

Printable

Cross-Border Documents for 2020

BILL OF LADING / CONNAISSEMENT



Not negotiable / Non negociable

UNIT NO. / NO.D'UNITÉ		PLEASE PLACE TOP OF BAR CODE STICKER STRAIGHT ON DOTTED LINE S.V.P. PLACER LA PARTIE SUPÉRIEURE DU CODE À BARRE AUTOCOLLANT EN LIGNE DROITE SUR LE POINTILLÉ				
BILL OF LADING NO. / N° DE CONN.						
D/J	M	Y/A				
SHIPPER / EXPÉDITEUR <small>CUSTOMER CODE CODE DU CLIENT</small>		Declared Valuation \$ _____ Valeur déclarée				
NAME / NOM		Per: _____				
ADDRESS / ADRESSE		Maximum liability of \$2.00 per pound unless declared valuation states otherwise. A surcharge is applicable when the declared value is in excess of \$2.00 per pound.				
CITY / VILLE		/ Responsabilité maximum de \$2.00/livre à moins d'indication contraire. Un supplément s'applique quand la valeur déclarée dépasse deux dollars la livre.				
CONSIGNEE / CONSIGNATAIRE <small>CUSTOMER CODE CODE DU CLIENT</small>		FREIGHT CHARGES / FRAIS DE TRANSPORT				
NAME / NOM		PREPAID / PORT PAYÉ Bill Shipper / Facturer l'Expéditeur		COLLECT / À PERCEVOIR Bill Consignee / Facturer le Destinataire		
ADDRESS / ADRESSE		Freight charges will be collect unless marked prepaid.				
CITY / VILLE		Les frais seront à percevoir à moins d'avis contraire - OR / OU:				
ROUTING / ROUTE	CARRIER / TRANSPORTEUR	TRANSFER POINT / POINT DE TRANSBORDEMENT		BILL THIRD PARTY FACTURER UNE TIERCE PARTIE DANGEROUS GOODS PROD. DANGEREUX Address Adresse		
# PIECES MORCEAUX	PARTICULARS OF GOODS, MARKS AND EXCEPTIONS DESCRIPTION DES MARCHANDISES, MARQUES ET PARTICULARITÉS	DANGEROUS GOODS PROD. DANGEREUX CLASS	P.I.N.			WEIGHT POIDS
P.O. #		REF#		SHIPPER'S #		
SHIPPER: PLEASE COMPLETE THE FOLLOWING / EXPÉDITEUR: S.V.P. REMPLIR CE QUI SUIT						
TOTAL NO. OF PIECES NOMBRE TOTAL DE COLIS	DIMENSIONS OF SHIPMENT / DIMENSIONS DU CHARGEMENT LENGTH / LONGUEUR WIDTH / LARGEUR HEIGHT / HAUTEUR			TOTAL CUBIC FEET TOTAL PIEDS CUBES	TOTAL WEIGHT POIDS TOTAL	DIMENSIONAL WEIGHT / POIDS DIMENSIONNEL ~ ~10 lb/cu.ft./li/p.c.
1. Any agreement covering transportation of the goods described herein with other than due dispatch, or for specific time, must be endorsed on this bill of lading and signed by the parties hereto. 2. When a shipment is at shipper's risk, the words "At Shipper's Risk" must be entered and initialed by both parties hereto				C.O.D. AMOLUNT / MONTANT \$ _____		C.O.D. FEE PREPAID FRAIS C.O.D. PAYÉS D'AVANCE C.O.D. FEE COLLECT FRAIS C.O.D. À PERCEVOIR
1. Toute entente spéciale concernant le transport des biens décrits ci-haut, soit heure spéciale de livraison ou autre, doit être indiquée sur ce connaissement et signée par les partis concernés. 2. Si la marchandise est expédiée au risque de l'expéditeur, les mots "Au risque de l'expéditeur" doivent être inscrits et initialés par les deux parties concernées				C.O.D. charges will be collect unless marked prepaid. Les frais C.O.D. seront à percevoir à moins d'avis contraire		
SHIPPER / EXPÉDITEUR _____ PER: _____ <small>NOTE: UNCRATED MERCHANDISE AT SHIPPER'S RISK. / THIS BILL OF LADING TO BE SIGNED BY SHIPPER AND CARRIER.</small>		CARRIER / TRANSPORTEUR PER: _____		CHECKER CONTRÔLEUR		

CERTIFICATION OF ORIGIN

United-States-Mexico-Canada Agreement USMCA (CUSMA)

1. Certifier Name and Address

Phone Number

Email

Tax ID Number

2. Exporters Name and Address

Phone Number

Email

Tax ID Number

3. Producer Name and Address

Phone Number

Email

Tax ID Number

4. Importer Name and Address

Phone Number

Email

Tax ID Number

5. Description of Good(s)

6. HS Tariff Classification

7. Origin Criterion

8. Country of Origin

9. Blanket Period (MM/DD/YY)

From

To

10. I certify that:

The goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for providing such representation 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 page(s), including all attachments.

Certifier's signature

Company Name

Certifier's name (print or type)

Certifier's title

Date (MM/DD/YY)

Certifier type (importer, exporter, producer)

CERTIFICATION OF ORIGIN INSTRUCTIONS

United-States-Mexico-Canada Agreement USMCA (CUSMA)

For purposes of obtaining preferential tariff treatment, this document must be completed legibly and in full, and be in the possession of the importer at the time the declaration is made. This document may be completed by the importer, exporter or producer.

- Field 1:** Provide the certifier's legal name, address (including country), telephone number, and e-mail address.
- Field 2:** Provide the exporter's name, address (including country), e-mail address, and telephone number if different from the certifier. This information is not required if the producer is completing the certification of origin and does not know the identity of the exporter. The address of the exporter shall be the place of export of the good in a Party's territory.
- Field 3:** Provide the producer's name, address (including country), e-mail address, and telephone number, if different from the certifier or exporter or, if there are multiple producers, state "Various" or provide a list of producers. A person that wishes for this information to remain confidential may state "Available upon request by the importing authorities". The address of a producer shall be the place of production of the good in a Party's territory.
- Field 4:** Provide, if known, the importer's name, address, e-mail address, and telephone number. The address of the importer shall be in a Party's territory.
- Field 5:** Provide a full description of each good. The description should be sufficient to relate it to the invoice description and to the Harmonized System (HS) description of the good. If the Certificate covers a single shipment of a good, include the invoice number as shown on the commercial invoice. If not known, indicate another unique reference number, such as the shipping order number.
- Field 6:** For each good described in Field 5, identify the HS tariff classification to the 6-digit level.
- Field 7:** For each good described in Field 5, state which Origin Criteria (A through D) is applicable. The rules of origin are contained in Article 4.2. Note: In order to be entitled to preferential tariff treatment, each good must meet at least one of the criteria below.
- A** A Wholly obtained or produced entirely in the territory of one or more of the Parties, as defined in Article 4.3 (Wholly Obtained or Produced Goods)
 - B** Produced entirely in the territory of one or more of the Parties using non-originating materials provided the good satisfies all applicable requirements of Annex 4-B (Product-Specific Rules of Origin)
 - C** Produced entirely in the territory of one or more of the Parties exclusively from originating materials
 - D** "Except for a good provided for in Chapter 61 to 63 of the Harmonized System:
 - (i) produced entirely in the territory of one or more of the Parties;
 - (ii) one or more of the non-originating materials provided for as parts under the Harmonized System used in the production of the good cannot satisfy the requirements set out in Annex 4-B (Product-Specific Rules of Origin) because both the good and its materials are classified in the same subheading or same heading that is not further subdivided into subheadings or, the good was imported into the territory of a Party in an unassembled or a disassembled form but was classified as an assembled good pursuant to rule 2(a) of the General Rules of Interpretation of the Harmonized System; and
 - (iii) the regional value content of the good, determined in accordance with Article 4.5 (Regional Value Content), is not less than 60 percent if the transaction value method is used, or not less than 50 percent if the net cost method is used"
- Field 8:** Identify the country of origin of the good (CA, US, or MX)
- Field 9:** Include the blanket period, if the certification covers multiple shipments of identical goods for a specified period of up to 12 months as set out in Article 5.2 (Claims for Preferential Treatment).
- Field 10:** Include the blanket period, if the certification covers multiple shipments of identical goods for a specified period of up to 12 months as set out in Article 5.2 (Claims for Preferential Treatment).

The certification must be signed and dated by the certifier and accompanied by the following statement:

I certify that 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.

CONTINUATION SHEET

USMCA - Certification of Origin Form

1. Exporters Name

2. Blanket Period (MM/DD/YY)

From

To

3. Producer Name

4. Importer Name

5. Description of Good(s)

6. HS Tariff
Classification

7. Origin Criterion

8. Country of Origin

COMMERCIAL INVOICE

SHIPPER/EXPORTER	DATE	COMMERCIAL INVOICE NO.
CONSIGNEE	CUSTOMER P.O. NUMBER	DATE OF EXPORT
	COUNTRY OF ORIGIN	B/L / AWB NUMBER
NOTIFY PARTY/ INTERMEDIATE CONSIGNEE	FINAL DESTINATION	EXPORT ROUTE / CARRIER
	TERMS OF SALE	TERMS OF PAYMENT
	FREIGHT: PREPAID COLLECT	
MARKS:		

QUANTITY	DESCRIPTION	H.S. NUMBER	UNIT PRICE	TOTAL PRICE U.S.\$'S

"WE HEREBY CERTIFY THIS INVOICE TO BE TRUE AND CORRECT."	SUBTOTAL HANDLING FREIGHT MISC.	
	TOTAL	

THESE COMMODITIES, TECHNOLOGY OR SOFTWARE WERE EXPORTED FROM THE UNITED STATES TO :
 IN ACCORDANCE WITH THE EXPORT REGULATIONS. DIVERSION CONTRARY TO U.S. LAW PROHIBITED.



1. Vendor (name and address) - Vendeur (nom et adresse)	2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada yyyy/mm/dd
3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)	

4. Consignee (name and address) - Destinataire (nom et adresse)	5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)
6. Country of transhipment - Pays de transbordement	
7. Country of origin of goods Pays d'origine des marchandises	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.

8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada	9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.)
10. Currency of settlement - Devises du paiement	

11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente	
			14. Unit price Prix unitaire	15. Total
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00
		unit/unité		0.00

18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. / N° de la facture commerciale _____	<input type="checkbox"/>	16. Total weight - Poids total	17. Invoice total Total de la facture
		Net	Gross - Brut
			0.00

19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)	20. Originator (name and address) - Expéditeur d'origine (nom et adresse)
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21. CCRA ruling (if applicable) - Décision de l'Agence (s'il y a lieu)	22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case
	<input type="checkbox"/>

23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada _____ (iii) Export packing Le coût de l'emballage d'exportation _____	24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada _____ (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat _____ (iii) Export packing Le coût de l'emballage d'exportation _____	25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>
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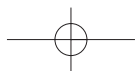
Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.

SHIPPER'S EXPORT DECLARATION

1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) <i>(Complete name and address)</i>		2. DATE OF EXPORTATION	
		ZIP CODE	3. TRANSPORTATION REFERENCE NO.
b. USPPI EIN (IRS) OR ID NO.	c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related		
4a. ULTIMATE CONSIGNEE <i>(Complete name and address)</i>			
b. INTERMEDIATE CONSIGNEE <i>(Complete name and address)</i>			
5. FORWARDING AGENT <i>(Complete name and address)</i>			
		6. POINT (STATE) OF ORIGIN OR FTZ NO.	7. COUNTRY OF ULTIMATE DESTINATION
8. LOADING PIER <i>(Vessel only)</i>	9. METHOD OF TRANSPORTATION <i>(Specify)</i> Vessel	14. CARRIER IDENTIFICATION CODE	15. SHIPMENT REFERENCE NO.
10. EXPORTING CARRIER	11. PORT OF EXPORT	16. ENTRY NUMBER	17. HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No
12. PORT OF UNLOADING <i>(Vessel and air only)</i>	12. CONTAINERIZED <i>(Vessel only)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	18. IN BOND CODE	19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> Yes <input type="checkbox"/> No

20. SCHEDULE B DESCRIPTION OF COMMODITIES <i>(Use columns 22-24)</i>					
D/F or M (21)	SCHEDULE B NUMBER (22)	QUANTITY SCHEDULE B UNIT(S) (23)	SHIPPING WEIGHT <i>(Kilograms)</i> (24)	VIN/PRODUCT NUMBER/ VEHICLE TITLE NUMBER (25)	VALUE (U.S. dollars, omit cents) <i>(Selling price or cost if not sold)</i> (26)

27. LICENSE NO./LICENSE EXCEPTION SYMBOL/AUTHORIZATION	28. ECCN <i>(When required)</i>
29. Duly authorized officer or employee	The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.
30. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "Correct Way to Fill Out the Shipper's Export Declaration." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).	
Signature	Confidential - For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)).
Title	<i>Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.</i>
Date	31. AUTHENTICATION <i>(When required)</i>
Telephone No. <i>(Include Area Code)</i>	E-mail address





**EXPORT DECLARATION
DÉCLARATION D'EXPORTATION**

**PROTECTED (WHEN COMPLETED)
PROTÉGÉ (UNE FOIS REMPLI)**

Page of de

1. Canadian Exporter Name and Address - Nom et adresse de l'exportateur canadien Name - Nom Street and No. - Rue et n° City, Country - Ville, pays Postal Code - Code postal		2. Business Number - Numéro d'entreprise	3. Exporter Reference No. - N° de référence de l'exportateur	
6. Consignee Name and Complete Address - Nom et adresse complète du destinataire Name - Nom Street and No. - Rue et n° City, Country - Ville, pays		7. Province of Origin - Province d'origine 9. Export Permit No. if Applicable - N° du permis d'exportation si applicable 11(a) Name of Exporting Carrier - Nom du transporteur exportateur	4. Country of Final Destination - Pays de destination finale 5. Customs Assigned Transaction No. - N° assigné par les douanes	
10. Number and Kind of Packages - Nombre et genre de colis		11(b) Vessel Name if Marine - Nom du bateau si par eau	8. Customs Office of Exit and Date Stamp - Timbre dateur du bureau de douane de sortie 12. Currency of Declared Value - Devise de la valeur déclarée	
13. Country of Origin - Pays d'origine	14. Item Description - Désignation d'articles	15. HS Commodity Code - Code de commodité du SH	16. Qty & Unit of Measure - Qté & unité de mesure	17. Value F.O.B. Point of Exit - Valeur f.à b. bureau de sortie
• If foreign goods in same condition as imported, give country of origin. • S'il s'agit de marchandises étrangères dans l'état ou elles ont été importées indiquer le pays d'origine.		18. Gross Weight - Poids brut	19. Total Value F.O.B. Point of Exit - Valeur total f.à b. bureau de sortie	

I hereby certify that the information given above and on the continuation sheet(s), if any, is true and complete.
 Je certifie que les renseignements donnés ci-dessus et sur les feuilles supplémentaires, s'il en est, sont exacts et complets.

20. Name of Person Responsible for Completion - Nom de la personne responsable de la formule remplie
 Street, City - Rue, ville Province
 Postal Code - Code postal Area Code & Tel. No. - Code régional & n° de tél.

21. Signature **22. Date** **23. Status - Statut**
 Owner Propr. Agent

24. If Goods are Not Sold, State Reason for Export (If a lease or rental state period) - Si les marchandises ne sont pas vendues, motiver l'exportation (si location ou bail indiquez le terme)

25. Freight Charges to Point of Exit (Estimated if unknown) - Frais de transport jusqu'au point de sortie (estimatifs si inconnu)
 \$ _____ Included in Reported Value Yes / Oui No / Non
 Inklus dans la valeur

26. Mode of Transport from Point of Exit - Moyen de transport à partir du lieu de sortie
 Road Route Rail / Chemin de fer Water / Eau Air
 Other (specify) / Autre (précisez)

27. Containerized - Conteneurisées
 Yes / Oui No / Non

For general information on exports refer to D20-1-1. This directive is published by: Export Policy, Revenue Canada, Ottawa ON K1A 0L5 (613) 954-7160 For statistical information and export commodity codes contact: International Trade Division, Statistics Canada, Jean Talon Bldg., Tunney's Pasture, Ottawa ON K1A 0T6 (613) 951-9647 or 1-800-294-5583 For information on controlled exports contact: Export Controls Division, Dept. of Foreign Affairs and International Trade, Box 481, Station A, Ottawa ON K1N 9K6 (613) 996-2387	Pour les renseignements sur les exportations voir D20-1-1. Cette directive est publiée par: Politique d'exportation, Revenu Canada, Ottawa ON K1A 0L5 (613) 954-7160 Pour des renseignements statistiques et des codes de commodité d'exportation contacter: Division du commerce international, Statistique Canada, Imn. Jean Talon, Parc Tunney, Ottawa ON K1A 0T6 (613) 951-9647 ou 1-800-294-5583 Pour des renseignements sur les exportations contrôlées contacter: Direction du contrôle des exportations, min. des Affaires étrangères et du Commerce international, C.P. 481, Succ. A, Ottawa ON K1N 9K6 (613) 996-2387
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