

DIVISION OF CUSTOMS SERVICE

Department of Finance P O Box 5234 CHRB SAIPAN, MP 96950



CERTIFICATION OF ABATEMENT FOR QUALIFYING CERTIFICATE

CONSIGNEE NAME:				
DECLARATION OF ENTE	RY NUMBER:			
ARRIVAL DATE:			DUE DATE:	
INVOICE NUMBER(S):				
INVOICE AMOUNT:	\$	_		
DUTY ASSESSED:		EXCISE TAX:	\$	
		BEAUTIFICATION TAX:	\$	
TO BE COMPLETED BY COMMONWEALTH DEVELOPMENT AUTHORITY In accordance with QC, it is hereby certified that the above import document has been reviewed				
		and the following duty is eli		
QUALIFIED ABATEMENT AMOUNT: \$			CERTIFIED BY:	
			Name & Signature	mm \boldsymbol{I} dd \boldsymbol{I} yyyy