

DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection NOTICE OF INTENT TO EXPORT, DESTROY OR RETURN MERCHANDISE FOR PURPOSES OF DRAWBACK 19 CFR 191			PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to enforce the laws of the United States, to fulfill the U.S. Customs Regulations, to ensure that the claimant is entitled to drawback, and to have the necessary information which permits CBP to calculate and refund (or increase) the correct amount of duty and/or tax. Your response is required to obtain a benefit. The estimated average burden associated with this collection of information is 33 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs and Border Protection, Information Services Division, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0075) Washington, DC 20503.			
1. Exporter or Destroyer Name _____ Address _____ I.D. Number _____			2. Drawback Entry No. _____	3. Intended Action <input type="checkbox"/> Export <input type="checkbox"/> Destroy	4. Intended Date of Action (MM/DD/YYYY) _____	5. Drawback Center _____
			6. Contact Name _____ Address _____ Phone _____ Ext. _____ FAX _____			
7. Location of Merchandise	8. Method of Destruction	9. Location of Destruction	10. Exporting Carrier Name (if known)	11. Intended Port of Export	12. Unique Identifier No.	
				13. T & E No.	14. Country of Ultimate Destination	
15. Import Entry No.	16. Description of Merchandise (Include Part/Style/Serial Numbers)			17. Drawback Amount	18. Quantity & Unit of Measure	
					19. HTSUS No./Schedule B	
20. Drawback to be filled as: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Unused Merchandise Drawback <input type="checkbox"/> J1 <input type="checkbox"/> J2 <input type="checkbox"/> Manufacturing Drawback </div> <div style="width: 30%;"> <input type="checkbox"/> Same Condition Drawback under NAFTA <input type="checkbox"/> Distilled Spirits, Wine or Beer under 26 U.S.C. 5062 (c) </div> <div style="width: 30%;"> <input type="checkbox"/> Rejected Merchandise <input type="checkbox"/> Shipped without Consent <input type="checkbox"/> Defective at Time of Importation <input type="checkbox"/> Not Conforming to Sample or Specifications </div> </div>						
21. Preparer _____ Printed Name X _____ Signature _____ Title _____ Date _____					THIS FORM MUST BE SUBMITTED WITH THE DRAWBACK CLAIM	
CBP USE ONLY						
22. Examination <input type="checkbox"/> Required or <input type="checkbox"/> Waived (Additional information may be required if exam requested, T & E may be required)		25. Printed Name _____ Phone Number _____		29. Comments/Results of Examination or Witnessing of Destruction. (Merchandise matches invoice description)		
23. Present Merchandise to CBP at: _____		26. Signature & Badge No. X _____		30. Date Destroyed or Exam Conducted _____		
24. Destruction to be Witnessed by Customs <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Date _____	28. Port _____	31. Printed Name of Examining Officer _____ Phone Number _____ _____ Ext _____	32. Signature & Badge No. X _____ _____ Date _____	