

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0098
See back of form for Paperwork Reduction Act Notice

NORTH AMERICAN FREE TRADE AGREEMENT
CERTIFICATE OF ORIGIN

Please print or type: DRONOR0001

19 CFR 181.11, 181.22

1. EXPORTER NAME AND ADDRESS DROSSBACH N.A. INC P.O. BOX 2000 157 N. MURRAY ST. TRENTON, ONT. CANADA K8V 6G7 TAX IDENTIFICATION NUMBER: 101493764RC		2. BLANKET PERIOD FROM 01/01/19 TO 12/31/19	
3. PRODUCER NAME AND ADDRESS AVAILABLE TO CUSTOMS UPON REQUEST TAX IDENTIFICATION NUMBER:		4. IMPORTER NAME AND ADDRESS VARIOUS TAX IDENTIFICATION NUMBER:	

5. DESCRIPTION OF GOOD(S)	6. HS TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. NET COST	10. COUNTRY OF ORIGIN
WIRE CONDUIT CASING(PLASTIC TUBING)	3926.90	B	YES	NO	CA
BILGE PUMP HOSE(PLASTIC TUBING)	3917.32	B	YES	NO	CA
CARDBOARD BOXES	4819.10	B	NO3	NO	CA
PLASTIC FITTINGS	3917.40	B	YES	NO	CA
MISC. PLASTIC TUBING(PLASTIC TUBING)	3917.32	B	YES	NO	CA
PLASTIC RESIN PELLETS	3901.10	B	NO3	NO	CA
SUMP PUMP ADAPTORS	3917.40	B	YES	NO	CA
SUMP PUMP BAGS	3923.90	B	NO3	NO	CA
SUMP PUMP DRAIN HOSE(PLASTIC TUBING)	3917.33	B	YES	NO	CA

I CERTIFY THAT:

- THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING 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 COULD 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 ALL ATTACHMENTS

11.	11a. AUTHORIZED SIGNATURE <i>Kim Caume</i>	11b. COMPANY DROSSBACH N.A. INC.		
	11c. NAME (Print or type) KIM CAUME	11d. TITLE ADMINISTRATIVE ASSISTANT		
	11e. DATE (MM/DD/YY) 10/11/2018	11f. TELEPHONE NUMBER NUMBER	>	(Voice) 613-394-4817 (Facsimile) 613-394-5516

DS-CF434

CBP Form 434 (04/97)