



CERTIFICATE OF ORIGIN
Canada-Costa Rica Free Trade Agreement
(instructions on reverse)

Please print or type

<p>1. Exporter's name and address:</p> <p>Telephone: Fax:</p> <p>E-Mail: Free zone regime <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tax identification number:</p>		<p>2. Blanket period:</p> <p>From: <table border="1"> <tr> <td>D</td><td>M</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table> To: <table border="1"> <tr> <td>D</td><td>M</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table></p>		D	M	Y				D	M	Y			
D	M	Y													
D	M	Y													
<p>3. Producer's name and address:</p> <p>Telephone: Fax:</p> <p>E-Mail: Free zone regime <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tax identification number:</p>		<p>4. Importer's name and address:</p> <p>Telephone: Fax:</p> <p>E-Mail:</p> <p>Tax identification number:</p>													
<p>5. Description of good(s)</p>	<p>6. HS tariff classification no.</p>	<p>7. Preference criterion</p>	<p>8. Producer</p>	<p>9. RVC</p>	<p>10. Other</p>										
<p>11. Observations:</p> <p>I certify that:</p> <ul style="list-style-type: none"> - The information in 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 Certificate, and to inform, in writing, all persons to whom the Certificate was given of any changes that would affect the accuracy or validity of this Certificate. - The goods originate in the territory of one or both Parties, and comply with the origin requirements specified for those goods in the Canada - Costa Rica Free Trade Agreement, and unless specifically exempted in Article IV.11 or Annex IV.1, have not undergone any further production or any other operation outside the territories of the Parties. <p>This Certificate consists of _____ pages, including all attachments.</p>															
<p>12. Authorized signature:</p> <p>Name:</p>		<p>Company:</p> <p>Title:</p> <p>Telephone: Fax:</p>													