附件

U.S. Department of State

SHRIMP EXPORTER'S/IMPORTER'S DECLARATION

(See Instructions on Reverse)

OMB APPROVAL NO. 1405-0095
EXPIRATION DATE: 12/31/2019
ESTIMATED BURDEN: 10 minutes*

1. Harvesting Nation	2. Aquaculture Facility (If applicable) (Name and Address)
3. Exporter (Name, Address, and Telephone/Fax)	4. U.S. Importer/Ultimate Consignee (Name, Address, and Telephone/Fax)

5. Date of Export (mm-dd-yyyy)

6. Description of Product

U.S. HTS Tariff Schedule Number	Number of Units	Net Weight in Kilograms

7. Exporter's Declaration (To be completed by a responsible agent of the exporter of the product.)

I hereby declare that the shipment of shrimp accompanying this declaration (Check One):

A. ☒ Harvested in a manner not harmful to sea turtles. Check the condition of harvest which applies:

1. ☒ Harvested by aquaculture.
2. ☐ Harvested using TEDs
3. ☐ Harvested using non-mechanical net retrieval or by special gear (See the Instructions).
4. ☐ Shrimp harvested in a manner or under circumstances determined by the Department of State not to pose a threat of the incidental taking of sea turtles.

B. ☐ Harvested in the waters of a nation currently certified pursuant to Section 609 of P.L. 101-162.

Exporter (Name and Title)	Signature	Date (mm-dd-yyyy)

8. Government Certification (Necessary only if box 7a above is checked; to be signed by a responsible Government official of the harvesting nation.)

I hereby declare that the statements signed above by the exporter of this shipment of shrimp are true and accurate to the best of my knowledge.

Name/Agency/Title	Address/Telephone/Fax	Signature	Date (mm-dd-yyyy)

9. Import Information (To be completed by U.S. importer or customs broker.)

Date of Entry (mm-dd-yyyy)	Port of Entry	Entry Number	Signature

THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF SHRIMP AND SHRIMP PRODUCTS INTO THE UNITED STATES

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Office of Marine Conservation, Attn: Section 609 Program Manager, U.S. Department of State, 2201 C Street, NW, Room 2758, Washington, DC 20520-7818.

DS-2031
10-2013 (Formerly DSP-121)