Central America-Dominican Republic-United States Free Trade Agreement

INSTRUCTIONS REGARDING THE SAMPLE CERTIFICATION

This sample Certification satisfies the requirements of the customs authority and represents a suggested sample that the importer may use to make a claim for preferential tariff treatment under the Agreement. However, importers, exporters, and producers can construct their own Certification as long as it contains the minimum requirements established in Article 4.16.2 of the Central America-Dominican Republic-United States Free Trade Agreement. This sample Certification is offered for the sole purpose of providing clarity to the users; if this sample Certification is used to claim preferential tariff treatment under the Agreement, it should be filled out in a legible and complete manner, as the case may be, by the importer, exporter, or producer of the goods. The importer will be responsible for presenting the certification to the customs authority to request preferential tariff treatment for a good imported into the territory. This certification will not be valid if it is presented with cross outs, amendments, or writing over the lines.

Field 1: State the full legal name, address (including the country) and tax identification number of the exporter. The tax identification number is in:

- Costa Rica: Legal Identification Number for companies or the Identity Document for individuals.
- El Salvador: Tax Identification Number (N.I.T.)
- Guatemala: Tax Identification Number (N.I.T.)
- Honduras: National Tax Registration Number (R.T.N.)
- Nicaragua: Unique Taxpayer Registration Number (R.U.C.)
- Dominican Republic: National Taxpayer Registration (R.N.C.) for companies and the Identity and Electoral Document number for individuals.

Field 2: Complete this field if the Certification covers multiple shipments of identical goods, as they are described in Field 5, that are imported to the countries that are Parties to the Agreement within a period of up to 12 months (blanket period). "From" is the date from which the certification will be applicable with respect to the goods covered by the Certification (it may be prior to the date of signing this certification). "To" is the date when the certification’s blanket period expires. The importation of any of the goods covered by the certification must take place within the dates indicated in this field.

Field 3: If there is only one producer, state the full legal name, the address (including the country) and the tax identification number as indicated in Field 1. If the Certification includes more than one producer, state “VARIOUS” and attach a list of all the producers, including their name, address (including the country) and the tax identification number, making reference to the good or goods described in Field 5. If this information is confidential, state “AVAILABLE UPON REQUEST BY THE APPROPRIATE AUTHORITY.” If the producer and the exporter are the same person, state “SAME.” If the producer is unknown, state “UNKNOWN.”

Field 4: State the importer’s full legal name, address (including the country) and tax identification number as defined in Field 1.

Field 5: Provide a complete description of each good. The description must be sufficiently detailed to relate it to the invoice description of the good and the Harmonized System (H.S.) description of the good. If the Certification covers only one shipment of one good, include the commercial invoice number. If the invoice number is unknown, indicate another unique reference number; such as the shipment order number, the purchase order number or any other number that can be used to identify the goods.

Field 6: For each good described in Field 5, state the Harmonized System (H.S.) tariff classification to six digits. If the good is subject to a specific rule of origin that requires eight or ten digits, identify the good to this level of detail using the Harmonized System tariff classification of the country of importation.

Field 7: For each good described in Field 5, state which criteria (A, B1, B2 or C) is applicable, followed by the code described in the note for this field based on the preference regime that is being requested. The rules of origin are found in Chapter 4, in the Annex 4.1 (specific rules of origin) of the Agreement or in the Appendix 3.3.6. To take advantage of preferential tariff treatment, each good must comply with one of the following criteria:
Criteria for preferential treatment:

**A:** The good is wholly obtained or produced entirely in the territory of one or more of the Parties;

**B:** The good is produced entirely in the territory of one or more of the Parties and

1. Each of the non-originating materials used in the production of the good undergoes an applicable change in tariff classification.
2. The good otherwise satisfies any applicable regional value content or other requirement and the good satisfies all other applicable requirements of Chapter 4 of the Agreement;

**C:** The good is produced entirely in the territory of one or more of the Parties exclusively from originating materials.

**Note:** To each criterion for preferential treatment add the following code:

- **CAFTA:** If preferential tariff treatment is requested under the Central America-Dominican Republic-United States Free Trade Agreement.
- **CA-DR:** If preferential tariff treatment is requested under the Central America-Dominican Republic regime.

Field 8: For each good described in Field 5 to which the B2 preferential treatment criterion is applied in Field 7, state the method used to determine the origin, according to the following:

- **RVC:** Regional Value Content, followed by (1), (2) or (3): (1) Build-down method; (2) Build-up method; or (3) Net Cost
- **ACU:** Accumulation
- **DM:** De Minimis
- **FGM:** Fungible Goods and Materials
- **SG:** Sets of Goods

Field 9: For each good described in Field 5, state “YES” if you are the producer of the good. If you are not the producer of the good, state “NO” followed by (1) or (2), depending on whether the Certification is based on one of the following assumptions:

1. Issued on the basis of a Certification issued by the exporter or producer;
2. Importer or exporter knowledge that the good qualifies as originating.

**Note:** Issuing a Certification in accordance with assumption (2) does not exempt one from the obligation to verify that the good qualifies as originating.

Field 10: This field should be used to indicate any other information concerning the verification of origin of the good or goods, such as for example: the transportation route, advance rulings, invoicing in a third country or if it is a good subject to a contingency (quota), among others. In the case of goods received under the CA-DR preference regime described field 7, the exporter or importer must specifically indicate if the good has been produced within a tax-free zone or in other special tax and customs regimes.

Field 11: This field should be filled out, signed and dated by the issuer of the Certification (importer, exporter or producer). The date should be that on which the Certification was filled out and signed. If any extra pages are used, they should also be signed by the importer, exporter or producer, as applicable.
<table>
<thead>
<tr>
<th><strong>1.</strong> Nombre y domicilio del exportador (Exporter’s Name and Address):</th>
<th><strong>2.</strong> Periodo que cubre (Blanket Period):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>De (From):</td>
</tr>
<tr>
<td></td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>A (To):</td>
</tr>
<tr>
<td></td>
<td>D</td>
</tr>
</tbody>
</table>

Número de Identificación Fiscal (Tax Identification Number):

<table>
<thead>
<tr>
<th><strong>3.</strong> Nombre y domicilio del productor (Producer’s Name and Address):</th>
<th><strong>4.</strong> Nombre y domicilio del importador (Importer’s Name and Address):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Número de Identificación Fiscal (Tax Identification Number):</td>
</tr>
</tbody>
</table>

**5.** Descripción del (los) bien(es) (Description of Good(s))

**6.** Clasificación arancelaria (HS Tariff Classification Number)

**7.** Criterio para trato Preferencia (Preference Criterion)

**8.** Productor (Producer)

**9.** RVC VCR

**10.** País de origen (Country of Origin)

I certify that:

— La información contenida en este documento es verdadera y exacta, y me hago responsable de comprobar lo aquí declarado. Estoy consciente que seré responsable por cualquier declaración falsa u omisión hecha en o relacionada con el presente documento. (the information on this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document);

— consiento en mantener, y presentar sobre la petición, documentación necesaria de apoyar este Certificado, e informar, por escrito, todas las personas a quien el Certificado fue dado de cualquier cambio que afectaría la exactitud o la validez de este Certificado (I agree to maintain, and present upon request, documentation necessary to support this Certificate, and to inform, in writing, all persons to whom the Certificate was given of any changes that would affect the accuracy or validity of this Certificate);

— los bienes originados en el territorio de uno o varios de los Partidos, y cumplen con las exigencias de origen especificadas para aquellos bienes en los Estados Unidos / Acuerdo de Cambio Libre de Chile, y a menos que expresamente no eximido en Artículo 411 o Anexo 401, no hubo ninguna producción adicional o ninguna otra operación fuera de los territorios de los Partidos; y (the goods originated in the territory of one or more of the Parties, and comply with the origin requirements specified for those goods in the United States / Chile Free Trade Agreement, and unless specifically exempted in Article 411 or Annex 401, there has been no further production or any other operation outside the territories of the Parties; and)

— este Certificado consiste en páginas de __, incluso todos los accesorios. (this Certificate consists of __ pages, including all attachments).

<table>
<thead>
<tr>
<th><strong>11.</strong> Firma autorizada (Authorized Signature):</th>
<th><strong>Empresa (Company):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre (Name):</td>
<td>Cargo (Title):</td>
</tr>
</tbody>
</table>

Fecha (Date DD/MM/YY)

Teléfono (Telephone)

Facaimile (Fax):

M.E. Dey & Co. • 700 W. Virginia, Suite 300 • Milwaukee, WI 53204 • 414-747-7000 • www.medey.com