160 WALES AVE, SUITE 100 TONAWANDA, NY 14150 TEL: 716-260-1580

Date: _____

FAX: 289-290-3036



ONE HERITAGE PL, SUITE 310 SOUTHGATE, MI 48195 TEL: 734-282-8406

FAX: 289-290-3036

BLANKET STATEMENT OF NON-REIMBURSEMENT FOR MULTIPLE COMMODITIES FROM THE SAME MANUFACTURER

Importer Name:		_	
Importer Address:		_	
Manufacturer's Name:			
Manufacturer's Address:			
agreement or understanding	pany, corporation, proprietors for the payment or for the rei of the antidumping duties upo	mbursement to me, by the r	ceived nor entered into any manufacturer, producer, seller
Anti-Dumping Case Number	Commodity	Tariff Number	Country of Origin
Which have been and/or will k	pe imported by this company.		
and Border Protection will be	ations on or after notified if there is any reimbur o the importing company at an	sement of antidumping dution	urther certify that U.S. Customs es by the manufacturer,
INFORMATION REGARDING A DIRECTOR WHERE THIS CERTI	NY REFUND OF ANTIDUMPING FICATE IS FILED.	G DUTIES MUST BE SENT IM	MEDIATELY TO THE PORT
	CATE PRIOR TO LIQUIDATION DUBLE ANTIDUMPING DUTIES.	WILL RESULT IN THE PRESUN	IPTION OF REIMBURSMENT
SIGNATURE OF COMPANY OFF	FICIAL:		
NAME OF ABOVE OFFICIAL:		TITLE:	
NOTE: AN OFFICER OF THE IM	IPORTING COMPANY MUST SI	GN THIS CERTIFICATE. IT MA	AY NOT BE SIGNED BY A

¹ The time period for a blanket certificate of reimbursement is either 12 months or the administrative review period, whichever is longer.

CUSTOMSHOUSE BROKER ON BEHALF OF THE CLIENT.