Pharmaceuticals Exemption Declaration

Save Reset Form

Complete this form if you have products flagged as pharmaceuticals per 90 FR 46136 that are a product of an EU country. If you need more space, please attach a list of goods to this form and indicate a product number, description of goods, HTSUS number, and an end use. If you ship some goods that qualify for this exemption and some that don't, speak to your Deringer contact about supplying documentation other than this form. Failure to pay duties on subject goods can result in adverse action from CBP. By signing this form, you acknowledge that you have read the entire form and understand your responsibilities as the importer of record.

Complete for Single Shipment Declarations ONLY

Description of Goods: _____ End Use: _____

Product#: _____HTSUS Number(s): 10 Digits Required _____

☐ The goods in this shipment **ARE** generic (non-patented) pharmaceuticals, ingredients, or chemical precursors of EU origin for use in pharmaceutical applications as outlined in 90 FR 46136 and **ARE exempt** from reciprocal tariffs.

☐ The goods in this shipment **ARE NOT** generic (non-patented) pharmaceuticals, ingredients, or chemical precursors of EU origin for use in pharmaceutical applications as outlined in 90 FR 46136 and **ARE NOT exempt** from reciprocal tariffs.

Shipment Entry No., Invoice or Reference No.: _____

Complete ONLY for Blanket Declarations

Description of Goods: _____ End Use: _____

Product#: _____HTSUS Number(s): 10 Digits Required _____

☐ The goods in this shipment **ARE** generic (non-patented) pharmaceuticals, ingredients, or chemical precursors of EU origin for use in pharmaceutical applications as outlined in 90 FR 46136 and **ARE exempt** from reciprocal tariffs.

☐ The goods in this shipment **ARE NOT** generic (non-patented) pharmaceuticals, ingredients, or chemical precursors of EU origin for use in pharmaceutical applications as outlined in 90 FR 46136 and **ARE NOT exempt** from reciprocal tariffs.

Annual Certificate Period, covering from _____ to _____

I hereby certify that the previous statements regarding my products are true and correct to the best of my knowledge.

Company Name: _____

Address: _____

City, State/Province, and Zip/Postal Code: _____

Name of Certifying Individual: _____Title: _____

Phone No.: _____ Email: _____

Signature: _____ Date: _____

Further Guidance

Under the Framework Agreement between the US and the EU as implemented by 90 FR 46136 and further clarified by CSMS#66336270, the United States will apply only the most-favored nation (MFN) tariff to certain goods of the EU including generic pharmaceuticals and their ingredients and chemical precursors. The list of tariff numbers provided for in the Federal Register Notice indicate that subheadings marked with "Pharma" impose a scope limitation on eligible articles that includes only non-patented articles for use in pharmaceutical applications. CBP has stated that filers should ensure that all supporting documentation that substantiate proof that the products are non-patented articles for use in pharmaceutical applications are kept on file for recordkeeping purposes.