



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

OMB CONTROL NUMBER: 1651-0053  
EXPIRATION DATE: 11/30/2022

**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.

<b>SECTION I - APPLICANT</b>			
<p>1. Applicant's Name &amp; Principal Office Address - indicate fictitious name (<i>if applicable</i>)</p> <p>Name (Last, First, MI): Street Address: City: State: Zip Code:</p>			
<p>2. Type of License Applied For</p> <p><input type="checkbox"/> Laboratory <input type="checkbox"/> Gauger <input type="checkbox"/> Laboratory/Gauger</p>	<p>3. CBP Port &amp; Port Code</p>		<p>4. Have you ever applied for a CBP accreditation/approval?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Explain in Block 16</i>)</p>
<p>5. Has the applicant (<i>or any officer, member, or principal thereof</i>) ever had an accreditation/approval suspended, refused, revoked, or cancelled?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Explain in Block 16</i>)</p>		<p>6. Is the applicant (<i>or any officer, member or principal thereof</i>) an officer or employee of the United States?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Explain in Block 16</i>)</p>	
<p>7. Date of Birth</p>	<p>8. Birthplace (<i>City &amp; State</i>)</p>	<p>9. SSN</p>	<p>10. Telephone Numbers &amp; Email</p> <p>Home: Business: Ext. Email (<i>Business</i>):</p>
<p>11. U.S. Citizenship</p> <p><input type="checkbox"/> Natural Born <input type="checkbox"/> Naturalized (<i>If so, answer question →</i>)</p>		<p>If naturalized, when &amp; where were you naturalized?</p> <p>Date: Place:</p>	
<p>12. Have you ever been arrested, charged, convicted of or forfeited collateral for, any felony, misdemeanor, or other violation? (<i>Read statement → before answering</i>)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Explain in Block 16</i>)</p>		<p><u>You may omit:</u> 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.</p>	
<p>13. Address of Principal Place of Business (<i>if different from Block 1; if same, check box →</i>)</p> <p>Street Address: City: State: Zip Code:</p>			<p><input type="checkbox"/> Same Address</p>
<p>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?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Explain in Block 16</i>)</p>			
<p>15. List Names of all Officers and Directors</p>			
<p>16. Remarks/Additional Information (<i>In responding to questions above, include Block number. If more space is needed use blank sheet</i>)</p>			

