

Director, Revenue Division  
United States Customs & Border Protection St.  
Albans, Vermont 05478

Dear Director:

Re: Customs Bond CBPF-301

Importer Name: \_\_\_\_\_  
(Including DBA, AKA, DIV)

Physical Address: \_\_\_\_\_  
(Street, City, Country, Postal Code)

Mailing Address: \_\_\_\_\_  
(Street/PO Box, City, Country, Postal Code)

Employer Identification Number: \_\_\_\_\_  
(US Companies)

Please allow this letter to serve as our Bond Application. Our duties, taxes and fees paid to Customs for the previous 12 months totaled \$ \_\_\_\_\_. Our estimated duties, taxes and fees for the upcoming 12 months are \$ \_\_\_\_\_.  
Required even if \$0 Required even if \$0

Please provide details of your anticipated shipments:

Product(s)/Commodity(ies)\*: \_\_\_\_\_

Country(ies) of origin\*: \_\_\_\_\_

\*If more space is needed to complete these fields, please attach an addendum

Please check any of the following that apply to your product/commodity:

Anti-Dumping/Countervailing Duties

FDA

Cigarette/Tobacco Products

Renewal:

I want my bond auto-renewed on a yearly basis.

I do not want my bond auto-renewed after the one-year term. Do not contact me about renewal and terminate the bond at the end of the bond period.

I certify that the factual information contained in this application is true and accurate. Any information provided, when based on estimates, is based upon the best information available on the date of the application.

By signing and submitting this application to Deringer, I understand that it will be submitted to U.S. Customs and that refunds are not available on first year bonds once approved by US Customs and Border Protection. In addition, shortly before your bond is scheduled to renew, you will be contacted. When you are contacted about your upcoming renewal, please notify us ([BondDept@anderinger.com](mailto:BondDept@anderinger.com)) in writing should you decide not to renew your bond.

Sincerely,

\_\_\_\_\_  
Signature of Officer of the Company

\_\_\_\_\_  
Printed Name of Officer of the Company

\_\_\_\_\_  
Title of Officer of the Company

\_\_\_\_\_  
Signature Date

Questions

From the U.S.: Phone (802) 524-8210 Please email completed form to: [BondDept@anderinger.com](mailto:BondDept@anderinger.com) or Fax to (802)524-8260  
Mailing Address: Bond Department, A.N. Deringer, Inc., 64 N Main Street, St. Albans, VT 05478  
Bond Dept Business Hours: Monday – Friday 8AM – 5PM EST, excluding Holidays (Bond Application Revision 03/2025)