

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

**APPLICATION FOR CBP APPROVED
GAUGERS AND ACCREDITED LABORATORIES**

19 CFR 151.12; 151.13

INSTRUCTIONS: Submit application, including all additional continuation sheets (if required) and attachments in duplicate to the Executive Director, Laboratories and Scientific Services Directorate.

SECTION I - APPLICANT

1. Applicant's Name and Principal Office Address and indicate fictitious name (if applicable)			
2. Type of License Applied For <input type="checkbox"/> Laboratory <input type="checkbox"/> Gauger <input type="checkbox"/> Laboratory/Gauger			
3. CBP Port and Port Code		4. Have you ever applied for a CBP accreditation/approval? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)	
5. Has the applicant (or any officer, member, or principal thereof) ever had an accreditation/approval suspended, refused, revoked, or cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)		6. Is the applicant (or any officer, member or principal thereof) an officer or employee of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)	
7. Date of Birth	8. Birthplace (City & State)	9. SSN	10. Telephone Numbers: Home - _____ Business - _____ Ext. _____ Email (Business) - _____
11. U.S. Citizenship <input type="checkbox"/> Natural Born <input type="checkbox"/> Naturalized - Give Date and Place >			
12. Have you ever been arrested, charged, convicted of or forfeited collateral for, any felony, misdemeanor, or other violation? > > > > > > > > <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)		You may omit: 1. traffic violations for which you paid a fine of \$250 or less; 2. any incident which happened before your 16th birthday. All other incidents must be included, even though the case records were expunged or suppressed under a rehabilitation program, or you were sentenced under a State statute which provides that you need not report the incident when apply for employment, a license, etc.	
13. Address of principal place of business (if different from Block 1: is same, write "Same")			
14. In the last 5 years, have you, or a company ever which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against you for a debt? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)			
15. List names of all Officers and Directors			
16. Remarks/Additional Information (In responding to questions above, include Block number. If more space is needed use blank sheet.			

SECTION II - CORPORATION

17. Date Corporation was organized	18. State Where Organized	
19. List each person who will be authorized to sign/approve analysis report and/or gauging reports:		
Name	Title	Qualifications
20. Attachments		
<input type="checkbox"/> If a corporation, a copy of articles of incorporation or association <input type="checkbox"/> Detailed statement of ownership and any partnerships, parent-subsidary relationships, or affiliations with any other domestic or foreign organization, including, but not limited to, import, other commercial laboratories, producers refiner, CBP brokers, or carriers <input type="checkbox"/> A statement of financial condition (i.e., statement from a Certified Public Accountant or notarized statement) <input type="checkbox"/> A complete description of the applicant's facilities, instruments, and equipment <input type="checkbox"/> An expressed agreement that if notified by CBP of pending accreditation/approval to execute a bond in accordance with 19 CFR, part 113, CBP Regulations, and submit it to the CBP port nearest to the applicant's main office. The limits of liability on the bond will be established by the CBP port in consultation with the Executive Director. In order to retain CBP accreditation/approval, the laboratory/gauger must maintain an adequate bond, as determined by the Port Director.	<input type="checkbox"/> A listing of each commodity group for which laboratory accreditation is being sought and, if methods are being submitted for approval with are not specifically provided for in a Commodity Group Brochure and the CBP Laboratory Methods Manual, a listing of such methods. <input type="checkbox"/> A listing by commodity group of each method according to its CBP Laboratory Method Number for which the Laboratory is seeking accreditation; (section 151.12(d) or CBP website http://www.cbp.gov/about/labs-scientific-svcs) <input type="checkbox"/> An expressed agreement to be bound by required obligation (see commercial gauger and laboratory agreement) <input type="checkbox"/> A non-refundable prepayment equal to 50 percent of the fixed accreditation/approval fee, as published in the Federal Register and CBP Bulletin, to cover preliminary processing costs. Further, the applicant agrees to pay CBP with in thirty (30) days of notification of preliminary accreditation/approval the associated charges assessed for accreditation/approval (i.e., those charges for actual travel and background investigation costs, and the balance of the fixed accreditation/approval fee.)	

SECTION III - CERTIFICATION (All Applicants)

WARNING: Any misstatement of pertinent facts in this application constitutes sufficient grounds for denial of the application.

21. NAME OF PERSON SIGNING APPLICATION	
I _____, Certify that the statements contained in the foregoing application and supporting attachments thereto are true and correct to the best of my knowledge and belief. Written notice of any change in my mailing address, and business connection, or the name and style under which I conduct my business will be given to the Commissioner of U.S. Customs and Border Protection.	
Signature	Date
PAPERWORK REDUCTION ACT STATEMENT - An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0053. The estimated average time to complete this application is 75 Minutes. The obligation to respond to this information collection is mandatory. If you have any comments regarding the burden estimate you can write to CBP PRA Officer, U.S. Customs and Border Protection, Office of Regulations and Rulings, 10th floor, 90K Street NE., Washington, DC 20229-1177.	