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 APPLICATIONS DEVEL TARIFF COM 1300 PENNSYLVANIA A WASHINGTON Attn: Jim M	LOPMENT DIVISION IPLIANCE LVE., NW, Room 1530 N, DC 20229
Filer Number:	Contact:
Company Name:	Phone:
Address:	
The Harmonized Tariff Schedule is only available in six tape "X" in the space provided below:	options. Select only one of the options by placing an
1IBM EBCDIC 6250 BPI 9 TRACK 11" REEL TAPE	4ASCII 1600 BPI 9 TRACK 11" REEL TAPE
2IBM EBCDIC 1600 BPI 9 TRACK 11" REEL TAPE	5CARTRIDGE EBCIDIC IBM 3480 FORMAT
3ASCII 6250 BPI 9 TRACK 11" REEL TAPE	6CARTRIDGE ASCII IBM 3480 FORMAT
Please check the appropriate block:	
1We are not actively participating in the Automated Broker Interface (ABI) program. Enclosed is our check in the amount of \$500.	2We are actively participating in the ABI Program. Our client representative/contact person at Customs is:
DISCLAIM	ER STATEMENT
It is understood that the Harmonized Tariff Schedule (HTS) tape Customs extended significant quality control efforts in producing completeness.	
The undersigned user or agent will not hold the U.S. Customs Servinformation provided on the automated tape that is purchased thro U.S. Customs Service responsible for the application of HTS data using the HTS data contained on the tape.	ugh this request. Likewise, the undersigned will not hold the
In submitting this order, the purchaser/recipient acknowledges that at his own risk and agrees to hold the U.S. Customs Service harmles	
(Signature)	(Title)
(Company Name)	(Date Signed)

ACH Application

ACH APPLICATION United States Customs Service Automated Clearinghouse Daily Statement Payment Program (This form will be used to communicate account information to Mellon Bank)			
Date:			
Action to be taken: Add	Chan	nge 🖵 Delete 🖵	
Current ACH Payer Unit Number:		Requested Effective Date: (Allow at least two business days.)	
Payer Company Name: Payer Company Address:			
Payer Contact Name:			
Payer Telephone: ()		FAX: ()	
Importer Number:		OR 3 digit filer code:	
Bank Name:		Address:	
Telephone: () Bank must be a National Automated Clearinghouse A		IA) participant.	
ACH Bank Transit	× ×	ACH Bank	
Routing Number:		Account Number:	
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.			
Name of Customs Broker/Filer: Contact Name:		3 digit filer code: Telephone: ()	
U.S. Customs ABI Client Representative of Customs Broker/Filer			
Name of Authorizing Company Official (Please type or print)		Signature of Authorizing Company Official	
This application should be faxed, mailed or e-	-mailed to the A	ACH Coordinator at:	
ACH Applications	Telephone: FAX:	(317) 298-1200 Ext. 1098 (317) 298-1259	
P.O. Box 68901 Indianapolis, IN 46268	Email: ACH-Cu	ustoms@customs.treas.gov	
This section to be completed by the U.S. Customs Service			
ACH Payer Unit Number (assig	ned by USCS)	Effective Date	

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:

AddCheck this box if the action is to add new banking account data.ChangeCheck this box if the action is to	,
change banking account data already on file or to change company address or contac information.	;
Delete Check this box if the action is to delete the ACH payer's uni number. Deleting the record wil prevent its future use in the ACH payment authorization transaction	
Current ACH The current ACH payer unit	
Payer Unit number for which the change of	•
Number delete is requested.	
Requested The date the change is to take	
Effective Date place. Effective dates for changes should be at least two business days in the future.	
Payer The name of the company which	l
Company relates to the bank account	
Name information being provided.	
Payer The city, state and ZIP code of the	;
Company company which relates to the	
Address bank account information being provided.	5
Payer Contact The name of the contact person	l
Name for the related payer company name.	,
Payer The telephone and FAX number	•
Telephone/ of the company responsible for	•
FAX the ACH payment.	
Importer The 12-position (IRS), or 11	
Number or position (SSN) number or the 3	
3-Digit Filer position filer code identifying the	
Code payer to which the ACH payer unit number will be assigned.	•

Data Element	Description
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	A 9-position number identifying
Transit	the location of the bank where the
Routing	bank account is located. This
Number	number is obtained from the bank. It is the responsibility of the payer to ensure that the information provided is correct.
ACH Bank	The bank account number which
Account	is to be used in the ACH payment process. This number is obtained
Number	from the bank. It is the responsibility of the payer to
	ensure that the information
Name of	provided is correct. The name of the Customs
Customs	Broker/Filer the payer will use in
Broker/Filer	the ACH payment authorization
	transmission. If payer uses more than one Customs Broker/Filer, provided the name of only one.
3-Digit Filer	The filer code of the related
Code	Customs Broker/Filer the payer
	will sue in the ACH payment
	authorization transmission.
Contact Name	The name of a contact person of the related Customs Broker/Filer
Talankana	name.
Telephone	The telephone number of the related Customs Broker/Filer
	contact name.
U.S. Customs	The name of the ABI Client
ABI Client	Representative of the related
Representative	Customs Broker/Filer the payer
of Customs	will use in the ACH payment
Broker/Filer	authorization transmission.
Name of Authorizing	The name of the company official who is authorized to release the
Company	information provided on the form.
Official	internation provided on the form.
Signature of	A legible signature of the
Authorizing	company official who is
Company	authorized to release the
Official	information on the form.

	2 tot pron	
ACH Payer Unit Number	The six-digit ACH payer unit number assigned by U.S. Customs in "ADD" actions. This number will be used in the ACH payment authorization transmission to U.s.	
Effective Date	Customs. Provided by Customs. The date the first ACH payment authorization may be transmitted to U.S. Customs 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	ç
1	DT01	Box Number and Box		
		Certification		
	DT02	Optional		
2A	DT01	Box Number, Box		1
		Certification, Clarification		1
		Code		
	DT02	Optional	1	1
	DT03	Optional	1	-
2B	DT01	Box Number, Box		
		Certification, Official		
		Orders Certification,		
		Substantiating Statement		
		Certification		
	DT02	Required		
3	DT01	Box Number, Box		I
		Certification, DOT Bond		1
		Code and copy of contract		1
	DT02	Make, Model, Year,		1
		Vehicle Identification		
		Number, NHTSA		_
		Registered Importer		4
		Number, and Vehicle		
	DT01	Eligibility Number		
4	DT01	Box Number and Box		
	DT02	Certification		
5	DT02	Optional Dev Number Dev		
5	DT01	Box Number, Box		
		Certification, Passport Number, and International		
		Organization for		
		Standardization (ISO)		
		Country Code		
	DT02	Make, Model, Year and		
	D102	Vehicle Identification		
		Number		
6	DT01	Box Number, Box		
Ũ	2101	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		
		_		

Box	Record Identifier	Data Element	Note
8	DT01	Box Number, Box Certification, Importer's Substantiating Statement Certification	
9	DT02 DT01	Optional Box Number, Box Certification, Importer's	
10	DT02	Substantiating Statement Certification Optional Phased out October 1992	
10	DT01	Box Number and Box Certification	2
12	DT01	Box Number, Box Certification, Official Orders Certification and	
	DT02	ISO Country Code Make, Model, Year and Vehicle Identification Number	
Notes:			
1		2 and DT03 records are , 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.