



Request for Contingency Declaration Clearance

section 126E & 126F of the Customs Act 1901

Note: This form is only to be used once the CEO has given notice that the Integrated Cargo System has become temporarily inoperative. This is not a manual declaration form.



If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form.

Hours Minutes

Contingency Cargo Screening Number(s): <i>(if applicable)</i>	Declaration Number: <i>(if goods already entered)</i>
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OWNER DETAILS

Owner ID: *(ABN/CAC or CCID)*

Owner Name:

Owner's Reference:

BROKER DETAILS *(if applicable)*

Broker Name:

Broker Reference: Broker Licence No.:

Customs House Box No.: Contact No.:

Sender's Reference:

STEVEDORE DETAILS *(if the delivery of goods is directly from a wharf)*

Email Address: Fax Number:

I , a registered ICS user and owner, or the broker of the owner, of the goods request clearance to:

Take the goods into Home Consumption; or

Warehouse the goods.

PART A – Declaration Undertaking

Undertaking in accordance with section 126E and 126F of the *Customs Act 1901*.

If clearance is granted to take the goods into home consumption or for warehousing I undertake to give Customs a declaration, in any case not later than 24 hours after the CEO declares that the integrated cargo system is operative, providing all particulars in accordance with section 71L in respect of the goods, and pay any duty, pay or defer GST/WET/LCT or any other charge owing at the rate applicable at the time the clearance is granted and to comply with any condition to which this clearance is subject. Failure to comply with any of the conditions may result in penalty action being undertaken.

Are you aware of any impediments or likely impediments to the clearance of these goods?
(eg Quarantine, CITES, MVSA, P.I. Regs) Yes No

Signature of Registered Broker/Importer: Date: / /

CUSTOMS OFFICIAL USE ONLY

Part A: Clearance		Part B: Recovery	
Contingency Declaration Number:	ATD Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	ICS Acquitting Number:	
Customs Officer Name:		Customs Officer Name:	
Customs Officer Signature:		Customs Officer Signature:	
Date: / /		Date: / /	

PART B - Goods and Consignment Details (Clearance is requested as per details on the attached print or as described below)

Line No.:	Supplier Name:	Supplier ID:	
** Tariff Classification No.:		Statistical Code:	
** Goods Description:		Cargo Type: (Sea Cargo) <input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> Break Bulk	
Container No(s):		No. of Packages:	
***Ocean Bill of Lading / MAWB:		***House Bill of Lading / HAWB:	
Marks and Numbers:		Quantity:	Quantity Unit:
Hazardous Goods Ind: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode of Transport: <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Post <input type="checkbox"/> Other	Origin Country Code:	Arrival Date:
PPC Number(s): (Postal Goods)	Airline Code / Flight No.:	Vessel ID / Voyage No.:	
Loading Port Code:	First Arrival Port Code:	Discharge Port Code:	
Customs Value Amount (\$AUD):	Estimated Duty Amount (\$AUD):	Estimated GST Amount (\$AUD):	

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** Tariff Classification No.:		Statistical Code:	
** Goods Description:		Cargo Type: (Sea Cargo) <input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> Break Bulk	
Container No(s):		No. of Packages:	
***Ocean Bill of Lading / MAWB:		***House Bill of Lading / HAWB:	
Marks and Numbers:		Quantity:	Quantity Unit:
Hazardous Goods Ind: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode of Transport: <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Post <input type="checkbox"/> Other	Origin Country Code:	Arrival Date:
PPC Number(s): (Postal Goods)	Airline Code / Flight No.:	Vessel ID / Voyage No.:	
Loading Port Code:	First Arrival Port Code:	Discharge Port Code:	
Customs Value Amount (\$AUD):	Estimated Duty Amount (\$AUD):	Estimated GST Amount (\$AUD):	

Self Assessed Clearance (SAC) IndicatorSAC Indicator: Yes No

Registered Broker / Importer:	Date: / /
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* Where the consignment does not exceed the entry threshold value, not subject to prohibitions or restrictions, not subject to AQIS or are not alcohol or tobacco.

** Where a consignment consists of a mixture of goods classified to more than one tariff heading, a description of the goods and the applicable tariff item for each should be shown.

*** Delete whichever is not applicable.