

Appendix J

Forms

This appendix provides samples of forms for use with the Automated Commercial System (ACS).

Copies of the Harmonized Tariff Schedule (HTS) Tape Order Form and Disclaimer Statement, Automated Clearinghouse (ACH) Application Form are included in this appendix.

These forms may be photocopied. The submitted copy must contain original signatures.

Harmonized Tariff Schedule (HTS) Tape Order Form and Disclaimer Statement

**U.S. CUSTOMS AND BORDER PROTECTION
APPLICATIONS DEVELOPMENT DIVISION
TARIFF COMPLIANCE
1050 Connecticut Ave., NW, Room 1049
WASHINGTON, DC 20036
Attn: Nina Bennett**

Filer Number: _____ Contact: _____

Company Name: _____ Phone: _____

Address: _____

The Harmonized Tariff Schedule is only available in six tape options. Select only one of the options by placing an "X" in the space provided below:

1. ___ ASCII CD with fixed length, each line is delimited with a Carriage Return Line Feed (CRFL)
2. ___ CARTRIDGE EBCDIC IBM 3490 FORMAT
3. ___ CARTRIDGE ASCII IBM 3490 FORMAT
4. ___ Other medium may be available. Email HTS.FILE@dhs.gov for further information.

Please check the appropriate block:

1. ___ We are not actively participating in the Automated Broker Interface (ABI) program. Enclosed is our check in the amount of \$500.
2. ___ We are actively participating in the ABI Program. Our client representative/contact person at CBP is: _____.

DISCLAIMER STATEMENT

It is understood that the Harmonized Tariff Schedule (HTS) tape is provided as an advisory tool for use by the trade. While CBP extends significant quality control efforts in producing this tape, the Service does no guarantee its accuracy or its completeness.

The undersigned user or agent will not hold the U.S. Customs and Border Protection responsible for the accuracy nor completeness of the HTS information provided on the automated tape that is purchased through this request. Likewise, the undersigned will not hold the U.S. Customs and Border Protection responsible for the application of HTS data to specific CBP entry transactions that will be generated using the HTS data contained on the tape.

In submitting this order, the purchaser/recipient acknowledges that use of the HTS data contained on the automated tape is solely at his own risk and agrees to hold the U.S. Customs and Border Protection harmless for refunds or damage incurred from its use.

(Signature)

(Title) print

(Company Name)

print

(Date Signed)

ACH Application

ACH APPLICATION	
U.S. Customs and Border Protection Automated Clearinghouse Daily Statement Payment Program (This form will be used to communicate account information to Mellon Bank)	
Date: _____	
Action to be taken: Add o Change o Delete o	
Current ACH Payer Unit Number: _____	Requested Effective Date: _____ <small>(Allow at least two business days.)</small>
Payer Company Name: _____	
Payer Company Address: _____	
Payer Contact Name: _____	
Payer Telephone: () _____	FAX: () _____
Importer Number: _____ <small>(include suffix)</small>	OR 3 digit filer code: _ _ _
Bank Name: _____	Address: _____
Telephone: () _____	
Bank must be a National Automated Clearinghouse Association (NACHA) participant.	
ACH Bank Transit Routing Number: _ _ _ _ _	ACH Bank Account Number: _ _ _ _ _
<p>To ensure the accuracy of the account information, it is requested that written verification (obtained from your bank) be completed and accompany this application. The ACH payer will be responsible for defaults that result from incomplete or erroneous account information when written verification is not submitted and certified by bank personnel. Please verify that the bank transit routing and account numbers on the ACH application and bank specifications sheet match before forwarding to the Accounting Services Division.</p>	
Name of CBP Broker/Filer: _____	3 digit filer code: _ _ _
Contact Name: _____	Telephone: () _____
CBP ABI Client Representative of CBP Broker/Filer _____	
_____ Name of Authorizing Company Official <small>(Please type or print)</small>	_____ Signature of Authorizing Company Official
This application should be faxed, mailed or e-mailed to the ACH Coordinator at:	
U.S. Customs and Border Protection ACH Applications P.O. Box 68901 Indianapolis, IN 46268	Telephone: (317) 298-1200 Ext. 1098 FAX : (317) 298-1259 Email: ACH-Customs@dhs.gov
This section to be completed by the U.S. Customs and Border Protection	
ACH Payer Unit Number _ _ _ _ _ (assigned by CBP)	Effective Date _____ <small>(Effective date is the first date ACH payment authorizations may be sent by CBP Broker/Filer)</small>

Automated Clearinghouse (ACH) Application Form

A separate ACH Application Form must be completed for each bank account if multiple accounts are used in the Automated Clearinghouse (ACH). To receive notification of the assigned Payer's Unit Number quickly, print the FAX telephone number in the upper right-hand corner of the form. If a broker is providing the form on behalf of the client, the client's FAX number should be provided.

Definitions for the data elements reported on the ACH Application Form are defined below:

Data Element	Description
Add	Check this box if the action is to add new banking account data.
Change	Check this box if the action is to change banking account data already on file or to change company address or contact information.
Delete	Check this box if the action is to delete the ACH payer's unit number. Deleting the record will prevent its future use in the ACH payment authorization transaction.
Current ACH Payer Unit Number	The current ACH payer unit number for which the change or delete is requested.
Requested Effective Date	The date the change is to take place. Effective dates for changes should be at least two business days in the future.
Payer Company Name	The name of the company which relates to the bank account information being provided.
Payer Company Address	The city, state and ZIP code of the company which relates to the bank account information being provided.
Payer Contact Name	The name of the contact person for the related payer company name.
Payer Telephone/ FAX	The telephone and FAX number of the company responsible for the ACH payment.
Importer Number or 3-Digit Filer Code	The 12-position (IRS), or 11-position (SSN) number or the 3-position filer code identifying the payer to which the ACH payer unit number will be assigned.
Bank Name	The name of the bank related to bank account information.
Address	The address of the bank related to the bank account information.
Telephone	The telephone number of the bank related to the bank account information.
ACH Bank Transit Routing Number	A 9-position number identifying the location of the bank where the bank account is located. This number is obtained from the bank. It is the responsibility of the payer to ensure that the information provided is correct.
ACH Bank Account Number	The bank account number which is to be used in the ACH payment process. This number is obtained from the bank. It is the responsibility of the payer to ensure that the information provided is correct.

Data Element	Description
Name of CBP Broker/Filer	The name of the CBP Broker/Filer the payer will use in the ACH payment authorization transmission. If payer uses more than one CBP Broker/Filer, provided the name of only one.
3-Digit Filer Code	The filer code of the related CBP Broker/Filer the payer will sue in the ACH payment authorization transmission.
Contact Name	The name of a contact person of the related CBP Broker/Filer name.
Telephone	The telephone number of the related CBP Broker/Filer contact name.
CBP ABI Client Representative of CBP Broker/Filer	The name of the ABI Client Representative of the related CBP Broker/Filer the payer will use in the ACH payment authorization transmission.
Name of Authorizing Company Official	The name of the company official who is authorized to release the information provided on the form.
Signature of Authorizing Company Official	A legible signature of the company official who is authorized to release the information on the form.
ACH Payer Unit Number	The six-digit ACH payer unit number assigned by CBP in “ADD” actions. This number will be used in the ACH payment authorization transmission to CBP.
Effective Date	Provided by CBP. The date the first ACH payment authorization may be transmitted to CBP by the payer’s filer.

Importation of Motor Vehicle Equipment Subject to Federal Motor Vehicle Safety, Bumper and Theft Prevention Standards

The sample of this form has been removed. Contact your client representative for a copy.

Department of Transportation

Data elements that may be required if certain boxes are checked on the Declaration for Importation of Motor Vehicle Equipment Subject to Federal Motor Vehicle Safety, Bumper and Theft Prevention Standards (HS7) are listed below:

Box	Record Identifier	Data Element	Note
1	DT01	Box Number and Box Certification	
	DT02	Optional	
2A	DT01	Box Number, Box Certification, Clarification Code	
	DT02	Optional	1
	DT03	Optional	1
2B	DT01	Box Number, Box Certification, Official Orders Certification, Substantiating Statement Certification	
	DT02	Required	
3	DT01	Box Number, Box Certification, DOT Bond Code and copy of contract	
	DT02	Make, Model, Year, Vehicle Identification Number, NHTSA Registered Importer Number, and Vehicle Eligibility Number	
4	DT01	Box Number and Box Certification	
	DT02	Optional	
5	DT01	Box Number, Box Certification, Passport Number, and International Organization for Standardization (ISO) Country Code	
	DT02	Make, Model, Year and Vehicle Identification Number	
6	DT01	Box Number, Box Certification, Official Orders Certification, and ISO Country Code	
	DT02	Make, Model, Year and Vehicle Identification Number	
7	DT01	Box Number, Box Certification, Prior Approval Letter, and Importer's Substantiating Statement Certification	
	DT02	Optional	
8	DT01	Box Number, Box Certification, Importer's Substantiating Statement Certification	
	DT02	Optional	
9	DT01	Box Number, Box Certification, Importer's Substantiating Statement Certification	
	DT02	Optional	
10		Phased out October 1992	
11	DT01	Box Number and Box Certification	2
12	DT01	Box Number, Box Certification, Official Orders Certification and ISO Country Code	
	DT02	Make, Model, Year and Vehicle Identification Number	

Notes:

- 1 If the DT02 and DT03 records are transmitted, the transaction is rejected.
- 2 If the DT02 record is transmitted, the transaction is rejected.

Import Inspection Application and Report (Meat, Poultry and Meat or Poultry Products), FSIS 9540-1 Form

The sample of this form has been removed. Contact your client representative for a copy.