

DEPARTMENT OF THE TREASURY
 UNITED STATES CUSTOMS SERVICE
North American Free Trade Agreement
CERTIFICATE OF ORIGIN

Approved through 12/31/96
 OMB No. 1515-0204
 See back of form for Paper-
 work Reduction Act Notice.

(Instructions for completion on reverse)

19 CFR 181.11, 181.22

(Please print or type)

1. EXPORTER NAME AND ADDRESS: TAX IDENTIFICATION NUMBER:	2. BLANKET PERIOD (DD/MM/YY) FROM: TO:				
3. PRODUCER NAME AND ADDRESS: TAX IDENTIFICATION NUMBER:	4. IMPORTER NAME AND ADDRESS: TO:				
5. DESCRIPTION OF GOOD(S):	6. H.S. TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. NET COST	10. COUNTRY OF ORIGIN

I CERTIFY THAT:

- THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT:

- I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND TO INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE;

- THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND

- THIS CERTIFICATE CONSISTS OF _____ PAGES, INCLUDING ALL ATTACHMENTS.

11. AUTHORIZED SIGNATURE: NAME (PRINT OR TYPE)	COMPANY: TITLE:
DATE: (DD/MM/YR)	TELEPHONE:
FAX:	

CUSTOMS CLEARANCE BY
A.N. DERINGER, INC.

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