

**PLACE ON COMPANY LETTERHEAD**

**CAFTA - DR Certification/Responsibility Statement**

Please complete the requested information:  
Data Elements for the Certification of Origin or Supporting Documentation made under the CAFTA-DR

F.D. PO #: \_\_\_\_\_

Commerical Invoice # \_\_\_\_\_

**Name & Address of Importer:**

Family Dollar Services, Inc.  
10401 OLD Monroe Rd.  
Matthews, NC 28105 USA

**Name & Address of Exporter**

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Preference Criterion: (Please check below)**

\_\_\_\_\_ I affirm that the preference criterion are applicable to each good as provided in the Rules of Origin.

**Name & Address of Manufacturer**

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**HTS Tariff Classification # (Please Type Information Below)**

CAFTA-DR HTSUS: \_\_\_\_\_ (note: Applicable Rules of Origin HTSUS)  
Product/Item HTSUS: \_\_\_\_\_  
  
\*In order to receive preferential treatment for qualifying goods, both HTSUS numbers must be stated.

**Description of Good: (Please Type Information Below):**

\_\_\_\_\_

**Will there be Multiple Shipmetns of Identical goods?** Yes: \_\_\_\_\_ or No: \_\_\_\_\_

**If Yes,** Please provide the blanket period in "mm/dd/yyyy to mm/dd/yyyy format. (12-month maximum)  
Dates: \_\_\_\_\_ to: \_\_\_\_\_

**Final Certification**  
  
Reimbursement of applicable duties, any storage, penalties, demurrage, detention, and resulting from invalid, incomplete, or late Certificate of Origin required prior to Customs Entry.  
  
Reimbursement of other expenses resulting from Quota closure which negates CH 99 classification for preferential tariff treatment.  
  
Reimbursement of any duties, penalties, or other expenses resulting in disqualification of preferential tariff treatment because of inaccurate or incomplete information provided on the Certificate of Origin or for Customs entry purposes.  
  
Reimbursement of any duties, penalties, or other expenses resulting from inability of factory to produce any documentation requested by U.S. Customs within U.S. Customs specified time frame to properly document claim for preferential tariff treatment.  
  
The information on this document is true 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 certification, 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 certification;  
  
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-Dominican Republic-Central America 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.

I, \_\_\_\_\_ (Insert the undersigned buying Agent or Vendor,) hereby certify that the apparel items shipped to Family Dollar Services Inc. under the purchase order number indicated above meets the necessary requirements to qualify for Duty Free Treatment under the U.S. Dominican Republic-Central America Free Trade Agreement (CAFTA-DR).

**Signature:**

**Date:**

\_\_\_\_\_  
Name of Agent or Vender (Please Type)

This Certification consists of \_\_\_\_\_ pages, including all attachments.