

**W.J. Byrnes & Co. of Los Angeles, Inc.**  
(submit to [jmolina@wjbyrnes.com](mailto:jmolina@wjbyrnes.com) or fax to 310-615-2335)

**Continuous Bond Application**

CHB Name: \_\_\_\_\_  
Importer Name: \_\_\_\_\_  
Importer Number: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Corporation  (State of Incorporation: \_\_\_\_\_) / Partnership  / Proprietorship  / Individual   
If Partnership, indicate if General  or Limited   
If Proprietorship, indicate name of Sole Proprietor: \_\_\_\_\_  
Co-Principals / Users: Yes  No  (If yes, add sheet with Name, Importer Number, Address)  
Physical Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Activity Code: \_\_\_\_\_ Bond Amount Requested: \_\_\_\_\_  
Effective Date Requested: \_\_\_\_\_ (Note: CBP requires at least 15 days to file a bond.)

**For Activity Code 1 – Import Bonds Only – CBP 301 form, please fill out below:**

Description of merchandise to be imported: \_\_\_\_\_  
Country(ies) of Origin: \_\_\_\_\_  
Is merchandise subject to antidumping/countervailing duties? Yes  No   
Is a current bond on file (same activity code)? Yes  No   
Has termination been sent on current bond? Yes  No   
If yes, termination date: \_\_\_\_\_  
Is the Importer on Periodic Monthly Statement? Yes  No   
Does the Importer require a Reconciliation Rider? Yes  No   
Has any Surety ever suffered a loss on Principal's behalf? Yes  No

<b>Previous Calendar Year</b>	<b>Estimated For Next Calendar Year</b>
Value of Merchandise: _____	_____
Estimated Duties: _____	_____
Number of Entries: _____	_____

**Certification**

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

\_\_\_\_\_  
Signature of officer or attorney-in-fact \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title