FORM **ITA-362P** LF
(REV. 4-96)

U.S. DEPARTMENT OF COMMERCE
INTERNATIONAL TRADE ADMINISTRATION

Form Approved: OMB NO: 0625-0118

INFORMATION ON

# ARTICLES FOR PHYSICALLY OR MENTALLY HANDICAPPED PERSONS

Imported Free of Duty Under Pub. L. 100-418 and 100-647
(Other than Articles for the Blind)

The use of this form is authorized by law. While you are not required to complete it, you will not be permitted to enter articles for the handicapped (other than articles for the blind) free of duty unless you do.
Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports Clearance Officer, International Trade Administration, Room 4001, U.S. Department of Commerce, Washington, D.C. 20230 *and* to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0625-0118), Washington, D.C. 20503.
If more space is needed, use either the back of this form or a separate sheet of paper.

| 1. Customs Consumption Entry Number | 1a. Date of Entry | 2. Port of Entry |
|---|---|---|
| | | |

***Provide the information requested in boxes 4 through 7 for each tariff number listed in box 3.***

| 3. All HTS Tariff Number(s) (That the article(s) would have been classified under if entry were **not** made under HTS 9817.00.96) | 4. Complete Description of Article(s) (For each tariff number) | 5. Total Quantity (For each tariff number) | 6. Total Value (For each tariff number preferably in U.S. dollars) | 7. Country of Origin (For each tariff number) |
|---|---|---|---|---|
| | | | | |

8. The owner, purchaser, importer or consignee of article is: a. ☐ An individual b. ☐ A nonprofit institution c. ☐ A commercial entity d. ☐ Other (specify) _____

9. The article will be: e. ☐ Put to personal use f. ☐ Donated g. ☐ Sold at cost h. ☐ Sold for profit i. ☐ Other (specify) _____

10. Name, address and telephone number of owner, purchaser or consignee: (This information is for official use only. The portion below the dotted line will be removed before this document is made available for public inspection.)

To Customs Official at Port of Entry: Articles for the handicapped (other than for the blind) may *not* be entered free of duty under HTS 9817.00.96 without providing the information requested on this form. Please ensure that the form is fully completed, including consumption or warehouse entry number and port and date of entry. The *original* form should be sent to the address shown on the reverse side of the form (U.S. Department of Commerce, Statutory Import Programs Staff, Room 4211, Washington, D.C. 20230), either individually or in batches for periods up to one month. One copy of the form should be retained by Customs and another copy placed in the importer's entry file.