

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. _____
DATE
JUNE 1 2010

VIA (Carrier) **1206WJ
EAGLE ONTARIO**

B/L or INSURED NO. _____

NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS
TO BE MAILED (If Applicable)

Home Address

ARTICLES EXPORTED FOR:

- ALTERATION*
- REPAIR*
- USE ABROAD
- REPLACEMENT
- PROCESSING*
- OTHER, (specify)
SHOW/RACE HORSE

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

LIST ARTICLES EXPORTED

Number Packages	Kind of Packages	Description
1	HORSE	(HORSE NAME)

SIGNATURE OF OWNER OR AGENT (Print or Type and Sign) **JOHN DOE** *[Signature]* DATE **JUNE 1 2010**

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) _____ 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

Form Approved. OMB No. 1651-0010
Exp. 08-31-2012

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)	ARTICLES EXPORTED FOR:
	<input type="checkbox"/> ALTERATION* <input type="checkbox"/> PROCESSING* <input type="checkbox"/> REPAIR* <input type="checkbox"/> OTHER, (specify) _____ <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT
* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.	

LIST ARTICLES EXPORTED

Number Packages	Kind of Packages	Description

SIGNATURE OF OWNER OR AGENT (Print or Type and 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 and 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.