



U.S. Department of Homeland Security  
Washington, DC 20229

U.S. Customs and  
Border Protection

**U.S. CUSTOMS AND BORDER PROTECTION  
COMMERCIAL GAUGERS AND LABORATORIES  
APPROVED SIGNATORY BACKGROUND INFORMATION**

This form should be filled out by all signatories of gauging reports and/or laboratory analysis reports and submitted to CBP.

NAME \_\_\_\_\_

ADDRESS (business) \_\_\_\_\_

TELEPHONE NUMBER (business) \_\_\_\_\_

SIGNATORY TYPE: please indicate GAUGER    LABORATORY    BOTH

**EDUCATION**  
(in chronological order)

HIGH SCHOOL \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIVERSITY OR TRADE SCHOOL \_\_\_\_\_

YEAR AND TYPE OF DEGREE \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIVERSITY OR TRADE SCHOOL \_\_\_\_\_

YEAR AND TYPE OF DEGREE \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIVERSITY OR TRADE SCHOOL \_\_\_\_\_

YEAR AND TYPE OF DEGREE \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIVERSITY OR TRADE SCHOOL \_\_\_\_\_

YEAR AND TYPE OF DEGREE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

(in chronological order; go no further back than 10 years)

DATES \_\_\_\_\_ to \_\_\_\_\_ CO. NAME and ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_

DATES \_\_\_\_\_ to \_\_\_\_\_ CO. NAME and ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_

DATES \_\_\_\_\_ to \_\_\_\_\_ CO. NAME and ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_

DATES \_\_\_\_\_ to \_\_\_\_\_ CO. NAME and ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_

DATES \_\_\_\_\_ to \_\_\_\_\_ CO. NAME and ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_

DATES \_\_\_\_\_ to \_\_\_\_\_ CO. NAME and ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_

DATES \_\_\_\_\_ to \_\_\_\_\_ CO. NAME and ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
OCCUPATION \_\_\_\_\_

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**APPLICANT:** in lieu of the actual form, photocopies of this form may be made for distribution to signatories.