



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

OMB CONTROL NUMBER: 1651-0012  
EXPIRATION DATE: 07/31/2025

**LEIN NOTICE**

19 U.S.C. 66, 1564; 19 CFR 141.112

PORT:		CBP ASSIGNED NO.:		DATE OF NOTICE:	DATE OF ARRIVAL:
NAME OF CONSIGNEE/IMPORTER:			NAME OF CARRIER:		B/L NO. OR CBP 7512 NO.:
LOCATION OF GOODS:					
MARKS AND NUMBERS		NO. OF PACKAGES		REMARKS	
<b>AMOUNTS CLAIMED</b>		A. FREIGHT:	B. CHARGES:	C. CONTRIBUTIONS TO GENERAL AVERAGE:	D. TOTAL:
<p><b>STATEMENT OF AGENT:</b> I, the Undersigned, agent of the above-named carrier, certify that the carrier has a lien on the above-listed merchandise in accordance with Sections 564 and 613 of the Tariff Act of 1930. I further certify that the information set forth in this notice is true to the best of my knowledge and belief, and that the sum claimed is due and unpaid and was a subsisting lien upon the goods described at the time they passed into U.S. Customs and Border Protection (CBP) custody. I understand that sale of this merchandise by the Government for any reason does not entitle claimants to advance notice in the absence of a written request identifying the goods with this notice. I also agree upon the discharge or satisfaction of this lien, to promptly notify the CBP office at the above-named port by filing a written release or receipt showing payment of the claim in full.</p>					
SIGNATURE OF AGENT:					DATE:
<b>LIENHOLDER</b>					
NAME:			ADDRESS:		
SIGNATURE OF LIENHOLDER:				TITLE:	DATE:
<b>STATEMENT OF CLAIMANT: The amounts claimed as due and unpaid have been satisfied.</b>					
SIGNATURE OF CLAIMANT:					DATE:
<b>DISPOSITION (CBP USE ONLY)</b>					
<b>CBP OFFICER</b>					
NAME:					
SIGNATURE OF CBP OFFICER:					DATE:
<p><b>Paperwork Reduction Act Statement:</b> 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 1651-0012. The estimated average time to complete this application is 15 minutes. Obligation to respond is required to obtain benefits. 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, D.C., 20002.</p>					