

Andean Trade Promotion and Drug Eradication Act Textile Certificate of Origin

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| 1. Exporter Name & Address: | | 3. Importer Name & Address: | |
| 2. Producer Name & Address: | | | |
| 4. Description of Article: | | | |
| 5. Preference Group: | | | |
| Group | <i>Each description below is only a summary of the cited CFR provision.</i> | 19 CFR | |
| A. | Apparel assembled from U.S. formed, dyed, printed and finished fabrics or fabric components, or U.S. formed knit-to-shape components from U.S. or Andean yarns. | 10.243(a)(1)(i) | |
| B. | Apparel assembled from Andean chief value llama, alpaca or vicuña fabrics, fabric components, or knit-to-shape components, from Andean yarns. | 10.243(a)(1)(ii) | |
| C. | Apparel assembled from fabrics or yarns considered as being in short supply in the NAFTA. | 10.243(a)(1)(iii) | |
| D. | Apparel assembled from fabrics or yarns designated as not available in commercial quantities in the United States. | 10.243(a)(1)(iv) | |
| E. | Apparel assembled from a combination of two or more yarns, fabrics, fabric components, or knit-to-shape components described in preference groups A through D. | 10.243(a)(2) | |
| F. | Handloomed, handmade, or folklore textile and apparel goods. | 10.243(a)(3) | |
| G. | Brassieres assembled in the U.S. and/or one or more Andean beneficiary countries. | 10.243(a)(4) | |
| H. | Textile luggage assembled from U.S. formed fabrics from U.S. yarns. | 10.243(a)(5)&(6) | |
| I. | Apparel assembled from Andean formed fabrics, fabric components, or knit-to-shape components from U.S. or Andean yarns, whether or not also assembled, in part, from yarns, fabrics and fabric components described in preference groups A through D. | 10.243(a)(7) | |
| 6. U.S./Andean Fabric Producer Name & Address: | | 7. U.S./Andean Yarn Producer Name & Address: | |
| 8. Handloomed, Handmade, or Folklore Article: | | 9. Name of Short Supply Fabric or Yarn: | |

I certify that the information on this document is complete and accurate and I assume the responsibility for proving 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.

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| 10. Authorized Signature: | | 11. Company: | |
| 12. Name: (Print or Type) | | 13. Title: | |
| 14. Date: (DD/MM/YY) | 15. Blanket Period From: To: | 16. Telephone: Facsimile: | |