

**North American Free Trade Agreement
CERTIFICATE OF ORIGIN**

Please print or type.

Telephone: 800-461-6762
Fax: (905) 855-1375

1. EXPORTER NAME AND ADDRESS:		2. BLANKET PERIOD (DD/MM/YR) <p align="center">FROM: TO:</p>				
Tax Identification Number:						
3. PRODUCER NAME AND ADDRESS:		4. IMPORTER NAME AND ADDRESS:				
Tax Identification Number:		Tax Identification Number:				
5. DESCRIPTION OF GOOD(S)	6. H.S. TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. NET COST	10. COUNTRY OF ORIGIN	
11. I CERTIFY THAT: - THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVIDING 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 ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND THIS CERTIFICATE CONSISTS OF _____ PAGES, INCLUDING ATTACHMENTS.						
AUTHORIZED SIGNATURE:			COMPANY:			
NAME:			TITLE:			
DATE (DD/MM/YY)		TELEPHONE :		FAX:		