

2019-03-024

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REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF CUSTOMS**  
1099 MANILA

**MEMORANDUM**

**TO :** DISTRICT COLLECTORS  
ALL OTHERS CONCERNED

**FROM :** REY LEONARDO B. GUERRERO  
Commissioner, BOC

**SUBJECT :** ALERT PROCESSING TIMELINE AND ALERT  
ORDER EXAMINATION WITNESS FORMS

**DATE :** March 12, 2019

MAR 15 2019

It has been noticed that requests for affirmation of the Lifting of Alert Orders do not include the completely filled up Processing Report Form (PRF) which is an important document to determine any processing delay. In addition to the PRF, and to better monitor the processing flow of Alerted Shipments, an Alert Processing Timeline Form (APTF) and an Alert Order Examination Witness Form (AOEWF) are additional requirements to be completed.

No request for the affirmation for Lifting of an Alert Order will be entertained by the AOCHD-IG on request with incomplete and/or incompletely filled out documentary requirements.

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REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF CUSTOMS**  
1099 MANILA  
PORT

**ALERT PROCESSING TIMELINE FORM**

Alert No.	
AOCHD No.	
Consignee	
Entry No.	
Container(s)	

DATE	TIME		Action OFFICE & Customs Officer	ACTION
	Start		FED <input type="checkbox"/> IED <input type="checkbox"/>	
	End			
	Start		100 EXAMINATION	
	End			
	Start		FINDINGS and APPRAISAL	
	End			
	Start		REVIEW (Collectors Office)	
	End			
	Start		AOCHD - IG	
	End			
	Start		OCOMM	
	End			
	Start		PORT	
	End			

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REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF CUSTOMS**  
1099 MANILA

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**ALERT ORDER EXAMINATION WITNESS FORM**

Consignee \_\_\_\_\_  
Entry Number \_\_\_\_\_  
AOCHD Number \_\_\_\_\_  
Container Number(s) \_\_\_\_\_

Date and Time of Examination  
Start \_\_\_\_\_  
End \_\_\_\_\_

<p>Examiner(s) _____ _____ _____</p> <p>Remarks/Comments/Observation:</p> <p><b>CIIS-IG Representative Printed Name and Signature</b></p>	<p>Examiner(s) _____ _____ _____</p> <p>Remarks/Comments/Observation:</p> <p><b>ESS-EG Representative Printed Name and Signature</b></p>									
<p>Examiner(s) _____ _____ _____</p> <p>Remarks/Comments/Observation:</p> <p><b>XIP Representative Printed Name and Signature</b></p>	<p>Examiner(s) _____ _____ _____</p> <p>Remarks/Comments/Observation:</p> <p><b>District Collectors Representative Printed Name and Signature</b></p>									
<p><b>Other Witnesses;</b></p> <table border="1"> <thead> <tr> <th data-bbox="246 2008 366 2050">NAME</th> <th data-bbox="602 2008 834 2054">SIGNATURE</th> <th data-bbox="1045 2015 1224 2057">AGENCY</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	SIGNATURE	AGENCY						
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