

Form Approved  
O.M.B. No. 1515-0021  
See back of form for Paper-  
work Reduction Act Notice.

19 CFR 19.8, 19.11, 158.43

1. GOODS CONSIGNED TO <i>(Name)</i>	2. GOODS EXPORTED FROM	3. PORT AND DATE OF APPLICATION
4. LOCATION OF GOODS	5. CARRIER OR SHIP <i>(Name)</i>	6. BILL OF LADING OR CF 7512 NO.
7. IS AREA BONDED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	8. ENTRY INFORMATION  <input type="checkbox"/> Warehouse <input type="checkbox"/> Consumption  Number: _____ Date: _____	

PERMISSION IS REQUESTED TO: (Describe the complete operation to be performed under Customs supervision on the goods listed below):

[illegible]

12. SIGNATURE OF APPLICANT

**APPROVED**

13. DATE	14. SIGNATURE AND TITLE OF APPROVING CUSTOMS OFFICER
----------	--

The estimated average burden associated with this collection of information is 6 minutes per respondent or recordkeeper 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 Service, Paperwork Management Branch, Washington DC 20229. **DO NOT send completed form(s) to this office.**

## Date:

**MANIPULATION COMPLETED AS REQUESTED:** When goods are repacked the customs (warehouse) officer will report hereon the marks and numbers of packages repacked and the marks and numbers of packages and the weights or guage of same after repacking.

[illegible]

**Customs Form 3499 (102695)(Back)**