



DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB CONTROL NUMBER: 1651-0024
EXPIRATION DATE: 11/30/2025

ENTRY/IMMEDIATE DELIVERY
19 CFR 142.3, 142.16, 142.22, 142.24, 149.3

HEADER INFORMATION

PORT OF ENTRY:	BOND TYPE: <input type="checkbox"/> Single Transaction Bond <input type="checkbox"/> Continuous Bond <input type="checkbox"/> No Bond Required	IMPORTER NUMBER: <input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned
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IMPORTER NAME AND ADDRESS:
Name (Last, First, Middle Initial):
Street Address:
City: State: Zip Code:

ENTRY NUMBER:	BOND VALUE:	ENTRY VALUE:	CES:
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ENTRY TYPE:	ORIGINATING WHSE ENTRY NUMBER (For Entry Type 22 Only):	SURETY CODE:
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PORT OF UNLADING:	MODE OF TRANSPORTATION: <input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Hand Carry <input type="checkbox"/> Pipeline <input type="checkbox"/> Other	LOCATION OF GOODS (FIRMS):
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G.O. NUMBER:	CONVEYANCE NAME/FTZ ZONE ID:
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HEADER REFERENCE INFORMATION

REFERENCE ID CODE:	REFERENCE ID NUMBER (max of 50 characters):
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HEADER PARTIES (MUST APPLY TO ENTIRE ENTRY; IF NOT, SKIP TO LINE INFORMATION)

HEADER PARTY TYPE:	HEADER PARTY TYPE NAME (Last, First, Middle Initial) AND ADDRESS:	HEADER ID # (if applicable):
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Consignee <input type="checkbox"/> Buying Party <input type="checkbox"/> Selling Party	Name: Street Address: City: State: Zip Code:	<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Consignee <input type="checkbox"/> Buying Party <input type="checkbox"/> Selling Party	Name: Street Address: City: State: Zip Code:	<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Consignee <input type="checkbox"/> Buying Party <input type="checkbox"/> Selling Party	Name: Street Address: City: State: Zip Code:	<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Consignee <input type="checkbox"/> Buying Party <input type="checkbox"/> Selling Party	Name: Street Address: City: State: Zip Code:	<input type="checkbox"/> IRS <input type="checkbox"/> SSN <input type="checkbox"/> CBP Assigned

CERTIFICATION

CBP USE ONLY

I hereby make application for entry/immediate delivery. I certify that the above information is accurate, the bond is sufficient, valid, and current, and that all requirements of 19 CFR Part 142 have been met.

SIGNATURE OF APPLICANT:

PHONE NUMBER: DATE:

CBP examination required.
Other agency action required, namely:

Entry rejected, because:

BROKER OR OTHER GOVT. AGENCY USE	SIGNATURE:
DELIVERY AUTHORIZED:	DATE:

LINE INFORMATION					
1	LINE 1 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:		LINE ITEM QUANTITY:	VALUE:
	1. _____	___ HTS ___ Commercial/Invoice			1. _____
	2. _____	Description: _____		FTZ FILING DATE: _____	2. _____
COUNTRY OF ORIGIN:		ZONE STATUS: ___ P ___ N			
LINE PARTY TYPE:	LINE NAME (Last, First, Middle Initial) AND ADDRESS:			LINE ID NUMBER (if applicable):	
___ Manufacturer	Name:			___ IRS	
___ Consignee	Street Address:			___ SSN	
___ Buying Party	City:	State:	Zip Code:	___ CBP Assigned	
___ Selling Party					
2	LINE 2 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:		LINE ITEM QUANTITY:	VALUE:
	1. _____	___ HTS ___ Commercial/Invoice			1. _____
	2. _____	Description: _____		FTZ FILING DATE: _____	2. _____
COUNTRY OF ORIGIN:		ZONE STATUS: ___ P ___ N			
LINE PARTY TYPE:	LINE NAME (Last, First, Middle Initial) AND ADDRESS:			LINE ID NUMBER (if applicable):	
___ Manufacturer	Name:			___ IRS	
___ Consignee	Street Address:			___ SSN	
___ Buying Party	City:	State:	Zip Code:	___ CBP Assigned	
___ Selling Party					
3	LINE 3 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:		LINE ITEM QUANTITY:	VALUE:
	1. _____	___ HTS ___ Commercial/Invoice			1. _____
	2. _____	Description: _____		FTZ FILING DATE: _____	2. _____
COUNTRY OF ORIGIN:		ZONE STATUS: ___ P ___ N			
LINE PARTY TYPE:	LINE NAME (Last, First, Middle Initial) AND ADDRESS:			LINE ID NUMBER (if applicable):	
___ Manufacturer	Name:			___ IRS	
___ Consignee	Street Address:			___ SSN	
___ Buying Party	City:	State:	Zip Code:	___ CBP Assigned	
___ Selling Party					
4	LINE 4 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:		LINE ITEM QUANTITY:	VALUE:
	1. _____	___ HTS ___ Commercial/Invoice			1. _____
	2. _____	Description: _____		FTZ FILING DATE: _____	2. _____
COUNTRY OF ORIGIN:		ZONE STATUS: ___ P ___ N			
LINE PARTY TYPE:	LINE NAME (Last, First, Middle Initial) AND ADDRESS:			LINE ID NUMBER (if applicable):	
___ Manufacturer	Name:			___ IRS	
___ Consignee	Street Address:			___ SSN	
___ Buying Party	City:	State:	Zip Code:	___ CBP Assigned	
___ Selling Party					
BILL OF LADING INFORMATION (Use additional block below for a second Bill of Lading)					
___ Non-AMS	___ Split Bill	BOL TYPE:		SCAC/CARRIER ID:	
		___ In-Bond	___ Master ___ House ___ Regular/Simple		
IN-BOND NUMBER:		BOL NUMBER:	QUANTITY:	UNIT OF MEASURE:	
SECOND BILL OF LADING		BOL TYPE:		SCAC/CARRIER ID:	
		___ In-Bond	___ Master ___ House ___ Regular/Simple		
IN-BOND NUMBER:		BOL NUMBER:	QUANTITY:	UNIT OF MEASURE:	
VOYAGE/FLT/TRIP:		CONVEYANCE:		ARRIVAL DATE:	

PRIVACY ACT STATEMENT

OMB 1651-0024 CBP Forms CBP 3461 and 3461 ALT, Privacy Act Statement

This Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY:

CBP Form 3461 and 3461 ALT are authorized to collect the information requested on these forms pursuant to 19 CFR 142.3, 142.16, 141.22, and 141.24. SSNs can be used to uniquely identify any importer or consignee that does not have an importer ID. The legal authority to collect SSNs is granted through 31 U.S.C. 7701, 19 CFR 24.5 & 19 CFR 149.3.

PURPOSE:

CBP is requesting this information for imports into the United States, which are subject to examination before entering the commerce of the United States. The information collected on CBP Forms 3461 and 3461 ALT allow CBP Officers to verify that the information regarding the consignee and shipment is correct and that a bond is on file with CBP. CBP also uses these forms to close out the manifest and to establish the obligation to pay estimated duties in the time period prescribed by law or regulation.

ROUTINE USES:

The information requested on this form may be shared externally as a "routine use" with appropriate federal, state, local, tribal, or foreign governmental agencies, or multilateral governmental organizations, to assist DHS in investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, order, license, or treaty or when DHS determines that the information would assist in the enforcement of civil or criminal laws. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/CBP-001 Import Information System." The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Providing this information will enable importers and brokers to obtain the release of the merchandise from CBP custody. Failure to provide the information may prevent the release of the merchandise.

PAPERWORK REDUCTION ACT STATEMENT

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0024. The estimated average time to complete this application is 15 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, Washington DC 20002.