

**DESIGNATION AS IMPORTER SECURITY FILING AGENT
POWER OF ATTORNEY**

and
Acknowledgement of Terms and Conditions

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(Revised 09/23)

./ appropriate box: ☐ Individual
☐ Partnership
☐ Corporation
☐ Sole Proprietorship
☐ Limited Liability Company

KNOW ALL MEN BY THESE PRESENTS: That, _____ doing
(Full name of individual, partnership, corporation, sole proprietorship, or Limited Liability Company) (Identify)

business as a _____ under the laws of the State of _____
(Individual, partnership, corporation, sole proprietorship, or Limited Liability Company) (Insert **one**)

residing or having a principal place of business at _____ (physical address),
receiving

electronic communication at _____ (email address), hereby constitutes
and

appoints _____, its officers, employees, and/or specifically authorized agents, to act for and
(Grantee's Name)

on its behalf as a true and lawful agent and attorney of the grantor for and in the name, place and stead of said grantor, from this
date, in the United States (the "territory") either in writing, electronically, or by other authorized means, to:

Make, prepare, declare, transmit or file data relating to the Importer Security Filing for merchandise destined for transport to or
through the United States as required by law or regulation which is shipped or consigned to said grantor;

Sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the transmission
or filing of the Importer Security Filing;

This power of attorney to remain full force and effect until revocation in writing is duly given to and received by grantee;

Grantor acknowledges receipt of _____ Terms and Conditions of Service governing all transactions between the Parties.
(Grantee's Name)

If the Grantor is a Limited Liability Company, the signatory certifies that he/she has full authority to execute this power on behalf of
the Grantor.

Sufficiency of any electronic or other signature below shall be construed according to the laws of the State of

IN WITNESS WHEREOF, the said _____
(Full name of company)

caused these presents to be sealed and signed: (Signature) _____

(Capacity) _____ Date: _____

Witness: (if required) _____

INDIVIDUAL OR PARTNERSHIP CERTIFICATION

CITY _____
COUNTY _____ ' SS:
STATE _____

On this _____ day of _____, 20_____, personally appeared before me .

residing at _____, personally known or sufficiently identified to me, who

certifies that _____ (is) (are) the individual (s) who executed the foregoing instrument and acknowledge
it to be _____ free act and deed.

(Notary Public).

CORPORATE CERTIFICATION

(To be made by an officer or other than the one who executes the power of attorney)

I, _____, certify that I am the _____ of
_____, organized under the laws of the State of _____ that
_____, who signed this power of attorney on behalf of the donor, is-the _____
_____ of said corporation; and that said power of attorney was duly signed, and attested for and in behalf of said
corporation by authority of its governing body as the same appears in a resolution of the Board of Directors passed at a regular meeting held on
the _____ day of _____, 20_____, now in my possession or custody. I further certify that the resolution is in accordance with the
articles of incorporation and bylaws of said corporation and was executed in accordance with the laws of the State or Country of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal' of said corporation, at the City of
this _____ day of _____, 20_____.

(Signature)

(date))