**USMCA CERTIFICATE OF ORIGIN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.-** **EXPORTER NAME, ADDRESS AND EMAIL**    (Company Name)  (Company Address)  (Phone)  (E-Mail)    Tax Identification Number: (Tax ID) | | | **2.-** **BLANKET PERIOD**    FROM: [mm/dd/yyyy]  TO: [mm/dd/yyyy] | |
| **3.- PRODUCER NAME, ADDRESS AND EMAIL**    (Company Name)  (Company Address, include Country)  (Phone)  (E-Mail)    Tax Identification Number: (Tax ID) | | | **4.-** **IMPORTER NAME, ADDRESS AND EMAIL**    (Company Name)  (Company Address, include Country)  (Phone)  (E-Mail)    Tax Identification Number: (Tax ID) | |
| **5.- CERTIFIED BY:**  ☐ Certifier is the Exporter | ☐Certifier is the Importer | | ☐ Certifier is the Producer | |

|  |  |  |  |
| --- | --- | --- | --- |
| **6.- Description** | **7.-HS Tariff**  **Classification Number** (6 digit level) | **8.-Origin**  **Criteria** | **9.- Country of Origin** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

“I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification”.

|  |  |  |
| --- | --- | --- |
| **10.-Authorized Certifier's Signature:** | | **11.- Certifying Company Name & Address (including country):**    (Company Name)  (Company Address) |
| **12.- Authorized Certifier Name:** | | **13.- Authorized Certifier Title:** |
| **14.- Date (MM/DD/YYYY):** | **15.- Telephone:** | **16.-Email:** |

## USMCA CERTIFICATE OF ORIGIN INSTRUCTIONS

For purposes of obtaining preferential tariff treatment, this document must be completed legibly and in full by the certifier and be in the possession of the importer at the time the declaration is made. Any party completing a USMCA Certificate of Origin must retain all documentation in support of that declaration for a period of no less than seven (7) years from the date of execution and agree to produce such documentation within 30 days of request.

**Field #1 “Exporter Name, Address and Email”:** Provide the Exporter’s name, address (including country), e-mail address and telephone number if different from the Certifier. This information is not required if the Producer is completing the certificate of origin and does not know the identity of the Exporter. The address of the Exporter shall be the place of export of the good in a Party’s territory.

**Field #2 “Blanket Period”:** "FROM" is the date upon which Certificate becomes applicable to the good covered by the blanket Certificate (it may be prior to the date of signing this Certificate). "TO" is the date upon which the blanket period expires. In no instance should the certificate exceed a 12-month period, and any information provided should be updated in the event a previously-issued certification no longer applies.

**Field #3 “Producer Name, Address and Email”:** Provide the Producer’s name, address (including country), e-mail address and telephone number, if different from the Certifier or Exporter or, if there are multiple Producers, state “Various” or provide a list of producers. A person that wishes for this information to remain confidential may state “Available upon request by the importing authorities.” The address of a Producer shall be the place of production of the good in a Party’s territory.

**Field #4 “Importer Name, Address and Email”:** Provide, if known, the Importer’s name, address, e-mail address and telephone number. The address of the Importer shall be in a Party’s territory, if you do not possess this information, you may state “Unknown”.

**Field #5 “Certification Type”:** Indicate which party is completing the certification by checking the appropriate box.

**Field #6 “Item Identifier and Description”:** Provide a description of the product subject to certification. The description may include part number references but should also provide a description of the item sufficient to identify and associate it with the Tariff Number.

**Field #7 “HS tariff classification number”:** For each good certified, identify the H.S. tariff classification to six digits. If the good is subject to a specific rule of origin in that requires eight digits, identify to eight digits.

**Field #8 “Origin Criterion”:** For each good described in the certification, state which criterion (A through D) is applicable. The rules of origin are contained in Chapter Four and Article 4.2. NOTE: In order to be entitled to preferential tariff treatment, each good must meet at least one of the criteria below:

1. wholly obtained or produced entirely in the territory of one or more of the Parties, as defined in Article 4.3;
2. produced entirely in the territory of one or more of the Parties using non-originating materials provided the good satisfies all applicable requirements of Annex 4-B (Product-Specific Rules of Origin);
3. produced entirely in the territory of one or more of the Parties exclusively from originating materials; or
4. except for a good provided for in Chapter 61 to 63 of the Harmonized System:
   1. produced entirely in the territory of one or more of the Parties; and
   2. one or more of the non-originating materials provided for as parts under the Harmonized System used in the production of the good cannot satisfy the requirements set out in Annex 4-B (Product-Specific Rules of Origin) because both the good and its materials are classified in the same subheading, or heading that is not further subdivided into subheadings or, the good was imported into the territory of a Party in an unassembled or a disassembled form but was classified as an assembled good pursuant to General Rule of Interpretation 2(a) of the

Harmonized System; and

* 1. the regional value content of the good, determined in accordance with Article 4.5 (Regional Value Content), is not less than 60 per cent if the transaction value method is used, or not less than 50 percent if the net cost method is used; and the good satisfies all other applicable requirements of this Chapter.

**Field #09 “Country of Origin”:** Identify the name of the country ("MX" or "US" or “CA”) to which the preferential rate of duty applies.

**Field #10 “Authorized Certifier's Signature:** This document must be completed and signed by the certifier.

**Field #11: “Certifying Company Name & Address (including country)”:** Please fill out the certifying company´s information.

**Field #12: Authorized Certifier Name”:** Please state the full name of the certifier who signed the document.

**Field #13 “Authorized Certifier Title”:** Please state the title within the company of the certifier who signed the document.

**Field #14 “Date”:** The date must be the date the Certificate was completed and signed **Fields #15 and #16 “Telephone” “Email”:** Please state the phone and email of the certifier.