

Buyer (Importer)



## **CERTIFICATE OF ORIGIN**

TO VALIDATE, GO TO **VERIFY.FTGS.US**  Certificate Number: CM-COO-45657-6629443bc11d

Date: April 24, 2024

Seller (Exporter) Cooper Steel Fabricators 503 North Hillcrest Drive	Transport Type Vessel	Port of Loading PORT EVERGLADES		
Shelbyville TN 37160 USA	Destination Country  Dominican Republic	Destination Port RIO HAINA  Exporting Carrier UNITED CARGO MANAGEMENT  Bill of Lading / AWB UCMECHS240325992		
Consignee	Export Date ************************************			
FUNDACION DE DESARROLLO INTEGRAL RESCATE FUNDIR CARRETERA SANCHEZ Y CALLE 1RA N114	Import Permit Number			
LOS PLATANITOS BAJOS DE HAINA Dominican Republic	Owner or Agent ************************************	Forwarding Agent ************************************		

Remarks VESSEL / VOYAGE: PARADERO/415S

Consignor reference: BOOKING #: ATL/HAI/0876007

Description Weight Country of Origin (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.) LCL 2088 KGS **United States** WELDERS, GENORATOR, MISC PARTS/CORDS AMBED HS CODE: 8502110000 AES ITN: X20240318417578 =====end of products====== CERTIFICATE OF ORIGIN

Name of Authorized Trade Association



- The Applicant (or the Applicant on behalf of the Consignor), by utilizing this document, certifies that:
- The above-mentioned goods originate in the country(ies) specified above and comply with the rules of origin applicable in the country(ies) to those goods.

  -The information in this certificate and in any documents provided to the Charleston Metro Chamber of
- Commerce ("CMCC") is accurate, true and complete.
- The Applicant undertakes to advise CMCC and any other person(s) to whom the applicant provides this Certificate (or to whom the Certificate is provided to with the knowledge of the Applicant) promptly in writing of any inaccuracy, omission or change in such information, or in the origin of goods.
- -The Applicant will maintain, and present upon request, such documentation as is necessary to verify the
- truth, accuracy and completeness of this certificate and accompanying documents.

  -In consideration for the CMCC's issuance of this Certificate, the Applicant agrees to release, discharge and hold harmless CMCC from any liability in connection with the issuance of this certificate and to indemnify
- CMCC in respect of any costs and/or claims made against CMCC in connection herewith. The Applicant is authorized to give the undertakings set out herein

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This invoice must be completed in English.  COMMERCIAL INVOICE  Page of _											of		
EXPORTER: Ship Date:													
Tax ID#:							Air Woybill A	lo /Tracking No :					
Contact Name: Telephone No.:							All Waybiii N	lo. / Tracking No.:					
E-Mail:							Invoice No.: Put			chase Order No.:			
Company Name/Address:						Payment Terms: Bill			of Lading:				
						Purpose of S	Shipment:						
Country/Territory: Parties to Transaction:													
Related Non-Related							SOLD TO (if different from Consignee):						
CONSIGNEE: Tax ID#:							Same as CONSIGNEE:						
Contact Name:							Same as CONSIGNEE.						
Telephone No.:							Tax ID#:						
E-Mail: Company Name/Address:							Company Na	ame/Address:					
Country/T	erritory.						Country/Teri	ritory					
		ed broker for	this shipment	, please provide	contact	information.	Country/Terr	ntory.					
Name of B	roker					Tel. No		Conta	ct Name				
	Taxes Pay		Exporter _	Consignee	Otl	ner If Other, p	lease specify		Country of	T		Total	
No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure		Descrip	otion of Goods		Harmonized Tariff Number	Country of Manufacture	Unit Value		Total Value	
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)		Indicate BS/KGS)	Terms of Sale:				Subtotal:			
Special Instructions:								Freight:					
										Packing:			
Declaration Statement(s):								Handling:					
										Other:			
I designs that all the information contained in this invalue to be true and anyone													
I declare that all the information contained in this invoice to be true and correct.  Origination or Name of Company Representative if the invoice is being completed on behalf of a company or individual:								Invoice Total:					
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:									Currency Code:				
Signa	/ Title / Day	Meg	an) 4	Myms	7								
" Stifor	134 II	77	(	)									

## COMMERCIAL INVOICE CONTINUATION SHEET

This invoice must be completed in English. Page \_ of \_ EXPORTER: Air Waybill No. / Tracking No.: Invoice No.: Purchase Order No.: Payment Terms: Bill of Lading: Country/Territory: CONSIGNEE: SOLD TO (if different from Consignee): Country/Territory: Country/Territory: Net Weight (LBS / KGS) Country of Manufacture No. of Unit of Harmonized Tariff Number Unit Total No. of **Description of Goods** Packages Units Value Measure Value SUBTOTAL FOR THIS PAGE:

CM-C00-45657-6629443bc11d9/April 24, 2024