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

OMB Approval No: 1651-0052
Expiration Date: 07/31/2019

VEHICLE APPLICATION

U.S. Customs and Border Protection
Attn: DTOPS Program Administrator
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

Agency Use Only

Si usted no habla o escribe ingles y necesita ayuda en español para llenar este documento, llame a la oficina de las Aduanas de Estados Unidos de (317) 298-1245. Este servicio es gratuito.

SECTION 1. CONTACT INFORMATION

Account No.: _____ Calendar Year Applying For: _____

Ship To Address:

Company Name _____

Address _____

City _____ State: _____

Country Code _____ Zip Code _____

Please complete the address section below if your *Ship To Address* is not your physical address; or if the *Ship To Address* is a P.O. Box.

Company Name _____

Address _____

(street address only) _____

City _____ State: _____

Country Code _____ Zip Code _____

Required Information: Primary Contact

Contact Name (Please Print):

Applicant Phone Number:

Applicant FAX Number:

Email Address:

Optional Information: Secondary Contact

Contact Name (Please Print):

Applicant Phone Number:

Applicant FAX Number:

Email Address:

USER FEE PRICE: $408.84 ALL BORDERS

Shipping Methods: Your order will be shipped via 1st Class U.S. Mail at no cost. Allow 4-8 weeks for delivery.

DO NOT SEND CASH: (Credit card and ACH applicants may apply online.) Make check or money order, drawn on U.S. Bank in U.S. Dollars ($), payable to U.S. CUSTOMS AND BORDER PROTECTION. If paying by check, DO NOT email form, please mail the application to the address listed in the instructions.

METHOD OF PAYMENT: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Account # : _____ Expiration Date: _____ \ _____ Security Code: _____
Month Year

Amount for user fee purchase ($408.84 x _____ # of vehicles): $ _____

Total Amount Authorized: = $ _____

SIGNATURE: _____ DATE: _____
Signature authorizes decal payment

Submitting this application certifies that all information is accurate. The applicant is responsible for ensuring that duplicate User Fees are not requested. All transactions are final. No refunds and no credits will be approved.

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Account No. _____

SECTION 3. VEHICLE INFORMATION SHEET (all vehicle information is required)

Vehicle Manufacturer	Model	Model Yr	VIN	Transponder ID

3A. REQUIRED INFORMATION FOR THE VEHICLE ABOVE

Does this vehicle currently have a transponder? ☐ Yes ☐ No, provide reason below

If yes, is the correct transponder number listed above? ☐ Yes ☐ No ☐ Not Listed

Cab/Unit # _____ (If no number is assigned use the last five digits of the VIN)

Color _____ Primary License Plate Number (U.S. is Preferred) _____
(No dashes, spaces or special characters)

Country Code _____ State: _____

3B. CARRIER INFORMATION

Are you OR are you carrying for a C-TPAT-FAST approved carrier?

☐ YES. Please provide the U.S. Fast ID Number for the carrier.

U.S. FAST ID Number _____ (Do not use Driver Fast ID Number) Please proceed to Section 3C.

☐ NO. Please complete Section 3C.

3C. REGISTERED OWNER INFORMATION

Is the owner C-TPAT-FAST approved?

☐ YES. Please provide the U.S. Fast ID Number for the registered owner.

U.S. FAST ID Number _____ (Do not use Driver Fast ID Number)

☐ NO. Please provide the registered owner information from the Vehicle Registration.

(If the truck has a Canadian registration, please use the registered plate owner information.)

Name (Please print): _____

Address 1: _____

Address 2: _____

City: _____ State: _____

ZIP/Postal Code: _____ Country Code: _____

Submitting this application certifies that all information is accurate. The applicant is responsible for ensuring that duplicate User Fees are not requested. All transactions are final. No refunds and no credits will be approved.

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Account No. _____

ADDITIONAL VEHICLE INFORMATION SHEET (all vehicle information is required)

Vehicle Manufacturer	Model	Model Yr	VIN	Transponder ID

3A. REQUIRED INFORMATION FOR THE VEHICLE ABOVE

Does this vehicle currently have a transponder? ☐ Yes ☐ No, provide reason below

If yes, is the correct transponder number listed above? ☐ Yes ☐ No ☐ Not Listed

Cab/Unit # _____ (If no number is assigned use the last five digits of the VIN)

Color _____ Primary License Plate Number (U.S. is Preferred) _____
(No dashes, spaces or special characters)

Country Code _____ State: _____

3B. CARRIER INFORMATION

Are you OR are you carrying for a C-TPAT-FAST approved carrier?

☐ YES. Please provide the U.S. Fast ID Number for the carrier.

U.S. FAST ID Number _____ (Do not use Driver Fast ID Number) Please proceed to Section 3C.

☐ NO. Please complete Section 3C.

3C. REGISTERED OWNER INFORMATION

Is the owner C-TPAT-FAST approved?

☐ YES. Please provide the U.S. Fast ID Number for the registered owner.

U.S. FAST ID Number _____ (Do not use Driver Fast ID Number)

☐ NO. Please provide the registered owner information from the Vehicle Registration.

(If the truck has a Canadian registration, please use the registered plate owner information.)

Name (Last, First, MI): _____

Address 1: _____

Address 2: _____

City: _____ State: _____

ZIP/Postal Code: _____ Country Code: _____

Submitting this application certifies that all information is accurate. The applicant is responsible for ensuring that duplicate User Fees are not requested. All transactions are final. No refunds and no credits will be approved.

Instructions for Completing 339C, Commercial Vehicle Annual User Fee Application

Si Ud. necesita ayuda en español para llenar este documento, favor de llamar a la oficina de la Aduana Americana al (317) 298-1245. Este servicio es gratuito.

INQUIRIES

Commercial Vehicle or transponder questions should be directed to (317) 298-1245, Monday through Friday 8:00 a.m. to 4:00 p.m. EST or send your question via email to decals@dhs.gov.

Section 1: Contact Information

ACCOUNT NUMBER - If you have purchased in the past but do not know your account number, please call (317) 298-1245. If you have not purchased an annual user fee previously, we will process your application and assign a new account number.

SHIP TO ADDRESS – This is the address to which you would like to have your order shipped. Using an address in the United States allows for a quicker, more secure shipping method for your annual user fee order. For example, if your business and residence are both located outside the United States, you may still have your annual user fee order shipped to an address within the United States.

PHYSICAL ADDRESS - This is the address where the company or business purchasing the annual user fee is physically located. **Please provide a street address and not a P.O. Box for your physical address.**

PRIMARY CONTACT **(Required)** - Provide a contact name and email address for the annual user fee request. It is important to include a telephone and fax number so that you can be reached if there is a problem with your application. If there is a problem, and we cannot reach you by phone, we will return the application and payment to the address on the form.

SECONDARY CONTACT **(Optional)** - Provide a contact name and email address for the annual user fee request. It is important to include a telephone and fax number so that you can be reached if there is a problem with your application. If there is a problem, and we cannot reach you by phone, we will return the application and payment to the address on the form.

Section 2: Shipment/Payment Options

If paying by check or money order, funds are required to be drawn through a U.S. bank in U.S. dollars. For checks, processing time takes an extra 5 days. **We cannot accept a check or money order in U.S. currency, which is drawn through a non-U.S. bank.** If the amount is not exact, either too low or too high, the application and payment will be returned.

DELIVERY OPTIONS

*NOTE: When paying by check with regular delivery, allow 4 to 8 weeks to receive your transponder order. You save a minimum of 2 weeks processing time when paying by money order or credit card.

SUBMITTING APPLICATION

Please mail your completed CBP form 339C with payment to:

U.S. Customs and Border Protection
Attn: DTOPS Program Administrator
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

NO REFUNDS will be granted for orders submitted more than once. If applying by fax, verify your application was NOT received before re-sending.

Section 3: Vehicle Information

MANUFACTURER – Name of manufacturer. Ex: Ford, International, Peterbilt
MODEL – Model of vehicle. Ex: Conv, T300
MODEL YEAR – Model year of vehicle. Ex: 2001, 2009
VIN – Vehicle Identification Number; which is normally 17 alphanumeric characters in length. (Usually located inside bottom right side of windshield. Can be seen from outside the vehicle.)
TRANSPONDER NUMBER – 16 or 24 alphanumeric characters in length. Number is etched onto white credit card sized transponder that should be affixed to windshield of the vehicle if an annual user fee has been previously purchased for vehicle. If vehicle does not have a transponder, please leave blank and we will assign one.

3A: REQUIRED INFORMATION

DOES THIS VEHICLE CURRENTLY HAVE A TRANSPONDER? – If No, we will send a new transponder. **We will also require you to provide a reason as to why the vehicle needs a new transponder if one was previously issued.** If Yes, please make sure the transponder is still affixed to the windshield of the vehicle.

Questions may be directed to 317-298-1245 or decals@dhs.gov
Fax applications to 317-290-3219

Instructions for Completing 339C, Commercial Vehicle Annual User Fee Application

IF YES, IS THE CORRECT TRANSPONDER NUMBER LISTED ABOVE? – If NO or NOT LISTED, we will send a new transponder.
CAB/UNIT# - The cab number is the unit number your company has assigned the vehicle. If no cab/unit number is assigned, use the last five digits of the VIN.
COLOR – The color of the vehicle or truck cab.
LICENSE PLATE NUMBER – The license number assigned to the vehicle.
LICENSE PLATE STATE – The state in which the license plate number was issued to the vehicle. Ex: OH, FL, TAM, CHI
LICENSE PLATE COUNTRY – The country in which the license plate number was issued to the vehicle. Ex: CAN, USA, MEX

3B: CARRIER INFORMATION

ARE YOU OR ARE YOU CARRYING FOR A C-TPAT FAST APPROVED CARRIER?
If YES, please provide the carrier's FAST ID, which is normally 7 alphanumeric characters in length. **DO NOT** use the Driver FAST ID number.

3C: REGISTERED OWNER INFORMATION

IS THE OWNER C-TPAT FAST APPROVED? - If YES, please provide the registered owner's FAST ID number. (**We only accept company FAST IDs**) If NO, complete the name and address information section. If the vehicle has a Canadian Registration, please provide the information for the person/ company who plates the vehicle.

Once you have purchased an annual user fee for a conveyance, you may update contact information, color, cab number, license plate number, license country and state, Carrier or Registered Owner information online or by sending an update vehicle information sheet (CBP 339U) to our offices. Please contact the User Fee Help Desk if you need to make any corrections to the Vehicle Manufacturer, Model, Model Year, VIN, or Transponder ID.

EXCHANGES

Because a transponder is assigned to a specific conveyance, it cannot be transferred to another conveyance. Transponders are matched to the vehicle by the vehicle identification number (VIN). CBP will exchange a transponder for a different conveyance if a written request is postmarked no later than 30 calendar days after it was issued or renewed.** The request must also be made prior to a transfer of the renewed conveyance to another company. Only valid requests will be granted. The following documentation must be submitted for an exchange:

- The **new or used** transponder.*
- A new application for the vehicle that will be assigned the replacement transponder. If ordering the new vehicle online, please provide proof of payment.
- The itemized receipt that was mailed to you with the annual user fee order.
- A signed statement with a brief explanation of the circumstances that required the exchange, with a contact name and telephone number.

*Must return current transponder or include in the signed statement the reason why it cannot be returned.

**The exception to the 30-day rule: If you purchased a commercial vehicle annual user fee prior to January 1st, it may be exchanged through January 31st of the renewal year.

Send Exchange Requests to:

U.S. Customs and Border Protection
Attn: DTOPS Program Administrator
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

TRANSPONDER REPLACEMENTS

If the issued transponder is non-operational, damaged, or lost, please follow the instructions listed below:

- For online customers, request a replacement through your online account.
- For paper requests, contact the User Fee Help Desk at (317) 298-1245 for a replacement sheet. Complete the information on the form and return it by fax or mail to the following address:

  U.S. Customs and Border Protection
  Attn: DTOPS Program Administrator
  6650 Telecom Drive, Suite 100
  Indianapolis, IN 46278

** TO RECEIVE A REPLACEMENT TRANSPONDER YOU MUST RETURN THE CURRENT TRANSPONDER OR PROVIDE A WRITTEN STATEMENT ON COMPANY LETTERHEAD AS TO WHY IT CANNOT BE RETURNED.

REFUNDS

Once a commercial vehicle user fee has been purchased, the transaction is FINAL. The applicant is responsible for ensuring that duplicate User Fees are not ordered. There are NO refunds.

Paperwork Reduction Act Notice As Required by 5CFR

Paperwork Reduction Act Statement: In accordance with 5 CFR 1320, 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 1651-0052. The estimated average time to complete this application is 20 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

Questions may be directed to 317-298-1245 or decals@dhs.gov
Fax applications to 317-290-3219