

BILSI United States-Canada-Mexico Agreement

Certification of Origin (USMCA/CUSMA/T-MEC)

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1. Certifier	Please mark if you are the Expo	rter, l	mporter, or Produce	r	2. Exporter			
Exporter 🛛	Importer 🛛		Producer D	7	Name:			
Name:					Address:			
Address:					///////////////////////////////////////			
Address.								
					Phone:			
Phone:					Email Address:			
Email Address:					Tax ID Number:			
Email Address.					Tax ID Number.			
3. Producer					4. Importer			
Name:					Name:			
Address:					Address:			
Auuress.					Auuress.			
Dhanai					Dhanai			
Phone: Email Address:					Phone: Email Address:			
Tax ID Number:					Tax ID Number:			
5. Description of goods			6. HTS Code		7. Origin Criteria	8. Method Of	9. Producer	10. Country
						Qualification	YES/NO	of Origin
	From		To:		Cingle Chinmont Inv	oico #		
11. Blanket Period	From:		То:		Single Shipment Inv	oice #		
				[
	(DD/MM/YYYY)		(DD/MM/YYYY)					
responsibility for prov	s described in this document qua ring such representations and agr sary to support this certification.							
12. Signature Block								
Certifier's signature:								
certiner s signature:					Company Name:			
Certifier's Name:								
Certifier Straffie.								
Date:					Certifier's Title:			
Telephone Number:	I				Email address:	1		

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5. Descrip	tion of goods		6. HTS Code		7. Origin Criteria	8. Method Of Qualification	9. Producer YES/NO	10. Country of Origin
11. Blanket Peroid	From:		To:		Single Shipment Invo	pice #		
	(DD/MM/YYYY)		(DD/MM/YYYY)		-			
	•		• ·	•	·			
I certify that the goods de responsibility for proving documentation necessary	such representations	and agree						
12. Signature Block								
Certifier's signature:								
Certifier's Name:	1				Company Name:	1		
Date:	1				Certifier's Title:			

ŀ	Telephone Number:
L	relephone Number.

CERTIFICATION OF ORIGIN INSTRUCTIONS

For purposes of obtaining preferential tariff treatment, this document must be completed legibly and in full, and be in the possession of the importer at the time the declaration is made. This document may be completed by the importer, exporter, or producer. FIELD 1 Provide the certifier's legal name, address (including country), telephone number, and e-mail address. FIELD 2 Provide the exporter's name, address (including country), e-mail address, and telephone number if different from the certifier. This information is not required if the producer is completing the certification of origin and does not know the identity of the exporter. The address of the exporter shall be the place of export of the good in a Party's territory. FIELD 3 Provide the producer's name, address (including country), e-mail address, and telephone number, if different from the certifier or exporter or, if there are multiple producers, state "Various" or provide a list of producers. A person that wishes for this information to remain confidential may state "Available upon request by the importing authorities". The address of a producer shall be the place of production of the good in a Party's territory. FIELD 4 Provide, if known, the importer's name, address, e-mail address, and telephone number. The address of the importer shall be in a Party's territory. FIELD 5 Provide a full description of each good. The description should be sufficient to relate it to the invoice description and to the Harmonized System (HS) description of the good. If the Certificate covers a single shipment of a good, include the invoice number as shown on the commercial invoice. If not known, indicate another unique reference number, such as the shipping order number. FIELD 6 For each good described in Field 5, identify the HS tariff classification is 10-deigit, minimum to the 6-digit level. FIELD 7 For each good described in Field 5, state which Origin Criteria (A through D) is applicable. The rules of origin are contained in Article 4.2. Note: In order to be entitled to preferential tariff treatment, each good must meet at least one of the criteria below. **ORIGIN CRITERIA** (A) Wholly obtained or produced entirely in the territory of one or more of the Parties, as defined in Article 4.3 (Wholly Obtained or Produced Goods) (B) Produced entirely in the territory of one or more of the Parties using non-originating materials provided the good satisfies all applicable requirements of Annex 4-B (Product-Specific Rules of Origin) (C) Produced entirely in the territory of one or more of the Parties exclusively from originating materials D "Except for a good provided for in Chapter 61 to 63 of the Harmonized System: (i)produced entirely in the territory of one or more of the Parties; (ii)one or more of the non-originating materials provided for as parts under the Harmonized System used in the production of the good cannot satisfy the requirements set out in Annex 4-B (Product-Specific Rules of Origin) because both the good and its materials are classified in the same subheading or same heading that is not further subdivided into subheadings or, the good was imported into the territory of a Party in an unassembled or a disassembled form but was classified as an assembled good pursuant to rule 2(a) of the General Rules of Interpretation of the Harmonized System; and (iii) the regional value content of the good, determined in accordance with Article 4.5 (Regional Value Content), is not less than 60 percent if the transaction value method is used, or not less than 50 percent if the net cost method is used" FIELD 8 For each good described in Field 6, where the good is subject to a Regional Value Content (RVC) requirement, indicate "NC" if the RVC was calculated according to the Net Cost method and "TV" if the good was calculated according to the Transaction Value method. If the good was qualified via a tariff shift, indicate "TS." If Origin Criterion A or C, you may enter "NO." FIELD 9 For each good described in Field 6, where you are the Producer of the good, indicate "YES"; otherwise indicate "NO." FIELD 10 Identify the country of origin of the good (CA, US, or MX) FIELD 11 Include the blanket period, if the certification covers multiple shipments of identical goods for a specified period of up to 12 months as set out in Article 5.2 (Claims for Preferential Treatment). FIELD 12 This field must be completed, signed, and dated by the authorized Certifier. The date must be the date the Certificate was

completed and signed. Indicate Certifier's Company, Title, Telephone Number, and Email Address