



United States Council for International Business

ATA Carnet Application

A. Applicant Information:

1. Carnet Holder (Corporate or Individual) _____
 Address _____ Fax No. () _____
 2. IRS No./SS No. _____
 3. Parent Company _____ IRS No. _____
 4. Person Duly Authorized & Title _____ Fax No. () _____
 5. Authorized Representatives: _____

B. Carnet Preparation Information:

6. Goods to be exported as: Commercial Samples (CS) Professional Equipment (PE) Exhibitions and Fairs (EF)
 7. Approximate date of departure from U.S. : _____

8. Check the box(es) of all countries to be visited and indicate the number of expected visits on the line provided beside each:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Algeria (AL) | <input type="checkbox"/> Gibraltar (GI) | <input type="checkbox"/> Luxembourg (LU) | <input type="checkbox"/> Slovakia (SK) |
| <input type="checkbox"/> Australia (AU) | <input type="checkbox"/> Greece (GR) | <input type="checkbox"/> Malaysia (MY) | <input type="checkbox"/> Slovenia (SI) |
| <input type="checkbox"/> Austria (AT) | <input type="checkbox"/> Hong Kong (HK) | <input type="checkbox"/> Malta (MT) | <input type="checkbox"/> South Africa (ZA) |
| <input type="checkbox"/> Belgium (BE) | <input type="checkbox"/> Hungary (HU) | <input type="checkbox"/> Mauritius (MU) | <input type="checkbox"/> Spain (ES) |
| <input type="checkbox"/> Bulgaria (BG) | <input type="checkbox"/> Iceland (IS) | <input type="checkbox"/> Netherlands (NL) | <input type="checkbox"/> Sri Lanka (LK) |
| <input type="checkbox"/> Canada (CA)* | <input type="checkbox"/> India (IN)** | <input type="checkbox"/> New Zealand (NZ) | <input type="checkbox"/> Sweden (SE) |
| <input type="checkbox"/> Cyprus (CY) | <input type="checkbox"/> Ireland (IE) | <input type="checkbox"/> Norway (NO) | <input type="checkbox"/> Switzerland (CH) |
| <input type="checkbox"/> Czech Republic (CZ) | <input type="checkbox"/> Israel (IL) | <input type="checkbox"/> Poland (PL) | <input type="checkbox"/> Thailand (TH) |
| <input type="checkbox"/> Denmark (DK) | <input type="checkbox"/> Italy (IT) | <input type="checkbox"/> Portugal (PT) | <input type="checkbox"/> Turkey (TR) |
| <input type="checkbox"/> Finland (FI) | <input type="checkbox"/> Ivory Coast (CI) | <input type="checkbox"/> Romania (RO) | <input type="checkbox"/> U.K. (GB) |
| <input type="checkbox"/> France (FR) | <input type="checkbox"/> Japan (JP) | <input type="checkbox"/> Senegal (SN) | <input type="checkbox"/> Protectorates of above,
specify _____ |
| <input type="checkbox"/> Germany (DE) | <input type="checkbox"/> Korea (KR) | <input type="checkbox"/> Singapore (SG) | <input type="checkbox"/> Other _____ |

*only certain PE items will be admitted

**only EF items will be admitted

9. Number of times leaving _____ and re-entering _____ the U.S.
 10. Countries Transiting: _____

F. Obligation:

In connection with the use of this Carnet, I, as the Holder of the Carnet and my representative(s), undertake to timely repatriate under Carnet all of the goods taken abroad, to produce satisfactory and timely evidence to cancel or mitigate any claim issued against my Carnet by a foreign guaranteeing association, to comply with all Customs regulations and requirements both in the United States and abroad, and to accept responsibility for the results of the negotiations or proceedings with any Customs Authority conducted by me as Holder or by the U.S. Council on my behalf. I further agree to return the Carnet to the U.S. Council with all used and unused counterfoils/vouchers within 15 days after my final trip by receipted mail and to retain a copy for my records.

I declare that I have read all of the contents of the application package and that all my statements in connection with this application, and the descriptions and items on the General List, are true and correct.

23. _____ Date _____
 (Corporate Officer or Duly Authorized Signature)

POWER OF ATTORNEY FOR CARNETS

(for Freight Forwarders, Customs Brokers or other Third Parties to submit to Carnet Service Provider)

Top portion to be completed by the Holder

Know all men by these presents:

That

Name of Corporation, Individual, Proprietorship, Partnership, or LLC giving P/A

a(n) [] Corporation [] Individual [] Proprietorship [] Partnership [] Limited Liability Corporation,

(the "Grantor") does hereby appoint, _____
Name of Freight Forwarder, Customs Broker or other Third Party

its true and lawful Attorney(s)-In-Fact, with full power of substitution to execute on its behalf, electronically submitted and/or paper submitted applications to the U.S. Council for International Business (hereinafter "USCIB"), Carnet guarantees (surety bonds) in which the USCIB appears as obligee or undertakings and other documents of a similar character, issued in the course of its application for, and use of, Carnets, and to bind the Grantor hereby. This Power of Attorney for Carnets shall be effective unless and until revoked in writing delivered to said Attorney-In-fact.

In witness whereof, _____
Name of Corporation, Individual, Proprietorship or LLC giving P/A

has executed and attested these presents, this _____ day of _____, _____
Date Month Year

by _____
Signature (Officer, if Corporation)
Printed Name
Title

SUBSTITUTION OF POWER OF ATTORNEY FOR CARNETS

The portion below is to be completed by the Forwarder, Customs Broker or other Third Party

Pursuant to authority granted in the above Power of Attorney for Carnets, the undersigned hereby appoints Roanoke Trade Services, Inc., a designated USCIB Carnet Service Provider, to act on its behalf, with full power of substitution, as true and lawful Attorney-In-Fact for the above named Grantor, to hold all powers and authorities held by the undersigned as if said Roanoke Trade Services, Inc. was directly named in said Power of Attorney. This Power of Attorney for Carnets shall be effective unless and until revoked in writing delivered to said Attorney-In-fact.

In witness whereof, _____
Name of Freight Forwarder, Customs Broker or other Third Party

has executed these presents on _____
Month, Day, Year

by _____
Signature (Officer, if Corporation)
Printed Name
Title

Submit to: USCIB c/o Roanoke Trade Services
1475 E. Woodfield Road, Suite 500, Schaumburg, IL 60173
Phone: 800-762-6653 / Fax: 847-969-8200 / Email: carnets@roanoketrade.com