Select

CERTIFICATION OF ORIGIN

(Annex 5-A)

RESET FORM

1.CERTIFICATION TYPE:	6.BLANKET PERIOD FROM: MM DD YYYY TO: MM DD YYYY
2.EXPORTER NAME, ADDRESS (Include Country) 3.TAX ID: 4.PHONE: 5.EMAIL:	
7.PRODUCER NAME, ADDRESS (Include Country) 8.TAX ID: 9.PHONE: 10.EMAIL:	11.IMPORTER NAME, ADDRESS (Include Country) 12.TAX ID: 13.PHONE: 14.EMAIL:

15.DESCRIPTION OF GOODS	16.HS TARIFF CLASSIFICATION	17.ORIGIN CRITERION	18.COUNTRY OF ORIGIN

19.CERTIFIER NAME:	20.TITLE:
21.ADDRESS (Include Country):	
22.EMAIL:	23.PHONE:
24.I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification. This certification consists of ____ pages, including all attachments.	
25.AUTHORIZED CERTIFIER SIGNATURE:	26.DATE SIGNED: MM DD YYYY