

PLEASE COORDINATE THE COMPLETION AND FILING OF THIS FORM THROUGH YOUR IMPORT COMPLIANCE PERSONNEL

CERTIFICATE OF ORIGIN INSTRUCTIONS

For purposes of obtaining preferential tariff treatment, this document must be completed legibly and in full by the importer and be in the possession of the importer at the time the declaration is made. This document may also be completed voluntarily by the producer for use by the importer. Please print or type:

Field 1: State the full legal name, address (including country), telephone, email and legal tax identification number of the exporter.

Field 2: Complete field if the Certificate covers multiple shipments of identical goods as described in Field #5 that are imported into a participating country for a specified period of up to one year (the blanket period). If the Certificate covers a single shipment of a good, include the invoice number as shown on the commercial invoice. If not known, indicate another unique reference number, such as the shipping order number.

Field 3: State the full legal name, address (including country), telephone, email and legal tax identification number, as defined in Field 1, of the producer. If more than one producer's good is included on the certificate, attach a list of additional producers, including the legal name, address (including country) and legal tax identification number, cross-referenced to the good described in Field #5. If you wish this information to be confidential, it is acceptable to state "Available to Customs upon request". If the producer and the exporter are the same, complete field with "SAME". If the producer is unknown, it is acceptable to state "UNKNOWN".

Field 4: State the full legal name, address (including country), telephone, email and legal tax identification number, as defined in Field #1, of the importer.

Field 5: Provide a full description of each good. The description should be sufficient to relate it to the invoice description and to the Harmonized System (H.S.) description of the good.

Field 6: For each good described in Field #5, identify the H.S. tariff classification to six digits. If the good is subject to a specific rule of origin that requires eight digits, identify to eight digits, using the H.S. tariff classification of the country into whose territory the good is imported.

Field 7: For each good described in Field #5, state which criterion (A through C) is applicable. NOTE: In order to be entitled to preferential tariff treatment, each good must meet at least one of the criteria below:

PREFERENCE CRITERIA:

A – a good wholly obtained or produced entirely in the territory of one of both of the Parties.

B – a good produced entirely in the territory of one of both of the Parties **and** each of the non-originating materials used in the production of the good undergoes an **applicable change in tariff classification** specified in Annex 3-A (Specific Rules of Origin for Textile or Apparel Goods) or Annex 4.1, **or** the good otherwise satisfies any **applicable regional value content or other requirements** specified in Annex 3-A or Annex 4.1.

C – a good produced entirely in the territory of one or both of the Parties, exclusively from originating materials.

PREFERENCE METHOD:

Field 8: For each good described in Field #5, where the good is subject to a regional value content (RVC) requirement, indicate "RVC Build-down" when the RVC is calculated on the value of non-originating materials. Otherwise, indicate "NO".

Field 9: Identify the ISO country code for the name of the country to which the preferential rate of customs duty applies, as set out in the applicable Free Trade Agreement, in accordance with the Marking Rules or in each party's schedule of tariff elimination.

Field 10: This field must be completed, signed, and dated by either the importer, exporter or producer. When the Certificate is completed by the importer, it is advisable to obtain from the producer or the exporter documentation to support your claim. The date must be the date the Certificate was completed and signed.



**UNITED STATES – COLOMBIA FREE TRADE AGREEMENT
CERTIFICATE OF ORIGIN**

1. Exporter name, Address, Telephone, Email Tax Identification Number: _____		2. Blanket Period for Multiple Entries From: To: (If Single Shipment) – Invoice # _____		
3. Producer name, Address, Telephone, Email Tax Identification Number: _____		4. Importer name, Address, Telephone, Email Tax Identification Number: _____		
5. Description of Good(s)	6. HS Tariff Classification #	7. Preference Criterion	8. Preference Method	9. Country of Origin

10. Certificate of Origin

I Certify That:

- The information on this document is true and accurate and I assume the responsibility for providing such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document.
- I agree to maintain, and present upon request, documentation necessary to support this certificate, and to inform, in writing, all persons to whom the certificate was given of any changes that could affect the accuracy or validity of this certificate.
- The goods originated in the territory of one or more of the parties, and comply with the origin requirements specified for those goods in the United States-Colombia Free Trade Agreement, There has been no further production or any other operation outside the territories of the parties, other than unloading, reloading, or any other operation necessary to preserve it in good condition or to transport the good to the United States; And
- This certification consists of _____ pages, including all attachments.

Authorized Signature	Company Name
Name (Print or Type)	Title
Date (MM/DD/YY)	Telephone/Fax/Email