

# ADVANCED MANUFACTURING CANADA

Appointed by:



Toronto Congress Centre  
November 2 & 3, 2016

## **Customs Clearance & Transportation Services**

TWI Group Inc. has been appointed by SME as the Official Customs Broker & Transportation Provider for all shipments originating outside of Canada. Using the official broker will eliminate the possibility of materials being held at the border by Canada Border Services Agency (Canada Customs) due to improper or insufficient documentation resulting in these same materials arriving too late or not at all. We will assist all Exhibitors with their temporary imports, permanent entries & export of Exhibit Materials.

Please Note: 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.

**TWI Group Inc.** will provide the following services:

- Provide on-site service from the first move-in day to the last move-out day
- Post all securities and bonds with Canadian Border Services Agency
- Prepare the proper Customs entries to account for any sales you may make & remit the payments to Customs
- Prepare outbound export documents, bills of lading and provide US Customs Clearance when required as well as providing shipping labels

*For more information, please contact:*

**Pat D'Alessandro**

Phone: 905.812.1124 ext. 6410  
Mobile: 416.726.7229  
Email: [orders@twigroup.com](mailto:orders@twigroup.com)

**Zaza Vili**

Phone: 905.812.1124 ext. 6408  
Mobile: 416.998.9398  
Email: [orders@twigroup.com](mailto:orders@twigroup.com)

**Shannon Trotter**

Phone: 905.812.1124 ext. 6401  
Mobile: 647.282.6794  
Email: [orders@twigroup.com](mailto:orders@twigroup.com)

## **Form Checklist**

- ☐ Customs & Transportation Services Order Form **(Mandatory)**
  - Please ensure that all fields, including credit card information are completed.
  - Note: IRS# (U.S. Tax ID, or E.I.N.) is required if goods will be returning to the USA.
- ☐ Canada Customs Invoice / Commercial Invoice **(Mandatory)**
  - Complete all required information per example provided.
  - All invoices **MUST** include detailed descriptions (easily identifiable by Canada Customs), countries of origin, and values for all items in the shipment.
  - For shipments that include electronics, please also provide the brand name and model # for each item in the description.
- ☐ Advanced Warehouse Order Form
  - Required for any shipments that will be arriving at the advanced warehouse prior to the event move-in.
  - Please ensure that all fields, including credit card information and carrier/shipment information are completed.

***Please note the advanced warehouse will be receiving freight from Oct 3rd, 2016 - Oct 28, 2016***
- ☐ Certificate of Registration (CF4455)
  - Required for all shipments from the USA.
- ☐ Statement Regarding the Importation of Radio Frequency Devices Capable of Causing Harmful Interference (FCC Form 740)
  - Required for electronic commodities; one form for each model #.
- ☐ Declaration for Imported Electronic Products Subject to Radiation Control Standards (FDA Form 2877)
  - Required for electronic commodities; one form for each model #.

**\*\*NOTE:** All forms must be completed and returned to TWI Group Inc. for review, prior to shipping.

## Shipping Checklist

### **\*\*PRIVATE VEHICLE & AIRLINE HAND BAGGAGE:**

If you intend to bring your goods across the border in a private (personal, company, or rental) vehicle, or carry them as baggage on an airline, there are documents that must accompany the individual carrying the materials. Please contact TWI Group Inc. at least 1 week in advance of your expected crossing.

- ☐ Complete required forms above & send them to TWI Group Inc. via e-mail or fax.
- ☐ Schedule your pick-up (if not arranging transportation through TWI Group Inc.).
  - We strongly suggest that exhibitors **DO NOT** ship by parcel courier, or by mail. Please contact TWI Group Inc. for advice on how best to handle these types of shipments.
  - Goods being shipped need to abide by the following timelines:
    - o **TRUCK / COMMON CARRIER:** schedule to arrive 1 week prior to show opening.
    - o **AIRFREIGHT:** schedule to arrive 3 days (minimum) prior to show opening.
    - o **VAN LINE:** shipments may be sent direct to show site and should be scheduled for delivery on the appropriate move-in day.
  - All shipments **MUST BE SENT PREPAID**. TWI Group Inc. will not accept any collect freight charges. Shipments sent collect will be refused.
- ☐ Label your freight.
  - All pieces must be labelled clearly; showing the address where the freight is going, piece # and total # of pieces (e.g. piece 1 of 3), emergency contact information, and **"NOTIFY TWI GROUP INC. FOR CUSTOMS CLEARANCE"**.
  - For freight on skids/pallets, if possible, we recommend that a label be placed on each individual carton, case, etc. and that any large pieces have labels placed on multiple sides.
  - Ensure that any previous shipping labels (used for past shipments) have been removed / destroyed.
- ☐ Ship your goods, ensuring that the appropriate documents have been provided.
  - ☐ The Bill of Lading or Air Waybill, all Customs documents, and labels must be marked **"NOTIFY TWI GROUP INC. FOR CUSTOMS CLEARANCE"**.
  - ☐ If shipping out of the USA, the body of the Bill of Lading or Air Waybill must also be marked **"CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE PROVIDED TO TWI GROUP INC. (FAX: 905-812-0133), AND TURNED OVER ON DELIVERY."**
  - ☐ 3 completed copies of the Canada Customs Invoice must be attached to the Bill of Lading or Air Waybill.
  - ☐ If shipping out of the USA, 3 copies of the Certificate of Registration (CF4455) must be attached to the Bill of Lading or Air Waybill.
- ☐ On show site:
  - 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 TWI Group Inc.
  - TWI Group Inc. can provide the following services:
    - o Return of goods to your stated destination
    - o Supply required shipping documents, export documents, and labels
    - o Arrange Customs clearance of any goods remaining in Canada; applicable duties and taxes must be paid prior to removal from the show site.
    - o Arrange transfer of goods to be displayed at another event in Canada
  - NOTE: TWI Group Inc. is not responsible for lost, stolen, or damaged freight. All goods should be insured for the entire duration of the event; prior to, during, and after.

# Customs & Transportation Services Order Form

Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc., located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in TWI Group, Inc. Standard Trading Conditions, including but not limited to:

1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and
2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant TWI Exhibition Logistics, Inc., a division of TWI Group, Inc., full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

☐ Continuous Authority granted



|  |   |
|--|---|
| <b>Show/Event Name:</b> NAME OF THE SHOW/EVENT YOU ARE ATTENDING         | <b>Show/Event Dates:</b> DATES THE SHOW/EVENT IS BEING HELD |
| <b>Services Required (please check one):</b>                             |   |
| <input checked="" type="checkbox"/> Customs Clearance and Transportation | <input type="checkbox"/> Customs Clearance Only             |
| <input type="checkbox"/> Transportation Only                             |   |

|               |   |
|---------------|---|
| Shipper Info. | Company Name: ABC COMPANY                       |
|               | IRS #: 12-3456789                               |
|               | Address: 123 SOMEPLACE AVENUE<br>SUITE 3        |
|               | City: NEW YORK State/Prov: NY Zip/Post: 10093   |
|               | Contact Name: JOHN SMITH Tel: 555-555-0000      |
|               | E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001 |

|                |                                      |                                  |
|----------------|--------------------------------------|----------------------------------|
| Delivery Info. | Company Name: ABC COMPANY            | Booth #: 1001                    |
|                | Facility Name: SHOW/EVENT VENUE NAME |                                  |
|                | Address: VENUE ADDRESS               |                                  |
|                | City: TORONTO                        | State/Prov: ON Zip/Post: M0X 0X0 |
|                | On-site Contact: JANE DOE            | Cell: 555-555-0002               |
|                | E-mail: JDOE@ABCCOMPANY.COM          |                                  |

|                               |   |
|-------------------------------|---|
| Return Freight Info.          | <input checked="" type="checkbox"/> Same as Shipper |
|                               | Company Name: ABC COMPANY                           |
|                               | IRS #: 12-3456789                                   |
|                               | Address: 123 SOMEPLACE AVENUE<br>SUITE 3            |
|                               | City: NEW YORK State/Prov: NY Zip/Post: 10093       |
|                               | Contact Name: JOHN SMITH Tel: 555-555-0000          |
| E-Mail: JSMITH@ABCCOMPANY.COM | Fax: 555-555-0001                                   |

|                               |   |
|-------------------------------|---|
| Billing Info.                 | <input checked="" type="checkbox"/> Same as Shipper |
|                               | Company Name: ABC COMPANY                           |
|                               | Importer # (if applicable): 123456789RM0001         |
|                               | Address: 123 SOMEPLACE AVENUE<br>SUITE 3            |
|                               | City: NEW YORK State/Prov: NY Zip/Post: 10093       |
|                               | Contact Name: JOHN SMITH Tel: 555-555-0000          |
| E-mail: JSMITH@ABCCOMPANY.COM | Fax: 555-555-0001                                   |

|               |  |  |  |
|---------------|--|--|--|
| Payment Info. | <b>Terms of Payment and Security Deposit – MUST BE COMPLETED</b>   |  |  |
|               | Charge to:   | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> American Express |  |
|               | Cardholder Name: JOHN SMITH  | Title: CEO   |  |
|               | Credit Card Number: 1234 5678 9123 4567  | Expiry Date: 07/18   |  |
|               | I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00). |  |  |
|               | Cardholder Signature: <i>John Smith</i>  | Date: DD/MM/YYYY   |  |

|  |   |                                       |                            |       |   |                     |           |       |
|--|---|---------------------------------------|----------------------------|-------|---|---------------------|-----------|-------|
| Shipment Info.   | Carrier Name (if not using TWI): NAME OF TRANSPORTATION COMPANY |                                       |                            |       | Carrier Contact Name: TRANSPORTATION COMPANY CONTACT PERSON     |                     |           |       |
|  | Carrier Contact Tel: TRANSPORTATION COMPANY TELEPHONE #         |                                       |                            |       | Carrier Contact E-mail: TRANSPORTATION COMPANY E-MAIL ADDRESS   |                     |           |       |
|  | Pick-up Date: DATE TRANSPORTATION COMPANY WILL PICK-UP FREIGHT  |                                       |                            |       | Hours of Operation: HOURS THAT YOUR COMPANY IS OPEN FOR PICK-UP |                     |           |       |
|  | Delivery Date: DATE THAT THE FREIGHT NEEDS TO BE DELIVERED      |                                       |                            |       | Delivery Time/Window: MUST BE DELIVERED BETWEEN... (TIMES)      |                     |           |       |
|  | # of Pieces   | Type of Pieces (Box/Crate/Skid, etc.) | Length                     | Width | Height  | @ Weight (lbs) Each | Per Piece | Total |
|  | 2   | BOXES                                 | @ Dimensions (Inches) Each | 23    | 23  | 48                  | 56        | 112   |
|  | 1   | SKID                                  | @ Dimensions (Inches) Each | 48    | 48  | 48                  | 400       | 400   |
|  |   |                                       | @ Dimensions (Inches) Each |       |   |                     |           |       |
|  |   |                                       | @ Dimensions (Inches) Each |       |   |                     |           |       |
|  |   |                                       | @ Dimensions (Inches) Each |       |   |                     |           |       |
| 3  | Total   |                                       |                            |       |   | Total Weight:       | 512       |       |
| Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> Day <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other: _____ |   |                                       |                            |       |   |                     |           |       |
| Additional Services Required: <input checked="" type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery <input type="checkbox"/> Weekend Pick Up/Delivery     |   |                                       |                            |       |   |                     |           |       |

|  |
|--|
| <b>Cargo Insurance / Declared Value</b>  |
| This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (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 additional Cargo Insurance has been arranged with TWI Group, Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact TWI Group, Inc. for more information on Cargo Insurance. |

|  |
|--|
| <b>Terms &amp; Conditions</b>  |
| This order is placed with the specific understanding that we hereby release TWI Group, Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) TWI Group, Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) TWI Group, Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) TWI Group, Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) TWI Group, Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. |

|  |
|--|
| <b>Client Signature</b>                              |
| I have read and agree to the terms of this contract. |
| Signature: <i>John Smith</i>                         |
| Name: JOHN SMITH                                     |
| Title: CEO   |
| Date: OCT. 12, 2015                                  |

|                                    |
|------------------------------------|
| <b>Accepted by TWI Group, Inc.</b> |
| Signature: _____                   |
| Name: _____                        |
| Title: _____                       |
| Date: _____                        |

# Customs & Transportation Services Order Form

Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc., located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in TWI Group, Inc. Standard Trading Conditions, including but not limited to:

1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and
2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant TWI Exhibition Logistics, Inc., a division of TWI Group, Inc., full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

☐ Continuous Authority granted



|   |   |
|---|---|
| <b>Show/Event Name:</b>                                       | <b>Show/Event Dates:</b>                        |
| <b>Services Required (please check one):</b>                  |   |
| <input type="checkbox"/> Customs Clearance and Transportation | <input type="checkbox"/> Customs Clearance Only |
| <input type="checkbox"/> Transportation Only                  |   |

|                      |               |             |           |
|----------------------|---------------|-------------|-----------|
| <b>Shipper Info.</b> | Company Name: |             |           |
|                      | IRS #:        |             |           |
|                      | Address:      |             |           |
|                      |               |             |           |
|                      | City:         | State/Prov: | Zip/Post: |
|                      | Contact Name: |             | Tel:      |
| E-mail:              |               | Fax:        |           |

|                       |                  |             |           |
|-----------------------|------------------|-------------|-----------|
| <b>Delivery Info.</b> | Company Name:    |             | Booth #:  |
|                       | Facility Name:   |             |           |
|                       | Address:         |             |           |
|                       |                  |             |           |
|                       | City:            | State/Prov: | Zip/Post: |
|                       | On-site Contact: |             | Cell:     |
| E-mail:               |                  |             |           |

|                             |  |             |           |
|-----------------------------|--|-------------|-----------|
| <b>Return Freight Info.</b> | <input type="checkbox"/> Same as Shipper |             |           |
|                             | Company Name:                            |             |           |
|                             | IRS #:                                   |             |           |
|                             | Address:                                 |             |           |
|                             |  |             |           |
|                             | City:                                    | State/Prov: | Zip/Post: |
| Contact Name:               |  | Tel:        |           |
| E-Mail:                     |  | Fax:        |           |

|                      |  |             |
|----------------------|--|-------------|
| <b>Billing Info.</b> | <input type="checkbox"/> Same as Shipper |             |
|                      | Company Name:                            |             |
|                      | Importer # (if applicable):              |             |
|                      | Address:                                 |             |
|                      |  |             |
|                      | City:                                    | State/Prov: |
| Contact Name:        |  | Tel:        |
| E-mail:              |  | Fax:        |

|                      |  |  |              |
|----------------------|--|--|--------------|
| <b>Payment Info.</b> | <b>Terms of Payment and Security Deposit – MUST BE COMPLETED</b>   |  |              |
|                      | Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express   |  |              |
|                      | Cardholder Name:   |  | Title:       |
|                      | Credit Card Number:  |  | Expiry Date: |
|                      | I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00). |  |              |
|                      | Cardholder Signature:  |  | Date:        |

| <b>Shipment Info.</b>  | Carrier Name (if not using TWI): |                                       |        |       | Carrier Contact Name:   |                      |           |       |
|--|----------------------------------|---------------------------------------|--------|-------|-------------------------|----------------------|-----------|-------|
|  | Carrier Contact Tel:             |                                       |        |       | Carrier Contact E-mail: |                      |           |       |
|  | Pick-up Date:                    |                                       |        |       | Hours of Operation:     |                      |           |       |
|  | Delivery Date:                   |                                       |        |       | Delivery Time/Window:   |                      |           |       |
|  | # of Pieces                      | Type of Pieces (Box/Crate/Skid, etc.) | Length | Width | Height                  |                      | Per Piece | Total |
|  |                                  | @ Dimensions (Inches) Each            |        |       |                         | @ Weight (lbs) Each  |           |       |
|  |                                  | @ Dimensions (Inches) Each            |        |       |                         | @ Weight (lbs) Each  |           |       |
|  |                                  | @ Dimensions (Inches) Each            |        |       |                         | @ Weight (lbs) Each  |           |       |
|  |                                  | @ Dimensions (Inches) Each            |        |       |                         | @ Weight (lbs) Each  |           |       |
|  |                                  | @ Dimensions (Inches) Each            |        |       |                         | @ Weight (lbs) Each  |           |       |
| <b>Total</b>   |                                  |                                       |        |       |                         | <b>Total Weight:</b> |           |       |
| Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> Day <input type="checkbox"/> Truck <input type="checkbox"/> Other: _____  |                                  |                                       |        |       |                         |                      |           |       |
| Additional Services Required: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery <input type="checkbox"/> Weekend Pick Up/Delivery  |                                  |                                       |        |       |                         |                      |           |       |
| <b>Cargo Insurance / Declared Value</b>  |                                  |                                       |        |       |                         |                      |           |       |
| This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (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 additional Cargo Insurance has been arranged with TWI Group, Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact TWI Group, Inc. for more information on Cargo Insurance. |                                  |                                       |        |       |                         |                      |           |       |

|  |  |
|--|--|
| <b>Terms &amp; Conditions</b>  |  |
| This order is placed with the specific understanding that we hereby release TWI Group, Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) TWI Group, Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) TWI Group, Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) TWI Group, Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) TWI Group, Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. |  |

|  |
|--|
| <b>Client Signature</b>                              |
| I have read and agree to the terms of this contract. |
| Signature:   |
| Name:  |
| Title:   |
| Date:  |

|                                    |
|------------------------------------|
| <b>Accepted by TWI Group, Inc.</b> |
| Signature:                         |
| Name:                              |
| Title:                             |
| Date:                              |

## COMMERCIAL INVOICE / PACKING LIST

|   |   |            |   |  |
|---|---|------------|---|--|
| <div>Sender:</div> <div>ABC COMPANY<br/>123 SOMEPLACE AVENUE, SUITE 3<br/>NEW YORK, NY<br/>10093</div> <div>JOHN SMITH - 555-555-0000</div> | <div>Consignee:</div> <div>ABC COMPANY, BOOTH #1001<br/>NAME OF THE SHOW/EVENT<br/>VENUE NAME<br/>VENUE ADDRESS</div> <div>ONSITE CONTACT NAME &amp; CELL PHONE #</div> | License:   | LICENSE #, IF APPLICABLE  | <div>REMARKS<br/>("X" each item)</div> <div>*A – TEMPORARY IMPORT</div> <div>*B – PERMANENT IMPORT</div> <div>*C – GIVEN AWAY / SOLD</div> |
|   |   | Carnet:    | CARNET #, IF APPLICABLE   |  |
|   |   | IRS #:     | 12-3456789  |  |
|   |   | Pieces:    | 3   |  |
|   |   | Weight:    | 512 <input type="checkbox"/> kg <input checked="" type="checkbox"/> lbs |  |
|   |   | Currency:  | USD   |  |
|   |   | Ship Date: | 10/15/2015  |  |
|   |   |            |   |  |

| # of Pieces | Item No. | Qty  | Description of Contents<br><small>Please include Brand Name &amp; Model # for all electronic equipment.</small> | Origin | Weight in kg | Dimensions (Inches) |    |    | CBM  | HTS           | Remarks* |   |   | Value      |             |
|-------------|----------|------|---|--------|--------------|---------------------|----|----|------|---------------|----------|---|---|------------|-------------|
|             |          |      |   |        |              | L                   | W  | H  |      |               | A        | B | C | Unit Value | Total Value |
| 1 OF 3      | 1        | 1    | DISPLAY BOOTH - BACKWALLS, PANELS, LIGHTS, GRAPICS, CARPET & UNDERPAD   | USA    | 120          | 48                  | 48 | 48 | 1.81 | 9403.20.00.70 | X        |   |   | 10,000.00  | 10,000.00   |
|             | 2        | 2    | 55" LED TV'S - LG MODEL# 55EG9100   | CHINA  | 20           |                     |    |    |      | 8528.72.33.00 | X        |   |   | 700.00     | 1,400.00    |
|             | 2        | 2    | METAL TV STANDS   | JAPAN  | 22           |                     |    |    |      | 9403.20.00.70 | X        |   |   | 200.00     | 400.00      |
| 2 OF 3      | 1        | 1000 | ADVERTISING LITERATURE  | USA    | 45           | 23                  | 23 | 48 | 0.42 | 4911.10.00.39 |          |   | X | 0.05       | 50.00       |
|             | 2        | 400  | BALL POINT PENS   | CHINA  | 5            |                     |    |    |      | 9608.10.00.00 |          |   | X | 0.15       | 60.00       |
| 3 OF 3      | 1        | 200  | CATALOGS  | USA    | 20           | 23                  | 23 | 48 | 0.42 | 4911.10.00.31 |          |   | X | 1.00       | 200.00      |
|             | 2        | 2    | POSTERS   | USA    | 1            |                     |    |    |      | 4911.91.00.20 |          | X |   | 15.00      | 30.00       |

\*\*FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

\*\*CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

|                    |           |
|--------------------|-----------|
| **FOB VALUE:       | 12,140.00 |
| INSURANCE:         | 80.00     |
| FREIGHT CHARGE:    | 700.00    |
| **TOTAL CIF VALUE: | 12,920.00 |

The shipper hereby authorizes TWI and their agent, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage. The values listed on this document represent fair-market value.

Signature: John Smith

Date: 10/12/2015



## COMMERCIAL INVOICE / PACKING LIST

|         |            |            |  |   |
|---------|------------|------------|--|---|
| Sender: | Consignee: | License:   |  | <b>REMARKS</b><br>("X" each item)<br><br>*A – TEMPORARY IMPORT<br>*B – PERMANENT IMPORT<br>*C – GIVEN AWAY / SOLD |
|         |            | Carnet:    |  |   |
|         |            | IRS #:     |  |   |
|         |            | Pieces:    |  |   |
|         |            | Weight:    | <input type="checkbox"/> kg <input type="checkbox"/> lbs |   |
|         |            | Currency:  |  |   |
|         |            | Ship Date: |  |   |

| # of Pieces | Item No. | Qty | Description of Contents<br><small>Please include Brand Name &amp; Model # for all electronic equipment.</small> | Origin | Weight in kg | Dimensions (Inches) |   |   | CBM | HTS | Remarks* |   |   | Value      |             |
|-------------|----------|-----|---|--------|--------------|---------------------|---|---|-----|-----|----------|---|---|------------|-------------|
|             |          |     |   |        |              | L                   | W | H |     |     | A        | B | C | Unit Value | Total Value |
|             |          |     |   |        |              |                     |   |   |     |     |          |   |   |            |             |

\*\*FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

\*\*CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

|                    |  |
|--------------------|--|
| **FOB VALUE:       |  |
| INSURANCE:         |  |
| FREIGHT CHARGE:    |  |
| **TOTAL CIF VALUE: |  |

The shipper hereby authorizes TWI and their agent, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage. The values listed on this document represent fair-market value.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Advance Warehouse Order Form



**Show/Event Name:** NAME OF THE SHOW/EVENT YOU ARE ATTENDING **Show/Event Dates:** DATES THE SHOW/EVENT IS BEING HELD

|   |   |
|---|---|
| Billing Info.                                   | Company Name: ABC COMPANY                     |
|   | Address: 123 SOMEPLACE AVENUE                 |
|   | SUITE 3                                       |
|   |   |
|   | City: NEW YORK State/Prov: NY Zip/Post: 10093 |
|   | Contact Name: JOHN SMITH Tel: 555-555-0000    |
| E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001 |   |

|                             |  |
|-----------------------------|--|
| Delivery Info.              | Company Name: ABC COMPANY Booth #: 1001        |
|                             | Facility Name: SHOW/EVENT VENUE NAME           |
|                             | Address: VENUE ADDRESS                         |
|                             |  |
|                             | City: TORONTO State/Prov: ON Zip/Post: M0X 0X0 |
|                             | On-site Contact: JANE DOE Cell: 555-555-0002   |
| E-mail: JDOE@ABCCOMPANY.COM |  |

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

|               |  |  |
|---------------|--|--|
| Payment Info. | Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> American Express  |  |
|               | Cardholder Name: JOHN SMITH Title: CEO   |  |
|               | Credit Card Number: 1234 5678 9123 4567 Expiry Date: 07/18   |  |
|               | I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00). |  |
|               | Cardholder Signature: <i>John Smith</i> Date: DD/MM/YY   |  |

|                |                                      |  |
|----------------|--------------------------------------|--|
| Shipment Info. | Carrier Name: TRANSPORTATION COMPANY | Carrier Contact Name: SUSAN JOHNSON                        |
|                | Carrier Contact Tel: 555-555-1000    | Carrier Contact E-mail: SJOHNSON@TRANSPORTATIONCOMPANY.COM |
|                | Pick-up Date: 10/15/2015             | Hours of Operation: 8 AM - 5 PM                            |
|                | Delivery Date: 10/23/2015            | Delivery Time/Window: 11 AM - 3 PM                         |
|                |                                      |  |

| # of Pieces | Type of Pieces (Box/Crate/Skid, etc.) |                            | Length | Width | Height |                     | Per Piece     | Total |
|-------------|---------------------------------------|----------------------------|--------|-------|--------|---------------------|---------------|-------|
| 2           | BOXES                                 | @ Dimensions (Inches) Each | 23     | 23    | 48     | @ Weight (lbs) Each | 56            | 112   |
| 1           | SKID                                  | @ Dimensions (Inches) Each | 48     | 48    | 48     | @ Weight (lbs) Each | 400           | 400   |
|             |                                       | @ Dimensions (Inches) Each |        |       |        | @ Weight (lbs) Each |               |       |
|             |                                       | @ Dimensions (Inches) Each |        |       |        | @ Weight (lbs) Each |               |       |
|             |                                       | @ Dimensions (Inches) Each |        |       |        | @ Weight (lbs) Each |               |       |
| 3           | Total                                 |                            |        |       |        |                     | Total Weight: | 512   |

**Cargo Insurance / Declared Value**  
 This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (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 additional Cargo Insurance has been arranged with TWI Group, Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact TWI Group, Inc. for more information on Cargo Insurance.

**ADVANCE SHIPMENTS TO WAREHOUSE: \$39.00 PER 100 LBS (PLEASE NOTE: 300 LBS MINIMUM)**

ADVANCE WAREHOUSE SERVICES DO NOT INCLUDE MATERIAL HANDLING SERVICES AND CHARGES.  
 ADVANCE WAREHOUSE SERVICES INCLUDE DELIVERY TO SHOW SITE ONLY.  
 YOUR CARRIER MUST PICK UP YOUR MATERIALS DIRECTLY FROM SHOW SITE AT THE CONCLUSION.

The warehouse will start receiving freight 30 days prior to the event from 9am to 3pm, Monday to Friday.

**Terms & Conditions**  
 This order is placed with the specific understanding that we hereby release TWI Group, Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) TWI Group, Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) TWI Group, Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) TWI Group, Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) TWI Group, Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws.

|  |  |
|--|--|
| <b>Client Signature</b>                              |  |
| I have read and agree to the terms of this contract. |  |
| Print Name: JOHN SMITH                               | Signature: <i>John Smith</i> Date: OCT. 12, 2015 |



# Advance Warehouse Order Form



| Show/Event Name:     |               |             | Show/Event Dates: |                             |  |  |
|----------------------|---------------|-------------|-------------------|-----------------------------|--|--|
| <b>Billing Info.</b> | Company Name: |             |                   | Booth #:                    |  |  |
|                      | Address:      |             |                   | Facility Name:              |  |  |
|                      |               |             |                   | Address:                    |  |  |
|                      |               |             |                   |                             |  |  |
|                      | City:         | State/Prov: | Zip/Post:         | City: State/Prov: Zip/Post: |  |  |
|                      | Contact Name: | Tel:        |                   | On-site Contact: Cell:      |  |  |
| E-mail:              |               |             | E-mail:           |                             |  |  |

| Terms of Payment and Security Deposit – MUST BE COMPLETED |  |  |
|---|--|--|
| <b>Payment Info.</b>                                      | Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express   |  |
|   | Cardholder Name: Title:  |  |
|   | Credit Card Number: Expiry Date:   |  |
|   | I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00). |  |
|   | Cardholder Signature: Date:  |  |

| <b>Shipment Info.</b> | Carrier Name:        |                                       | Carrier Contact Name:   |       |        |                     |                      |       |
|-----------------------|----------------------|---------------------------------------|-------------------------|-------|--------|---------------------|----------------------|-------|
|                       | Carrier Contact Tel: |                                       | Carrier Contact E-mail: |       |        |                     |                      |       |
|                       | Pick-up Date:        |                                       | Hours of Operation:     |       |        |                     |                      |       |
|                       | Delivery Date:       |                                       | Delivery Time/Window:   |       |        |                     |                      |       |
|                       | # of Pieces          | Type of Pieces (Box/Crate/Skid, etc.) | Length                  | Width | Height | @ Weight (lbs) Each | Per Piece            | Total |
|                       |                      | @ Dimensions (Inches) Each            |                         |       |        | @ Weight (lbs) Each |                      |       |
|                       |                      | @ Dimensions (Inches) Each            |                         |       |        | @ Weight (lbs) Each |                      |       |
|                       |                      | @ Dimensions (Inches) Each            |                         |       |        | @ Weight (lbs) Each |                      |       |
|                       |                      | @ Dimensions (Inches) Each            |                         |       |        | @ Weight (lbs) Each |                      |       |
|                       |                      | <b>Total</b>                          |                         |       |        |                     | <b>Total Weight:</b> |       |

**Cargo Insurance / Declared Value**  
 This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (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 additional Cargo Insurance has been arranged with TWI Group, Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact TWI Group, Inc. for more information on Cargo Insurance.

|   |   |
|---|---|
| <b>Advance Warehouse Info.</b>  | <b>ADVANCE SHIPMENTS TO WAREHOUSE: \$39.00 PER 100 LBS (PLEASE NOTE: 300 LBS MINIMUM)</b> |
|   | ADVANCE WAREHOUSE SERVICES DO NOT INCLUDE MATERIAL HANDLING SERVICES AND CHARGES.         |
|   | ADVANCE WAREHOUSE SERVICES INCLUDE DELIVERY TO SHOW SITE ONLY.                            |
|   | YOUR CARRIER MUST PICK UP YOUR MATERIALS DIRECTLY FROM SHOW SITE AT THE CONCLUSION.       |
| <b>The warehouse will be receiving freight October 3,2016- Oct 28,2016 from 9am to 3pm, Monday to Friday.</b> |   |

|  |
|--|
| <b>Terms &amp; Conditions</b>  |
| This order is placed with the specific understanding that we hereby release TWI Group, Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) TWI Group, Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) TWI Group, Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) TWI Group, Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) TWI Group, Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. |

|  |            |       |
|--|------------|-------|
| <b>Client Signature</b>                              |            |       |
| I have read and agree to the terms of this contract. |            |       |
| Print Name:  | Signature: | Date: |

U.S. DEPARTMENT OF HOMELAND SECURITY  
Bureau of 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.)

|   |  |                    |
|---|--|--------------------|
| VIA (Carrier)   | B/L or INSURED NO.   | NO.                |
| NAME OF TRANSPORTATION COMPANY  | BILL OF LADING / AIR WAYBILL #   | DATE<br>10/15/2015 |
| NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)                         | ARTICLES EXPORTED FOR:   |                    |
| ABC COMPANY<br>c/o TWI Canada<br>7145 West Credit Avenue<br>Building 1, Unit 101A Mississauga ON<br>L5N 6J7 | <input type="checkbox"/> ALTERATION* <input type="checkbox"/> PROCESSING*<br><input type="checkbox"/> REPAIR* <input checked="" type="checkbox"/> OTHER, (specify)<br><input type="checkbox"/> USE ABROAD <u>DISPLAY / TOOLS OF TRADE</u><br><input type="checkbox"/> REPLACEMENT<br><p><b>* NOTE:</b> The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.</p> |                    |

## LIST ARTICLES EXPORTED

| Number Packages  | Kind of Packages | Description  |
|--|------------------|--|
| 1  | SKID             | 1 DISPLAY BOOTH - BACKWALLS, PANELS, LIGHTS, GRAPHICS, CARPET & UNDERPAD (USA)<br>2 55" LED TV'S - LG MODEL# 55E9100 (CHINA) |
| 1  | BOX              | 2 METAL TV STANDS (JAPAN)<br>1000 ADVERTISING LITERATURE (USA)   |
| 1  | BOX              | 400 BALL POINT PENS (CHINA)<br>200 CATALOGS (USA)<br>2 POSTERS (USA)   |
| <b>**FORMAL U.S. ENTRY WILL BE PREPARED. PLEASE VALIDATE TO SHOW PROOF OF EXPORT, ALLOWING THE USE OF HS# 9801.00.85.00 ON THE RETURN ENTRY.</b> |                  |  |

|  |            |
|--|------------|
| SIGNATURE OF OWNER OR AGENT (Print or Type and Sign) | DATE       |
| JOHN SMITH <i>John Smith</i>                         | 10/12/2015 |

The Above-Described Articles Were:

|                          |      |   |
|--------------------------|------|---|
| EXAMINED                 |      | <p><b>BE SURE TO MARK THE FOLLOWING IN THE BODY OF YOUR BILL OF LADING OR AIR WAYBILL:</b></p> <p><b>"CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE PROVIDED TO TWI GROUP INC. (FAX: 905-812-0133), AND TURNED OVER ON DELIVERY."</b></p> |
| DATE                     | PORT |   |
| SIGNATURE OF CBP OFFICER |      |   |
| DATE                     |      |   |

## CERTIFICATE OF REGISTRATION

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback.

ATTENTION CBP: FORMAL ENTRY HAS BEEN PREPARED -- PLEASE BE SURE TO SCAN THE ACE E-MANIFEST.

(THIS DOCUMENT WAS VALIDATED TO MEET DUTY-FREE RE-ENTRY REQUIREMENTS UNDER HS# 9801.00.85.00, ONLY.)

|  |            |
|--|------------|
| SIGNATURE OF IMPORTER (Print or Type and Sign) | DATE       |
| JOHN SMITH <i>John Smith</i>                   | 10/12/2015 |

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

Paperwork Reduction Act Notice: This request is in accordance with the Paperwork Reduction Act. The information to be provided is submitted by importers/exporters. Completion of this form is mandatory and to your benefit. The estimated average burden associated with this collection of information is 3 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.



**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.)

| Part I - 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> |
|  |              |                            |                                       | 2 (QTY OF ITEMS OF THE SAME MODEL#)                      |

| Device Model/Type Name or # | Trade Name | FCC ID   | Description of Equipment         |
|-----------------------------|------------|--|----------------------------------|
| 55EG9100 (MODEL #)          | LG (BRAND) | BEJLGSBW41 (USE FCC ID # SHOWN ON BACK OF DEVICE, OR IF ONLY FCC SYMBOL IS SHOWN THEN LEAVE BLANK) | 55" LED TELEVISION (DESCRIPTION) |

| Manufacturer's Name and Address   | Consignee's Name and Address  | Importer's Name and Address   |
|---|---|---|
| **LG Electronics (Hangzhou) Co., Ltd<br>9, No. 23 Street, HEDA, Hangzhou 310018, China<br>(*ADDRESS IN THE COUNTRY WHERE THE EQUIPMENT WAS MADE -- IF THE ADDRESS DOES NOT MATCH THE COUNTRY OF ORIGIN, THE FORM IS INVALID AND WILL BE REJECTED) | ABC COMPANY<br>123 SOMEPLACE AVENUE, SUITE 3<br>NEW YORK, NY 10093<br>(ADDRESS WHERE THE SHIPMENT WILL BE RETURNING TO, IN THE USA) | ABC COMPANY<br>123 SOMEPLACE AVENUE, SUITE 3<br>NEW YORK, NY 10093<br>(ADDRESS WHERE THE SHIPMENT WILL BE RETURNING TO, IN THE USA) |

| Printed or Typed Name of Importer or Consignee | Signature of Importer or Consignee | Date (Month/Day/Year) |
|--|------------------------------------|-----------------------|
| JOHN SMITH                                     | <i>John Smith</i>                  | 10/12/2015            |

**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.

| Part II - With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT: |   |
|--|---|
| <input checked="" type="checkbox"/>  | 1. The FCC has issued a grant of equipment authorization for the FCC ID listed above.   |
| <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>  | 5. The described equipment is being imported for sale or otherwise marketed.  |
| <input checked="" 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 checked="" type="checkbox"/>  | 6. The described equipment is being imported for use exclusively by the U.S. Government.  |
| <input checked="" 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 checked="" 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</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.

|  |                                     |   |               |
|--|-------------------------------------|---|---------------|
| <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<br>**LG Electronics (Hangzhou) Co., Ltd<br>9, No. 23 Street, HEDA, Hangzhou 310018, China<br>(**ADDRESS IN THE COUNTRY WHERE THE EQUIPMENT WAS MADE -- IF THE ADDRESS DOES NOT MATCH THE COUNTRY OF ORIGIN, THE FORM IS INVALID AND WILL BE REJECTED)  |                                     | NAME & ADDRESS OF IMPORTER & ULTIMATE CONSIGNEE (if not importer)<br>ABC COMPANY<br>123 SOMEPLACE AVENUE, SUITE 3<br>NEW YORK, NY 10093<br>(ADDRESS WHERE THE SHIPMENT WILL BE RETURNING TO, IN THE USA)  |               |
| PRODUCT DESCRIPTION  | QUANTITY (Items/Containers)         | MODEL NUMBER(S) & BRAND NAME(S)   |               |
| 55" LED TELEVISION (DESCRIPTION)   | 2 (QTY OF ITEMS OF THE SAME MODEL#) | LG (BRAND)<br><br>55EG9100 (MODEL #)  |               |
| <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 checked="" 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 checked="" type="checkbox"/> 2. Unknown manufacturer or report number; State reason: <u>PURCHASED FROM RETAILER IN USA, USED AT CDN EVENT, RETURNING TO USA.</u>  |                                     |   |               |
| <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:</b> 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.  |                                     | SIGNATURE OF IMPORTER OF RECORD<br><div style="text-align: center; font-family: cursive; font-size: 1.2em;">John Smith</div>  |               |
|  |                                     | NAME AND TITLE OF RESPONSIBLE PERSON<br><br><div style="text-align: center;">JOHN SMITH</div>   |               |
| 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:<br><br><div style="text-align: center;">           Food and Drug Administration<br/>           CDRH (HFZ-342)<br/>           2094 Gaither Road<br/>           Rockville, MD 20850         </div>   |                                     |   |               |
| 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.   |                                     |   |               |



|  |                                    |  |               |
|--|------------------------------------|--|---------------|
| <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>  |                                    |  |               |
| <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 <i>(Filed report with FDA/CDRH)</i><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. <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.   |                                    |  |               |
| <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>_____  |               |
| <b>Public reporting burden for this collection of information</b> 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:<br><br>Food and Drug Administration<br>CDRH (HFZ-342)<br>2094 Gaither Road<br>Rockville, MD 20850<br><br><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>  |                                    |  |               |