DEPARTMENT OF THE TREASURY UNITED STATES CUSTOMS SERVICE

Form Approved O.M.B. No. 1515-0002 See back of form for Paperwork Reduction Act Notice.

GENERAL DECLARATION (Outward/Inward)

AGRICULTURE, CUSTOMS, IMMIGRATION, AND PUBLIC HEALTH

19 CFR 122.43, 122.52, 122.54, 122.73, 122.144

Departure from(Place)		Date
	Arrival at	(Place)
	FLIGHT ROUTING	
("Place" Columi	n always to list origin, every en-route s	top and destination)
PLACE	TOTAL NUMBER OF CREW	NUMBER OF PASSENGERS ON THIS STAGE 1)
		Departure Place:
		Embarking
		Through on same flight
		Arrival Place:
		Disembarking
		Through on same flight
		NUMBER OF SED's AND AWB's
		SED's AWB's
Declaration of Health		For official use only
Persons on board known to be suffering from effects of accidents, as well as those cases of ill	illness other than airsickness or the lness disembarked during the flight:	
Any other condition on board which may lead to	the spread of disease:	
	·	
Details of each disinsecting or sanitary treatments the flight. If no disinsecting has been carried or recent disinsecting:	ent (place, date, time, method) during ut during the flight give details of most	
Signed, if required	Crew Member Concerned	-

continue/have continued on the flight.