U. S. DEPARTMENT OF THE INTERIOR

FORMITA 261D

DECLIECT EOD DEFLIND OF DUTIES

	ON ARTICI	ON ARTICLES ENTERED DUTY PAID (P.L. 97-446, AS AMENDED BY P.L. 103-465, P.L. 106-36 AND P.L. 108-429)			
	This form must be completed in order to obtain duty refunds pursu	uant to P.L. 97-446, AS AMENDED BY P.L. 103-465, P.L. 106-36 AND P.L. 108-429			
Α.		e of Entitlement (Form ITA-360P) Number, , , , , , , , , , , , , , , , ,			
В.	B. The number of this request is and is in the amount of \$				
C.	Duties are requested to be refunded to:	- Address ,			
	City, State, ZIP Code	Signature of Authorized Company Official			
	Check whether affiliated or not affiliated	with the certificate holder.			
D.	Certification by Department of Commerce:	FTS Number			
	Typed name and title	Signature			

INSTRUCTIONS FOR CERTIFICATE HOLDER:

Complete blocks A, B, and C. Enter the related information requested on the reverse side of your certificate (Form ITA-360P), sign in block C above, and submit to:

Subsidies Enforcement Office Import Administration U.S. Department of Commerce Room 3713 1401 Constitution Ave, NW Washington, D.C. 20230

Public reporting for this collection of information is established to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the date needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports Clearance Officer, Internatinal Trade Administration, U.S. Dept. of Commerce, Room 4001, 14th & Constitution Ave. NW, Washington, D.C. 20230.

Your copy (Copy E) will be returned to you after certification by the Department of Commerce.

INSTRUCTIONS FOR CUSTOMS OFFICIAL:

Provided that this form is presented to you on or before the expiration date shown in block A and the certifications in block D above and block E (1) of Copy B have been executed, you are authorized to refund duties on articles that entered the United States duty paid with the exception of articles containing any material which is the product of a country with respect to which Column 2 rates of duty apply, which were made within the three-year period beginning two years prior to the date of issuance of the Certificate of Entitlement described in block A. This request for refund of duties must be presented to you by the party shown in block C, together with any other documentation required by applicable regulations of the U.S. Customs and Border Protection. You may verify the validity of this request by telephoning the Commerce official shown in block D. You may verify the information supplied by the claimant in block E (1) from your records. After the U.S. Customs and Border Protection has refunded the requested duties, enter the pertinent information in block E (2) of Copy B, ensuring that the information is legible on the remaining copies. This form may be used as often as necessary to exhaust the amount shown in block B. When the total amount of gross duties refunded equals the amount shown in block B, return the original and Copy C to Commerce at the address shown above. The form should also be returned to Commerce in the event it is presented after the expiration date shown in block A, and in that event no refund of duties is permitted. If additional instructions are needed, telephone the Commerce official shown in block D. THE ORIGINAL AND COPIES B, C, AND D SHOULD REMAIN AFFIXED TOGETHER UNTIL EXPIRATION OR THE AMOUNT IN BLOCK B IS EXHAUSTED, WHICHEVER OCCURS FIRST.

ORIGINAL

THIS DOCUMENT MUST BE PRESENTED TO THE U.S. CUSTOMS AND BORDER PROTECTION OFFICER AT THE PORT OF ENTRY WHERE THE ARTICLES FOR WHICH REFUND OF DUTIES IS REQUESTED WERE ENTERED PORT OF ENTRY WHERE THE ARTICLES FOR WHICH REFUND OF DUTIES IS REQUESTED WERE ENTERED

U. S. DEPARTMENT OF THE INTERIOR

FORM ITA-361P

REV. 3-06 REQUEST FOR REFUND ON ARTICLES ENTERED (P.L. 97-446, AS AMENDED BY P.L. 103-465)	D DUTY PAID
A. This request for refund is made pursuant to Certificate of Entitlemissued to, on	·
B. The number of this request is and is in the amount of	of \$
C. Duties are requested to be refunded to:	· Address ,
City, State, ZIP Code Signature	e of Authorized Company Official
Check whether affiliated or not affiliated with the	certificate holder.
D. Certification by Department of Commerce:	FTS Number
Typed name and title Signature	9
E. Refund Information:	
(1) Refunds requested: (to be completed by claimant) FY Entry number Port Entry date Duties Claimant's initials/date (each claim) / / / / / / / / / / / / / / / / / /	Gross duties refunded: Less Customs reimbursement: Net duties refunded: Subtotal: Gross duties refunded: Less Customs reimbursement: Subtotal: Gross duties refunded: Less Customs reimbursement: Net duties refunded: Subtotal: Subtotal:
DECLARATION BY CLAIMANT: I declare that the information given above is true and correct to the best of my knowledge and belief; that no notices of exportation of articles with benefit of drawback were filed upon exportation of this merchandise from the United States; that no liquidated refunds on the articles relating to the present claim have been paid; and that no protest or request for litigation for refund of duties paid and herewith claimed has been made.	Gross duties refunded: Less Customs reimbursement: Net duties refunded: / Subtotal: Gross duties refunded: Less Customs reimbursement: Net duties refunded: / Subtotal: / Subtotal: Gross duties refunded: Less Customs reimbursement: Net duties refunded: Less Customs reimbursement: Net duties refunded: Less Customs reimbursement: Net duties refunded: / Customs initials date / Subtotal: TOTAL:
	Customs signature (when last refund is made)

COPY B

NOTICE TO CUSTOMS: Do not accept this document unless it is accompanied by the original (see instructions thereon). After completing block E (2), retain this copy for your records. Copy C is the Department of Commerce copy. Copy D is the broker's copy.

U. S. DEPARTMENT OF THE INTERIOR

FORM ITA-361P

(P.L. 97-446, AS	ON ARTICLES EN	EFUND OF DUTIES TERED DUTY PAID 103-465, P.L. 106-36 AND P.L. 108-429)
A. This request for refund is made pursua issued to		Entitlement (Form ITA-360P) Number, and expiring
B. The number of this request is	and is in the a	mount of \$
C. Duties are requested to be refunded to:	Name	· Address ,
City, State, ZIP Code	·	Signature of Authorized Company Official
Check whether affiliated or not	affiliated	with the certificate holder.
D. Certification by Department of Commer	CCE: Date	FTS Number
Typed name and title	,	Signature
E. Refund Information:		
(1) Refunds requested: (to be completed	Ciun	mant's (2) Refunds paid: (to be completed by Customs)
FY Entry number Port Entry date	—	Is/date Gross duties refunded:
		/ Less Customs reimbursement:
		Net duties refunded:
		Subtotal:
		Gross duties refunded:
		Less Customs reimbursement:
		Net duties refunded:
		Subtotal:
		Gross duties refunded:
		Less Customs reimbursement:
		Net duties refunded:
		Subtotal:
		Gross duties refunded:
		Less Customs reimbursement:
		Net duties refunded:
		Subtotal:
		./ Gross duties refunded:
DECLARATION BY CLAIMANT: I declare that the i	oformation given above	Less Customs reimbursement:
and correct to the best of my knowledge and belief;	that no notices of export	ation of Net duties refunded.
articles with benefit of drawback were filed merchandise from the United States; that no lid		articles Customs initials date
relating to the present claim have been paid; and litigation for refund of duties paid and herewith claim	that no protest or req	
Claimant's signature (when first claim is made)		Customs signature (when last refund is made)
	COPY	'C

U. S. DEPARTMENT OF THE INTERIOR

FORM ITA-361P

REV. 3-06 REQUEST FOR REFUND ON ARTICLES ENTERED (P.L. 97-446, AS AMENDED BY P.L. 103-465	DUTY PAID
A. This request for refund is made pursuant to Certificate of Entitlement issued to, on	
B. The number of this request is and is in the amount of	of \$
C. Duties are requested to be refunded to:	- Address
City, State, ZIP Code Check whether affiliated or not affiliated with the	e of Authorized Company Official certificate holder.
D. Certification by Department of Commerce:	, FTS Number
Typed name and title Signature E. Refund Information:	
(1) Refunds requested: (to be completed by claimant) FY Entry number Port Entry date Duties initials/date (each claim) // // // // // // DECLARATION BY CLAIMANT: I declare that the information given above is true and correct to the best of my knowledge and belief; that no notices of exportation of articles with benefit of drawback were filled upon exportation of this merchandise from the United States; that no liquidated refunds on the articles relating to the present claim have been paid; and that no protest or request for litigation for refund of duties paid and herewith claimed has been made.	Gross duties refunded: Less Customs reimbursement: Net duties refunded: Customs initials date Customs reimbursement: Net duties refunded: Less Customs reimbursement: Net duties refunded: Subtotal: Customs initials date Gross duties refunded: Less Customs reimbursement: Net duties refunded: Less Customs reimbursement: Net duties refunded: Customs initials date Gross duties refunded: Less Customs reimbursement: Net duties refunded: Less Customs reimbursement: Net duties refunded: Customs initials date Gross duties refunded: Less Customs reimbursement: Net duties refunded: Less Customs reimbursement: Net duties refunded: Less Customs reimbursement: Net duties refunded: Customs initials date Net duties refunded: TOTAL:
Claimant's signature (when first claim is made)	Customs signature (when last refund is made)
COPY D	

BROKER'S COPY

OMB No. 0625-0134 Expires 04/30/2012

U. S. DEPARTMENT OF COMMERCE

U. S. DEPARTMENT OF THE INTERIOR

FORM ITA-361P

REQUEST FOR REFUND OF DUTIES ON ARTICLES ENTERED DUTY PAID (P.L. 97-446, AS AMENDED BY P.L. 103-465, P.L. 106-36 AND P.L. 108-429)					
Α.	A. This request for refund is made pursuant to Certificate of Entitlement (Form ITA-360P) Number , issued to, on, and expiring				
В.	The number of this request is and is in the amount of \$				
C.	Duties are requested to be refunded to: Name	· Address ,			
	City, State, ZIP Code	Signature of Authorized Company Official			
	Check whether affiliated or not affiliated	with the certificate holder.			
D.	Certification by Department of Commerce: Date	, FTS Number			
	Typed name and title	Signature			
	COPY E				
	NOTICE TO CERTIFICATE HOLDER: Do not remove this copy. The Department of				

Commerce will return it for your records after your request is certified.