

## Duty Drawback Questionnaire

Date Completed: \_\_\_\_\_

### Company Information.

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Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company website: \_\_\_\_\_

Is your company the (select all that apply):

Importer of Record	Intermediate Party	Producer
Exporter of Record	Manufacturer	Destroyer

### Import Shipments

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Approximate Number of Annual Import Shipments for which Drawback will be claimed: \_\_\_\_\_

Are those multiple line imports? Yes No

Description of Imported Merchandise: \_\_\_\_\_

Imported Merchandise identification by (select all that apply):

Part number Serial number

Other (describe): \_\_\_\_\_

### Export Shipments

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Approximate Number of Annual Export Shipments for which Drawback will be claimed: \_\_\_\_\_

Description of Exported Merchandise: \_\_\_\_\_

Exported Merchandise identification by (select all that apply):

Part number Serial number

Other (describe): \_\_\_\_\_

For Drawbacks claims, will exports include shipments to Canada and/or Mexico? Yes No

### Additional Information

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Estimated Annual Duties to be Claimed for Refund: \_\_\_\_\_ USD

Has your company previously applied for (select all that apply):

One-time Waiver of Prior Notice	Manufacturer's Drawback Ruling
Waiver of Prior Notice	Accelerated Payment Privilege