



H A W A I I
FOREIGN-TRADE ZONE
 NO. 9

**LIST OF EMPLOYEES AND
 AUTHORIZED SIGNATURES
 FOR FTZ USERS** (Valid for Two Years)

Company Name	Date
Address	Telephone
	Fax
Officer's Name (Print)	Officer's Signature
Officer's Title	Email

① Customs Broker	④ Employer's Authorization To Sign		⑤ Date	⑥ Remarks
	FTZ Forms	CBP Forms		
② Trucker				
③ Employee:				
Name				
Position				
ID#				
Name				
Position				
ID#				
Name				
Position				
ID#				
Name				
Position				
ID#				
Name				
Position				
ID#				

Instructions: ① Type name of your customs broker. ② Type name of your trucker. ③ Type name, position, and identification number of all employees who may enter the Zone and/or sign FTZ or Customs forms. ④ Have officer initial appropriate boxes to indicate those forms the employee is authorized to sign, if any. ⑤ Date employee first listed. ⑥ Indicate the date remarks were entered or effective (e.g., "Terminated 5/15/05").

Retain original and submit clean photocopy to FTZ Operations Office. To update the original: (a) Terminate employee—cross name out; (b) New employee—add name; (c) Change in authorization to sign forms—add/cross out initials. Provide updated copy to FTZ. **FTZ will not admit persons or process any forms signed by personnel listed hereon.**



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Employee:	Employer's Authorization To Sign		Date	Remarks
	FTZ Forms	CBP Forms		
Name				
Position				
ID#				
Name				
Position				
ID#				
Name				
Position				
ID#				
Name				
Position				
ID#				
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