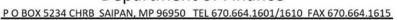


Division of Customs Service

Department of Finance





REQUEST FOR CQ SERVICES and AGREEMENT FORM

l,	, conducting bus		_, holding the position orming services to p		
vessels, importers and/or consignee at	-	•	•		
and declare that I am the authorized an					
consignee, and that I hereby agree and	accept on behalf of the private air	rcraft, vessel, imp	orter and/or consig	nee, to	
reimburse the Government of the Comm	nonwealth of the Northern Marian	a Islands (CNMI),	, for any and all ove	rtime costs and	
charges incurred and estimated to be \$_		, and ar	ny and all other add	itional overtime	
charges incurred in excess of the estimate	ated hours of	_ , during the per	formance of the Cu	stoms and	
Quarantine inspections and clearance v	vork of:				
Aircraft Name	Registratio	ation No Flight No		No	
Vessel Name	Voyag	e No			
B/L or Manifest No.	Contain	er No.	Sea	al No.	
B/L or Manifest No.	Contain	Container No.		Seal No.	
B/L or Manifest No.	Contain	Container No.		Seal No.	
B/L or Manifest N	Contain	er No.	Sea	al	
I understand that all Customs-Quarantine (CQ) in overtime work. Any fraction of an hour in excess will be charged two (2) times the base salary rate be charged the overtime rate. This overtime and Rules and Regulations (NMIAC § 10-20.2-344 through	of two (2) hours minimum is charged a fu of the Customs and Quarantine inspector holiday compensation policy is mandated	Ill hour. Charges for rs rendering the servi	work scheduled on Com ce, any time in excess o	monwealth holidays f eight (8) hours will	
Signature of Author	ized Agent or Representative		Date		
	FOR OFFICIAL USE ONL	.Y –			
Name of Customs Inspector	Badge No.	Name of Quara	ntine Inspector	Badge No.	
Date Performed	Time Started	Time Completed			