur (s'il diffère du vendeur)</b><br>Name:<br><br>Tel:<br><br>Fax:   |   | <b>20. Originator (Name and Address)/Expéditeur d'origine (Nom et adresse)</b><br><p align="center">ABC Company<br/>123 Nowhere Street, Suite 3<br/>New York, NY 00000</p> Name: <b>John Smith</b><br>Tel: <b>123-456-7890</b><br>Fax: <b>123-456-7891</b>   |  |   |   |   |  |
| <b>21. Agency ruling (if applicable)/Décision de l'Agence (s'il y a lieu)</b><br><br><p align="center"><b>N/A</b></p>   |   | <b>22. If fields 23-25 are not applicable, check this box/Si les zones 23 à 25 sont sans objet, cochez cette case</b> <input checked="" type="checkbox"/>  |  |   |   |   |  |
| <b>23.</b>  |   | <b>24.</b>   |  |   |   |   |  |
|   |   | <b>25.</b>   |  |   |   |   |  |



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

19 CFR 10.8, 10.9, 10.68,  
148.1, 148.8, 148.32, 148.37

(NOTE: Number of copies to be submitted varies with type of transaction.  
Inquire at Port Director's office as to number of copies required.)

NO.

|  |  |      |
|--|--|------|
| VIA (Carrier)  | B/L or INSURED NO.   | DATE |
| NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)<br><br>c/o The Commerce Trade Show Logistics Group Ltd.<br>1600 Courtneypark Dr.E Unit2<br>Mississauga, ON L5T 2W8<br>CANADA | ARTICLES EXPORTED FOR:   |      |
|  | <input type="checkbox"/> ALTERATION* <input type="checkbox"/> PROCESSING*<br><input type="checkbox"/> REPAIR* <input type="checkbox"/> OTHER, (specify) _____<br><input type="checkbox"/> USE ABROAD<br><input type="checkbox"/> REPLACEMENT |      |
| <p align="center"><b>* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.</b></p>   |  |      |

**LIST ARTICLES EXPORTED**

| Number Packages | Kind of Packages | Description |
|-----------------|------------------|-------------|
|                 |                  |             |
|                 |                  |             |
|                 |                  |             |
|                 |                  |             |
|                 |                  |             |
|                 |                  |             |
|                 |                  |             |
|                 |                  |             |
|                 |                  |             |


|   |      |
|---|------|
|  SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign) | DATE |
|---|------|

The Above-Described Articles Were:

| EXAMINED                 |      | LADEN under my supervision |      |
|--------------------------|------|----------------------------|------|
| DATE                     | PORT | DATE                       | PORT |
| SIGNATURE OF CBP OFFICER |      | SIGNATURE OF CBP OFFICER   |      |

**CERTIFICATE ON RETURN**

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (use reverse if needed)

|   |      |
|---|------|
|  SIGNATURE OF IMPORTER (Print or Type <u>and</u> Sign) | DATE |
|---|------|

**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**

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 -0010. The estimated average time to complete this application is 3 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, 799 9th Street, NW., Washington DC 20229.

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection  
**CERTIFICATE OF REGISTRATION**19 CFR 10.8, 10.9, 10.68,  
148.1, 148.8, 148.32, 148.37(NOTE: Number of copies to be submitted varies with type of transaction.  
Inquire at Port Director's office as to number of copies required.)

NO.

VIA (Carrier)

B/L or INSURED NO.

DATE

04/19/2011

NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS  
TO BE MAILED (If Applicable)ABC Company  
c/o The Commerce Trade Show Logistics Group Ltd.  
1600 Courtneypark Dr.EUnit2  
Mississauga, ON L5T 2W8  
CANADA

ARTICLES EXPORTED FOR:

☐ ALTERATION\*☐ REPAIR\*☐ USE ABROAD☐ REPLACEMENT☐ PROCESSING\*☐ OTHER, (specify)

EXHIBITION

\* NOTE: The cost or value of alterations, repairs, or processing  
abroad is subject to CBP duty.

## LIST ARTICLES EXPORTED

| Number<br>Packages | Kind of<br>Packages | Description  |
|--------------------|---------------------|--|
| 7<br>4             | Crates<br>Cartons   | Please see attached Commercial Invoice<br><br>Be sure to mark the following in the body of your Air Way bill or Bill of Lading: "U.S. Certificate of<br>Registration Form 4455 attached. Goods MUST be presented for examination by U.S. Customs prior to<br>export from the U.S. and certified copies must be sent to The Commerce Trade Show Logistics<br>Group Ltd. at show site. |

SIGNATURE OF OWNER OR AGENT (Print or Type and Sign)

John Smith, Owner

\*\*Signature required here

DATE

04/19/2011

The Above-Described Articles Were:

EXAMINED

LADEN under my supervision

DATE

PORT

DATE

PORT

SIGNATURE OF CBP OFFICER

SIGNATURE OF CBP OFFICER

## CERTIFICATE ON RETURN

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (use  
reverse if needed)

SIGNATURE OF IMPORTER (Print or Type and Sign)

John Smith, Owner

\*\*Signature required here

DATE

04/19/2011

**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**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 1651-0010. The  
estimated average time to complete this application is 3 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, 799 9th Street, NW., Washington DC 20229.

**STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES CAPABLE OF  
CAUSING HARMFUL INTERFERENCE**

*(Read instructions before completing form. Please type or print clearly in ink.)*

| <b>Part I</b> - All Blocks <b>MUST</b> Be Completed |              |                              |                                       |  |
|---|--------------|------------------------------|---------------------------------------|--|
| Date of Entry                                       | Entry Number | Port of Entry <sup>1</sup>   | Harmonized Tariff Number <sup>2</sup> | Quantity of Item (not number of containers) <sup>3</sup> |
|   |              |                              |                                       |  |
| Device Model/Type Name or #                         |              | Trade Name                   | FCC ID                                | Description of Equipment                                 |
|   |              |                              |                                       |  |
| Manufacturer's Name and Address                     |              | Consignee's Name and Address |                                       | Importer's Name and Address                              |
|   |              |                              |                                       |  |
| Printed or Typed Name of Importer or Consignee      |              |                              | Signature of Importer or Consignee    | Date (Month/Day/Year)                                    |
|   |              |                              |                                       |  |

**Warning: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. § 1001.**

| <b>Part II</b> - With Regard to the Importation of the Described Radio Frequency Device(s), <b>I DECLARE THAT:</b><br>(Place an "X" in only one box) |   |
|--|---|
| <input type="checkbox"/>   | 1. The FCC has issued a grant of equipment authorization for the FCC ID listed above.   |
| <input type="checkbox"/>   | 2. An FCC grant of equipment authorization and an FCC ID are not required, but the equipment complies with FCC technical requirements.  |
| <input type="checkbox"/>   | 3. The described equipment is being imported in limited quantities for testing and evaluation for compliance with technical requirements or marketing suitability. The equipment will not be offered for sale or otherwise marketed. (See Instructions) |
| <input type="checkbox"/>   | 4. The described equipment is being imported in limited quantities for demonstration at industry trade shows and will not be offered for sale or otherwise marketed. (See Instructions)   |
| <input type="checkbox"/>   | 5. The described equipment is being imported solely for export. It will not be offered for sale or otherwise marketed in the U.S.   |
| <input type="checkbox"/>   | 5(a). The described equipment is a non-U.S. standard cellular phone that can only function outside of the U.S. (See Instructions)   |
| <input type="checkbox"/>   | 6. The described equipment is being imported for use exclusively by the U.S. Government.  |
| <input type="checkbox"/>   | 7. Three or fewer radio receivers, computers, or other unintentional radiators as defined in Part 15 of the FCC Rules, are being imported for an individual's personal use and are not intended for sale.   |
| <input type="checkbox"/>   | 8. The described equipment is being imported for repair and will not be offered for sale or otherwise marketed.   |

1. Port of Entry Use Schedule D – Classification of U.S. Customs Districts and Ports for U.S. Foreign Trade Statistics – a four digit code i.e., New York City, NY 1001.
2. Harmonized Tariff Number – Harmonized Tariff Schedule of the United States.
3. This quantity must be total number of items, not number of containers.

**STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES CAPABLE OF  
CAUSING HARMFUL INTERFERENCE**

*(Read instructions before completing form. Please type or print clearly in ink.)*

| <b>Part I - All Blocks <b>MUST</b> Be Completed</b> |              |                            |                                       |  |
|---|--------------|----------------------------|---------------------------------------|--|
| Date of Entry                                       | Entry Number | Port of Entry <sup>1</sup> | Harmonized Tariff Number <sup>2</sup> | Quantity of Item (not number of containers) <sup>3</sup> |
|   |              |                            |                                       |  |

| Device Model/Type Name or # | Trade Name | FCC ID | Description of Equipment |
|-----------------------------|------------|--------|--------------------------|
|                             |            |        |                          |

| Manufacturer's Name and Address | Consignee's Name and Address | Importer's Name and Address |
|---------------------------------|------------------------------|-----------------------------|
|                                 |                              |                             |

| Printed or Typed Name of Importer or Consignee | Signature of Importer or Consignee | Date (Month/Day/Year) |
|--|------------------------------------|-----------------------|
|  |                                    |                       |

**Warning: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. § 1001.**

| <b>Part II - With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT:</b><br><b>(Place an "X" in only one box)</b> |   |
|--|---|
| <input type="checkbox"/>   | 1. The FCC has issued a grant of equipment authorization for the FCC ID listed above.   |
| <input type="checkbox"/>   | 2. An FCC grant of equipment authorization and an FCC ID are not required, but the equipment complies with FCC technical requirements.  |
| <input type="checkbox"/>   | 3. The described equipment is being imported in limited quantities for testing and evaluation for compliance with technical requirements or marketing suitability. The equipment will not be offered for sale or otherwise marketed. (See Instructions) |
| <input type="checkbox"/>   | 4. The described equipment is being imported in limited quantities for demonstration at industry trade shows and will not be offered for sale or otherwise marketed. (See Instructions)   |
| <input type="checkbox"/>   | 5. The described equipment is being imported solely for export. It will not be offered for sale or otherwise marketed in the U.S.   |
| <input type="checkbox"/>   | 5(a). The described equipment is a non-U.S. standard cellular phone that can only function outside of the U.S. (See Instructions)   |
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| <input type="checkbox"/>   | 7. Three or fewer radio receivers, computers, or other unintentional radiators as defined in Part 15 of the FCC Rules, are being imported for an individual's personal use and are not intended for sale.   |
| <input type="checkbox"/>   | 8. The described equipment is being imported for repair and will not be offered for sale or otherwise marketed.   |

1. Port of Entry Use Schedule D – Classification of U.S. Customs Districts and Ports for U.S. Foreign Trade Statistics – a four digit code i.e., New York City, NY 1001.
2. Harmonized Tariff Number – Harmonized Tariff Schedule of the United States.
3. This quantity must be total number of items, not number of containers.

|   |                                    |  |               |
|---|------------------------------------|--|---------------|
| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br><br><b>DECLARATION FOR IMPORTED<br/>ELECTRONIC PRODUCTS SUBJECT TO<br/>RADIATION CONTROL STANDARDS</b>   |                                    | <i>Form Approved OMB No. 0910-0025</i><br><br><b>INSTRUCTIONS</b><br>1. If submitting entries electronically through ACS/ABI, hold FDA-2877 in entry file. Do not submit to FDA unless requested.<br>2. If submitting paper entry documents, submit the following to FDA:<br>a. 2 copies of Customs Entry Form (e.g. CF 3461, CF 3461 Alt, CF 7501, etc.)<br>b. 1 copy of FDA 2877<br>c. Commercial Invoice(s) in English. |               |
| U.S. CUSTOMS PORT OF ENTRY  |                                    | ENTRY NUMBER   | DATE OF ENTRY |
| NAME & ADDRESS OF MANUFACTURING SITE; COUNTRY OF ORIGIN   |                                    | NAME & ADDRESS OF IMPORTER & ULTIMATE CONSIGNEE <i>(if not importer)</i>   |               |
| PRODUCT DESCRIPTION   | QUANTITY <i>(Items/Containers)</i> | MODEL NUMBER(S) & BRAND NAME(S)  |               |
| <b>DECLARATION: I / WE DECLARE THAT THE PRODUCTS IDENTIFIED ABOVE:      <i>(Mark X applicable statements, fill in blanks, &amp; sign)</i></b>   |                                    |  |               |
| <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>A. ARE NOT SUBJECT TO RADIATION PERFORMANCE STANDARDS BECAUSE THEY:</b><br/> <input type="checkbox"/> 1. Were manufactured prior to the effective date of any applicable standard; Date of Manufacture _____<br/> <input type="checkbox"/> 2. Are excluded by the applicability clause or definition in the standard or by FDA written guidance.<br/>             Specify reason for exclusion _____<br/> <input type="checkbox"/> 3. Are personal household goods of an individual entering the U.S. or being returned to a U.S. resident. (Limit: 3 of each product type).<br/> <input type="checkbox"/> 4. Are property of a party residing outside the U.S. and will be returned to the owner after repair or servicing.<br/> <input type="checkbox"/> 5. Are components or subassemblies to be used in manufacturing or as replacement parts (NOT APPLICABLE to diagnostic x-ray parts).<br/> <input type="checkbox"/> 6. Are prototypes intended for on going product development by the importing firm, are labeled "FOR TEST/EVALUATION ONLY," and will be exported, destroyed, or held for future testing (i.e., not distributed). (Quantities Limited - see reverse.)<br/> <input type="checkbox"/> 7. Are being reprocessed in accordance with P.L. 104-134 or other FDA guidance, are labeled "FOR EXPORT ONLY," and will not be sold, distributed, or transferred without FDA approval.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>B. COMPLY WITH THE PERFORMANCE STANDARDS WHICH ARE APPLICABLE AT DATE OF MANUFACTURE AND THAT A CERTIFICATION LABEL OR TAG TO THIS EFFECT IS AFFIXED TO EACH PRODUCT. COMPLIANCE DOCUMENTED IN:</b><br/> <input type="checkbox"/> 1. Last annual report or Product/Initial report<br/>             _____<br/>             ACCESSION NUMBER of Report      Name of MANUFACTURER OF RECORD <i>(Filed report with FDA/CDRH)</i><br/> <input type="checkbox"/> 2. Unknown manufacturer or report number; State reason: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>C. DO NOT COMPLY WITH PERFORMANCE STANDARDS; ARE BEING HELD UNDER A TEMPORARY IMPORT BOND; WILL NOT BE INTRODUCED INTO COMMERCE; WILL BE USED UNDER A RADIATION PROTECTION PLAN; AND WILL BE DESTROYED OR EXPORTED UNDER U.S. CUSTOMS SUPERVISION WHEN THE FOLLOWING MISSION IS COMPLETE:</b><br/> <input type="checkbox"/> 1. Research, Investigations/Studies, or Training (attach Form FDA 766)<br/> <input type="checkbox"/> 2. Trade Show/Demonstration; List dates &amp; use restrictions _____         </div> <div> <input type="checkbox"/> <b>D. DO NOT COMPLY WITH PERFORMANCE STANDARDS; ARE HELD AND WILL REMAIN UNDER BOND; AND WILL NOT BE INTRODUCED INTO COMMERCE UNTIL NOTIFICATION IS RECEIVED FROM FDA THAT PRODUCTS HAVE BEEN BROUGHT INTO COMPLIANCE IN ACCORDANCE WITH AN FDA APPROVED PETITION. <i>(See Form FDA 766.)</i></b><br/> <input type="checkbox"/> 1. Approved Petition is attached.      <input type="checkbox"/> 2. Petition Request is attached.      <input type="checkbox"/> 3. Request will be submitted within 60 days.         </div> |                                    |  |               |
| <b>WARNING: Any person who knowingly makes a false declaration may be fined not more than \$10,000 or imprisoned not more than 5 years or both, pursuant to Title 18 U.S.C. 1001. Any person importing a non-compliant electronic product may also be subject to civil penalties of \$1000 per violation, up to a maximum \$300,000 for related violations pursuant to Title 21 U.S.C. 360pp.</b>   |                                    | SIGNATURE OF IMPORTER OF RECORD<br><br>_____<br><br>NAME AND TITLE OF RESPONSIBLE PERSON<br><br>_____  |               |
| <p>Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p style="text-align: center;">Food and Drug Administration<br/>CDRH (HFZ-342)<br/>2094 Gaither Road<br/>Rockville, MD 20850</p> <p style="text-align: center;"><i>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</i></p>  |                                    |  |               |



|  |                             |   |               |
|--|-----------------------------|---|---------------|
| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br>PUBLIC HEALTH SERVICE<br>FOOD AND DRUG ADMINISTRATION<br><br><b>DECLARATION FOR IMPORTED<br/>ELECTRONIC PRODUCTS SUBJECT TO<br/>RADIATION CONTROL STANDARDS</b>  |                             | Form Approved OMB No. 0910-0025<br><br><b>INSTRUCTIONS</b><br>1. If submitting entries electronically through ACS/ABI, hold FDA-2877 in entry file. Do not submit to FDA unless requested.<br>2. If submitting paper entry documents, submit the following to FDA:<br>a. 2 copies of Customs Entry Form (e.g. CF 3461, CF 3461 Alt, CF 7501, etc.)<br>b. 1 copy of FDA 2877<br>c. Commercial Invoice(s) in English. |               |
| U.S. CUSTOMS PORT OF ENTRY   |                             | ENTRY NUMBER  | DATE OF ENTRY |
| NAME & ADDRESS OF MANUFACTURING SITE; COUNTRY OF ORIGIN  |                             | NAME & ADDRESS OF IMPORTER & ULTIMATE CONSIGNEE (if not importer)   |               |
| PRODUCT DESCRIPTION  | QUANTITY (Items/Containers) | MODEL NUMBER(S) & BRAND NAME(S)   |               |
| <b>DECLARATION: I / WE DECLARE THAT THE PRODUCTS IDENTIFIED ABOVE: (Mark X applicable statements, fill in blanks, &amp; sign)</b>  |                             |   |               |
| <input type="checkbox"/> <b>A. ARE NOT SUBJECT TO RADIATION PERFORMANCE STANDARDS BECAUSE THEY:</b><br><input type="checkbox"/> 1. Were manufactured prior to the effective date of any applicable standard; Date of Manufacture _____<br><input type="checkbox"/> 2. Are excluded by the applicability clause or definition in the standard or by FDA written guidance.<br>Specify reason for exclusion _____<br><input type="checkbox"/> 3. Are personal household goods of an individual entering the U.S. or being returned to a U.S. resident. (Limit: 3 of each product type).<br><input type="checkbox"/> 4. Are property of a party residing outside the U.S. and will be returned to the owner after repair or servicing.<br><input type="checkbox"/> 5. Are components or subassemblies to be used in manufacturing or as replacement parts (NOT APPLICABLE to diagnostic x-ray parts).<br><input type="checkbox"/> 6. Are prototypes intended for on going product development by the importing firm, are labeled "FOR TEST/EVALUATION ONLY," and will be exported, destroyed, or held for future testing (i.e., not distributed). (Quantities Limited - see reverse.)<br><input type="checkbox"/> 7. Are being reprocessed in accordance with P.L. 104-134 or other FDA guidance, are labeled "FOR EXPORT ONLY," and will not be sold, distributed, or transferred without FDA approval. |                             |   |               |
| <input type="checkbox"/> <b>B. COMPLY WITH THE PERFORMANCE STANDARDS WHICH ARE APPLICABLE AT DATE OF MANUFACTURE AND THAT A CERTIFICATION LABEL OR TAG TO THIS EFFECT IS AFFIXED TO EACH PRODUCT. COMPLIANCE DOCUMENTED IN:</b><br><input type="checkbox"/> 1. Last annual report or Product/Initial report<br>_____<br>ACCESSION NUMBER of Report      Name of MANUFACTURER OF RECORD (Filed report with FDA/CDRH)<br><input type="checkbox"/> 2. Unknown manufacturer or report number; State reason: _____  |                             |   |               |
| <input type="checkbox"/> <b>C. DO NOT COMPLY WITH PERFORMANCE STANDARDS; ARE BEING HELD UNDER A TEMPORARY IMPORT BOND; WILL NOT BE INTRODUCED INTO COMMERCE; WILL BE USED UNDER A RADIATION PROTECTION PLAN; AND WILL BE DESTROYED OR EXPORTED UNDER U.S. CUSTOMS SUPERVISION WHEN THE FOLLOWING MISSION IS COMPLETE:</b><br><input type="checkbox"/> 1. Research, Investigations/Studies, or Training (attach Form FDA 766)<br><input type="checkbox"/> 2. Trade Show/Demonstration; List dates & use restrictions _____  |                             |   |               |
| <input type="checkbox"/> <b>D. DO NOT COMPLY WITH PERFORMANCE STANDARDS; ARE HELD AND WILL REMAIN UNDER BOND; AND WILL NOT BE INTRODUCED INTO COMMERCE UNTIL NOTIFICATION IS RECEIVED FROM FDA THAT PRODUCTS HAVE BEEN BROUGHT INTO COMPLIANCE IN ACCORDANCE WITH AN FDA APPROVED PETITION. (See Form FDA 766.)</b><br><input type="checkbox"/> 1. Approved Petition is attached. <input type="checkbox"/> 2. Petition Request is attached. <input type="checkbox"/> 3. Request will be submitted within 60 days.  |                             |   |               |
| <b>WARNING: Any person who knowingly makes a false declaration may be fined not more than \$10,000 or imprisoned not more than 5 years or both, pursuant to Title 18 U.S.C. 1001. Any person importing a non-compliant electronic product may also be subject to civil penalties of \$1000 per violation, up to a maximum \$300,000 for related violations pursuant to Title 21 U.S.C. 360pp.</b>  |                             | SIGNATURE OF IMPORTER OF RECORD<br><br>_____<br><br>NAME AND TITLE OF RESPONSIBLE PERSON<br><br>_____   |               |
| <p>Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:</p> <p style="text-align: center;">Food and Drug Administration<br/>CDRH (HFZ-342)<br/>2094 Gaither Road<br/>Rockville, MD 20850</p> <p style="text-align: center;">An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</p>  |                             |   |               |