  

**USMCA/CUSMA/TMEC FREE-FORM**

**CERTIFICATION OF ORIGIN**

**Certifier Name:** Enter name of person completing this certification

**Certifier Company Name:** Enter name of company completing this certification

**Certifier Address:** Enter complete mailing address of company completing this certification, including the country in which the certifier is located.

**Certifier Telephone:** Enter phone number of company completing this certification

**Certifier Email:** Enter email of person completing this certification

**Certifier Category:** Pick from drop down list which category describes certifier.

**Producer Name:** Enter name of producer, if known. Enter “available upon request” if you only wish to disclose to US, Mexican and Canadian customs authorities.

**Producer Address:** Enter complete mailing address of producer, including producer’s country. Mailing address of the producer must be the place of production of the goods. Leave blank if you only wish to disclose to US, Mexican and Canadian customs authorities

**Producer Telephone:** Enter phone number of producer. Leave blank if you only wish to disclose to US, Mexican and Canadian customs authorities.

**Producer Email:** Enter email of producer. Leave blank if you only wish to disclose to US, Mexican and Canadian customs authorities.

**Exporter Name:** Enter name of exporter. Leave blank if the producer is completing the certification and does not know who the exporter will be.

**Exporter Address:** Enter complete mailing address of the exporter. Leave blank if the producer is completing the certification and does not know who the exporter will be. The mailing address in this field must be the place of export of the goods covered by the certification. Be sure to include name of country which which exporter is located.

**Exporter Telephone:** Enter phone number of exporter. Leave blank if the producer is completing the certification and does not know who the exporter will be.

**Exporter Email:** Enter email of exporter. Leave blank if the producer is completing the certification and does not know who the exporter will be.

**Importer Name:** Enter name of importer. If more than one company will be the importer, enter “various.”

**Importer Address:** Enter complete mailing address of importer. Must be in the United States, Canada or Mexico. If more than one company will be the importer and you indicated “various,” above, leave blank.

**Importer Telephone:** Enter phone number of importer. If more than one company will be the importer and you indicated “various,” above, leave blank.

**Importer Email:** Enter email of importer. If more than one company will be the importer and you indicated “various,” above, leave blank.

**Blanket Period or Invoice # Covered by Certification:** Enter Invoice # to which this certification relates. If certification is intended to cover up to 12 months of shipments, enter 12 month time period covered by this certification as MM-DD-YY 🡺 MM-DD-YY. For example, 01/01/21 🡪 12/31/21.

**Product Description & Tariff Classification & Preference Criteria:**

|  |  |  |
| --- | --- | --- |
| Product Description | Tariff Classification | Preference Criteria |
| Enter description of good(s) covered by this certification. This may be by part number + description or just by description. Description entered must be sufficient to allow customs authorities to relate the description to the goods intended to be covered by the certification. | Enter 6 digit HS classification of good(s) covered by the certification. If the rule of origin in Annex 4-B is depends upon an 8 digit HS classification, enter 8 digit classification. | Select origin preference criteria from drop down menu. Each good listed in “product description” field should have a preference criteria |

**USMCA/CUSMA/TMEC Certification Statement:**

The goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification. This certification consists of Enter total number of pages of this certification. page(s), including all attachments.

**Certifier Signature**

**(electronic/digital signature is acceptable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certifier Name:** Enter name of individual signing this certification.

**Certifier Title:** Enter title of individual signing this certification.

**Certifier Company Name:** Enter name of company providing this certification.

**Date of Signature:** Enter date this certification was signed. This may be before or after the blanket period described above. It must be the date the certification was ACTUALLY signed