

North America Free Trade Agreement Certificate of Origin

| | | | | | | |
|--|-------------------------|-------------------------------------|--|---------------------|--------------------------|-------------------------------|
| 1. Exporter Name and Address _____ _____ _____ | | Tax I.D. Number _____ | 2. Blanket Period Effective Date (DDMMYY) _____ Expiration Date (DDMMYY) _____ | | | |
| 3. Producer Name and Address _____ _____ | | Tax I.D. Number _____ | 4. Importer Name and Address _____ _____ | | Tax I.D. Number _____ | |
| 5. Description of Goods <p style="text-align: center;">Plastic Holden Chocks</p> | | 6. HS Tariff Classification | 7. Preference Criterion | 8. Producer | 9. Et Cost | 10. Country of Origin |
| **** REFER TO BLANKET FORM**** | | | | | | |
| I Certify that: * The information on this document is true and accurate and I assume the responsibility for providing such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document; * I agree to maintain, and present upon request, documentation necessary to support this certificate, and to inform, in writing, all persons to whom the certificate was given of any changes that would affect the accuracy or validity of this certificate; * The goods originated in the territory of one or more of the parties, and comply with the origin requirements specified for those goods in the North American Free Trade Agreement, and, unless specifically exempted in Article 411 or Annex 401, there has been no further production or any other operation outside the territories of the parties; * This certificate consists of _____ pages, including all attachments. | | | | | | |
| 11. Authorized Signature: _____ _____ | | | Exporter/Producer | | | |
| Name: _____ | | | Title: _____ | | | |
| Date (DDMMYY) _____ | Telephone: _____ | | Fax: _____ | | | |