| **CERTIFICATION OF ORIGIN****Comprehensive and Progressive Trans‑Pacific Partnership Agreement (CPTPP)****Certifier** [ ]  Importer [ ]  Exporter [ ]  ProducerSignee’s Name……………………………..………………………………………………… Title…………………………………………………………………………………………….E-mail address……………………………………….…………………………………….… Telephone Number………………………………………………………..…………… |
| --- |
| **Exporter details:**Name: Address: Telephone Number: E-mail Address: (Not required if producer is completing the certification and exporter details are not known.) Address must be in a CPTPP country. | **Producer details:**Name: Address: Telephone Number: E-mail Address: (Not required if same as exporter. If there are multiple producers entry may state “various”. Entry may state “available on request by importing authorities”, or a list may be provided.) Address must be in a CPTPP country. |
| 1. **Importer details (if known):**

Name: Address: Telephone Number: E-mail Address: Address must be in CPTPP country |
| 1. **HS Tariff Classification**

**(6-digit level)** | 1. **Description of the Good**
 | 1. **Origin criterion:**

**WO, PE, or PSR** |
|  |  | [ ] **WO** (wholly obtained means goods grown or produced entirely within CPTPP Parties: Article 3.3)[ ] **PE** (means goods produced exclusively from CPTPP originating materials; Article 3.2(b)) [ ] **PSR** (means goods that incorporate non-originating materials in their final stage of production, and meet the product specific rule: Article 3.2.(c)) Identify specific rule ………………………(found in Annex 3-D or Annex 4-A) |
| **Single shipment:** [ ] Invoice number (if known)  | **Multiple shipments of identical goods:** [ ] Period covered by certification: (This must be within 12 months from certification being issued/completed)  |
| 1. **Certification (signed by the certifier listed above):**

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.**Signature:** **Date:**   |