APPLICATION TO FILE C.F. 301 - CONTINUOUS BOND ACTIVITY CODE 2

Federal ID Number - IRS	S# or SSN#:	
SCAC Code:		
Name of Firm (If Individu	ual: First, Middle, Last Name):	
Business Phone Numbe	r:	
Street Address:		
City:	State/Province:	ZIP/Postal Code:
Bond Amount: \$		
The Bond will Cover (Ch	neck Appropriate):	
	☐ Container Station Operator☐ Proprietors Warehouses(s)	☐ Common Carrier☐ Centralized Examination Station
If a Common Carrier, sta	ate the ports where you will be tra	ansporting merchandise to and from:
If Container Station(s) o	r Proprietors Warehouse(s), give	the exact physical location(s) of each:
A:	B:	C:
		



CCO Bonds and Insurance Agency

Type of Merchandise Handled (Check Appropr	iate):
☐ General Merchandise ☐ Alcohol ☐ Tob	pacco
Have you been operating as a customs approv license) in the past or presently? \Box Yes \Box	
,,,,	
What Importer number(s) have/do you use(d) v custodian? Please list all the numbers:	when operating as a customs approved
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You must submit current full financial state application. No bonds will be approved with for underwriting purposes only.	
CERTIFICATION: I certify that the factual information accurate and any information provided which is information available on the date of this application.	based upon estimates is based upon the best
(Print Name)	(Title)
(Signature)	 (Date)