

AVALON RISK MANAGEMENT CARNET APPLICATION

Please return completed application to Avalon's San Francisco office (carnets@avalonrisk.com) no later than 11:00 a.m. Pacific time.

A. HOLDER INFORMATION

1. Carnet Holder (Corporation or Individual): _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone No.: _____ Fax No.: _____ Email: _____
2. IRS/SS No.: _____ 3. Parent Company: _____ IRS # of Parent Company: _____
4. Person Duly Authorized and Title: _____
5. Authorized Representatives who will be shipping or hand carrying the merchandise on the Carnet: _____
Billing Reference Number: _____

B. CARNET PREPARATION/COUNTRY INFORMATION

6. Goods to be exported as: Professional Equipment (PE) Commercial Samples (CS) Exhibitions and Fairs (EF)
(mark more than one if applicable)

7. Approximate Date of Departure from the U.S.: _____
(enter date as "MM/DD/YY")

8. Type the NUMBER of visits in the space provided beside each country you expect to visit:

___ Albania (AL)	___ Finland (FI)	___ Lithuania (LT)	___ Romania (RO)
___ Algeria (DZ)	___ France (FR)	___ Luxembourg (LU)	___ Russia (RU)
___ Andorra (AD)	___ French Guiana (GF)	___ Macao (MO)	___ Senegal (SN)
___ Antarctica (AQ)	___ Germany (DE)	___ Macedonia (MK)	___ Serbia (RS)
___ Aruba (AW)	___ Gibraltar (GI)	___ Madagascar (MG)	___ Singapore (SG)
___ Australia (AU)	___ Greece (GR)	___ Malaysia (MY)	___ Slovakia (SK)
___ Austria (AT)	___ Guadeloupe (GT)	___ Malta (MT)	___ Slovenia (SI)
___ Bahrain (BH)	___ Guernsey (CG)	___ Martinique (MQ)	___ South Africa (ZA)
___ Balearic Islands	___ Guam (GU)	___ Mauritius (MU)	___ Spain (ES)
___ Belgium (BE)	___ Hong Kong (HK)	___ Mayotte (YT)	___ Sri Lanka (LK)
___ Belarus (BY)	___ Hungary (HU)	___ Melilla (ES-ML)	___ St. Barthelemy
___ Bosnia and Herzegovina (BA)	___ Iceland (IS)	___ Mexico (MEX)	___ St. Martin, French side
___ Botswana (BW)	___ India (IN) ²	___ Moldova (MD)	___ St. Pierre
___ Bulgaria (BE)	___ Indonesia (ID)	___ Monaco (MC)	___ Swaziland (SZ)
___ Canada (CA) ¹	___ Iran (IR)	___ Mongolia (MN)	___ Sweden (SE)
___ Canary Islands (IC)	___ Ireland (IE)	___ Montenegro (ME)	___ Switzerland (CH)
___ Ceuta (ES-CE)	___ Isle of Man (IM)	___ Morocco (MA) ²	___ Tahiti (PF)
___ Chile (CL)	___ Israel (IL)	___ Namibia (NA)	___ Taiwan (TW) – Call First
___ China (CN) ² – Call First	___ Italy (IT)	___ Netherlands (NL)	___ Tasmania
___ Corsica (FR-H)	___ Ivory Coast (CI)	___ New Caledonia (NC)	___ Thailand (TH)
___ Curacao	___ Japan (JP)	___ New Zealand (NZ)	___ Tunisia (TN) ³
___ Croatia (HR)	___ Jersey (JE)	___ Norway (NO)	___ Turkey (TR)
___ Cyprus (CY)	___ Korea (KR)	___ Pakistan (PK)	___ Ukraine (UA)
___ Czech Republic (CZ)	___ Latvia (LV)	___ Poland (PL)	___ United Arab Emirates (UAE)
___ Denmark (DK)	___ Lebanon (LB)	___ Portugal (PT)	___ United Kingdom (GB)
___ Estonia (EE)	___ Lesotho (LS)	___ Puerto Rico (PR)	___ Wallis & Futuna Islands
___ European Union (EU)	___ Liechtenstein (LI)	___ Reunion Island (RE)	___ Other

¹ certain PE items are admitted

²only EF items for certain events

³ CS items are not admitted

9. Number of times your merchandise will be leaving and re-entering the U.S.:

10. Number of countries transiting(s): _____ List countries to be transited: _____

11. Type of Transit Ocean Air

12. Would you like a replacement carnet on this shipment? Yes No

13. What is the purpose of this trip?

C. TIME

14. When do you need the original Carnet? 48 Hours (Standard Service) 24 Hours (Rush Service) Same-Day Processing

D. SEND THE ORIGINAL CARNET TO:

15. Corporation or Individual: _____
Contact Name: _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Phone No.: _____ Fax No.: _____



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