



Division of Customs Service

Department of Finance

P O BOX 5234 CHR B SAIPAN, MP 96950 TEL 670.664.1601/1610 FAX 670.664.1615



REQUEST FOR CQ SERVICES and AGREEMENT FORM

I, _____, holding the position or title of _____, conducting business and/or performing services to private aircraft, vessels, importers and/or consignee at _____, hereby hold and declare that I am the authorized and designated agent of the above referenced private aircraft, vessel, importer and/or consignee, and that I hereby agree and accept on behalf of the private aircraft, vessel, importer and/or consignee, to reimburse the Government of the Commonwealth of the Northern Mariana Islands (CNMI), for any and all overtime costs and charges incurred and estimated to be \$ _____ . _____, and any and all other additional overtime charges incurred in excess of the estimated hours of _____, during the performance of the Customs and Quarantine inspections and clearance work of:

Aircraft Name _____ Registration No. _____ Flight No. _____

Vessel Name _____ Voyage No. _____

B/L or Manifest No.

Container No.

Seal No.

B/L or Manifest No.

Container No.

Seal No.

B/L or Manifest No.

Container No.

Seal No.

B/L or Manifest N

Container No.

Seal

I understand that all Customs-Quarantine (CQ) inspection and clearance requests of less than two (2) hours will be charged a minimum of two (2) hours overtime work. Any fraction of an hour in excess of two (2) hours minimum is charged a full hour. Charges for work scheduled on Commonwealth holidays will be charged two (2) times the base salary rate of the Customs and Quarantine inspectors rendering the service, any time in excess of eight (8) hours will be charged the overtime rate. This overtime and holiday compensation policy is mandated pursuant to the CNMI Government Personnel Service System Rules and Regulations (NMIAC § 10-20.2-344 through 352)

Signature of Authorized Agent or Representative

Date

FOR OFFICIAL USE ONLY -

Name of Customs Inspector

Badge No.

Name of Quarantine Inspector

Badge No.

Date Performed

Time Started

Time Completed

REMARKS _____