**2019 AGREEMENT SUSPENDING THE ANTIDUMPING DUTY INVESTIGATION ON FRESH TOMATOES FROM MEXICO (2019 AGREEMENT) (Appendix F of the 2019 Agreement)**

# TOMATOES FOR PROCESSING EXEMPTION FORM

## SECTION 1: TO BE COMPLETED BY THE IMPORTER

1. PRODUCT (Include Variety):

2. DATE AND PLACE OF INSPECTION:

3. LOT IDENTIFICATION

4. VEHICLE IDENTIFICATION

5a. IMPORTER'S NAME AND COMPLETE MAILING ADDRESS (PO Box, Street, City, State, Zip Code)
_____

5b. TELEPHONE NUMBER (Include Area Code)
_____

5c. E-Mail _____

6a. PLACE OF ENTRY/PORT OF UNLOADING
_____

6b. DATE OF ENTRY
_____

7a. TOTAL QUANTITY IMPORTED (Pounds)
_____

7b. TYPE OF PACKING CONTAINER (Specify)
_____

7c. TOTAL NUMBER OF CONTAINERS OR PALLETS
_____

8a. RECEIVER'S NAME AND COMPLETE MAILING ADDRESS (PO Box, Street, City, State, Zip Code)_____

8b. TELEPHONE NUMBER (Include Area Code)_____

8c.E-MAIL _____

9. INTENDED USE (Mark an "X" in appropriate box)
[ ] Processing
[ ] Type Processing/Other (Specify)

_____

10a. HARMONIZED TARIFF CODE NUMBER:
_____

10b. U.S. CUSTOMS AND BORDER PROTECTION (CBP)ENTRY NUMBER:
_____

CERTIFICATION STATEMENT: I certify to the U.S. Department Commerce and the U.S. CBP that the above is true and accurate and that none of the fruit, vegetable, or specialty crops being imported and which are identified above will be used for other than the purpose indicated above.

_____ SIGNATURE

_____ TITLE

_____ DATE

## SECTION 2 TO BE COMPLETED BY THE SELLING AGENT

RECEIVER'S NAME AND COMPLETE MAILING ADDRESS (PO Box, Street, State, Zip Code)

_____

TELEPHONE NUMBER (Include Area Code):_____

CERTIFICATION STATEMENT OF PROCESSOR, CHARITY, FEEDER, OR OTHER EXEMPTED RECEIVER: I hereby certify to the U.S. Department of Commerce that I have received the exempt commodity shipment (s) cited above and that I will dispose of the shipment(s) pursuant to the intended use specified in "9" and the commodity's import regulations under 7 C.F.R., Parts 944, or 9, and that I am one of the following: (Mark an "X" in appropriate box)

[ ] Processor [ ] Other (Specify)_____

_____ SIGNATURE

_____ TITLE

_____ DATE