



Trans-Border Global Freight Systems, Inc.
 2103 Route 9, Round Lake, NY 12151 USA
 Tel: (518) 785-6000

PLEASE READ

- All fields are mandatory.
 - Instructions for each of the fields can be located by hovering over the cell with the red triangle in the upper-right corner.

Certificate of Origin

United States-Mexico-Canada Agreement (USMCA)

| | | | | | |
|---|------------------------------------|---------------------------------------|---|--|--|
| 1. Certifier Name & Address | | 2. Exporter Name & Address | | | |
| | | | | | |
| Telephone: _____ | | Telephone: _____ | | | |
| Email: _____ | | Email: _____ | | | |
| Tax ID Number: _____ | | Tax ID Number: _____ | | | |
| 3. Producer Name & Address | | 4. Importer Name & Address | | | |
| | | | | | |
| Telephone: _____ | | Telephone: _____ | | | |
| Email: _____ | | Email: _____ | | | |
| Tax ID Number: _____ | | Tax ID Number: _____ | | | |
| 5. Description of Good(s) | 6. HS Tariff Classification | 7. Origin Criteria | 8. Country of Origin | 9. Blanket Period (mm/dd/yyyy) or Invoice # | |
| | | | | 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 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. | | | | | |
| This certification consists of _____ page(s), including all attachments. | | | | | |
| Authorized Signature: | | | Company Name: | | |
| | | | | | |
| Name: | | | Title: | | |
| | | | | | |
| Date: (mm/dd/yyyy) | | | Type: | | |
| | | | <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Producer | | |
| Email: | | | Telephone: | | |
| | | | | | |