



APPLICATION FOR CUSTOMS BROKER LICENSE

19 U.S.C. 1641; 19 CFR 111.12

1. APPLICANT'S NAME AND ADDRESS (Principal Office) (Indicate fictitious name, if applicable)						
LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP
INSTRUCTIONS: Applicants must be United States citizens. Pursuant to the requirements of 19CFR 111.12 (b) the information contained in Blocks 1,2,3,22 and 23 may be released to the public and posted by appropriate electronic means. Submit application in duplicate to the Port Director of the Port name in Block 3. All additional continuation sheets, if required, and attachments should be in duplicate						
2. TYPE OF LICENSE APPLIED FOR <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ASSOCIATION						
3. CBP PORT			4. HAVE YOU EVER APPLIED FOR A CUSTOMS BROKER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 18)			
5. HAS THE APPLICANT (OR ANY OFFICER, MEMBER, OR PRINCIPAL THERE OF AS IDENTIFIED IN BLOCK 22) EVER HAD A LICENSE SUSPENDED, REFUSED, REVOKED, OR CANCELLED? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 18)			6. IS THE APPLICANT (OR ANY OFFICER, MEMBER OR PRINCIPAL THEREOF AS IDENTIFIED IN BLOCK 22) AN OFFICER OR EMPLOYEE OF THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 18)			

SECTION I - INDIVIDUALS ONLY

7. DATE OF BIRTH	8. BIRTHPLACE (City & State)	9. SOCIAL SECURITY NO.	10. HOME PHONE NO.	11. BUSINESS PHONE NO.
12. U.S. CITIZENSHIP <input type="checkbox"/> NATURAL-BORN <input type="checkbox"/> NATURALIZED: Give Date and Place				

13. 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 18)	(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 applying for employment, a license, etc.)
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14. RESIDENCE ADDRESS (If different from Block 1; if same, check "SAME")				
STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> SAME

15. IN THE LAST 5 YEARS, HAVE YOU, OR A COMPANY OVER 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 18)
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16. DO YOU PROPOSE TO ENGAGE IN THE BUSINESS OF A CUSTOMS BROKER: (More than one may apply. Explain answers in Block 18.)
(a) <input type="checkbox"/> ON YOUR OWN INDIVIDUAL ACCOUNT? (State name in which business is to be conducted; if trade name, state authority for use of the name and attach evidence of such authority.)
(b) <input type="checkbox"/> AS A MEMBER OF A PARTNERSHIP? (State name of partnership and list names of all the partners.)
(c) <input type="checkbox"/> AS AN OFFICER OF AN ASSOCIATION? (State name of the association, the title of the office you hold, and the general nature of your duties.)
(d) <input type="checkbox"/> AS AN OFFICER OF A CORPORATION? (State name of the corporation, the title of the office you hold, and the general nature of your duties.)
(e) <input type="checkbox"/> AS AN EMPLOYEE? (State name and address of your employer [if different from Block 1; write "SAME"] and the nature of your employment.)

17. LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF SIX REFERENCES								
1.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
2.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
3.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
4.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
5.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
6.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP

SECTION II -- FOR ASSOCIATION, CORPORATION, OR PARTNERSHIP ONLY

19. DATE APPLICANT WAS ORGANIZED	20. STATE WHERE ORGANIZED	21. ATTACHMENTS <input type="checkbox"/> Copy of articles of incorporation or association <input type="checkbox"/> Evidence of the partnership (copy of the articles of agreement or affidavit signed by all partners)							
22. LIST THE NAMES, ADDRESSES, TITLES, AND DATES AND PLACES OF BIRTH OF ALL OFFICERS OF THE ASSOCIATION OR CORPORATION, AND ALL PRINCIPALS WHO HAVE A CONTROLLING INTEREST (Example: 10% or more of stock), WHO HOLD INDIVIDUAL CUSTOMS BROKERS' LICENSES AND GIVE THE GENERAL NATURE OF DUTIES OF EACH, OR IF A PARTNERSHIP, LIST NAME AND ADDRESS OF MEMBERS WHO HOLD SUCH LICENSES.									
LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION
LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION
LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION

23. LIST THE NAMES, ADDRESSES, TITLES, AND DATES AND PLACES OF BIRTH OF ALL OFFICERS AND PRINCIPALS (INCLUDING CORPORATIONS, TRUSTS, AND/OR OTHER ORGANIZATIONS) WHO HAVE A CONTROLLING INTEREST, IF NOT LISTED IN BLOCK 23 (Example: 10% or more of stock), AND PARTNERS WHO DO NOT HOLD CUSTOMS BROKERS' LICENSES.									
LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION
LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION
LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION

SECTION III -- CERTIFICATION (ALL APPLICANTS)

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

INDIVIDUAL 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, any business connection, or the name and style under which I conduct my business will be given to the Commissioner of Customs and Border Protection.	ASSOCIATION, CORPORATION, OR PARTNERSHIP I, _____, certify that I am an officer or partner of the applicant; that I am a licensed Customs broker; and that the statements contained in the foregoing application and supporting attachments thereto are true and correct to the best of my knowledge and belief. The officers and partners who are licensed customs brokers are aware of the requirements for the exercise by them of responsible supervision and control of the transactions of the CBP business of the applicant. Written notice of any change in the applicant's mailing address, name, licensed officers or partners, or the charter, certificate, articles, or other instrument of organization of the applicant will be given to the Commissioner of Customs and Border Protection.
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25. SIGNATURE	26. DATE
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Privacy Act Notice: Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), as amended, notice is hereby given in accordance with 5 U.S.C. 552a(e)(3) that the authority to collect information on CBP Form 3124 is 19 U.S.C. 1641; 5 U.S.C. 301; Reorganization plan no. 1 of 1950; Treasury Department Order No. 165, Revised, as amended; 19 CFR Part 111. The principal purpose for collecting the information is to enable the U.S. Customs and Border Protection to conduct a background investigation on the applicant and thereby determine whether the applicant meets the criteria established for the issuance of a Customs broker's license. The information, collected and contained in the applicant's file, may be provided to those employees of the U.S Department of Homeland Security, U.S. Customs and Border Protection who have a need for the records in the performance of their duties. The information may also be used, when deemed appropriate, to recommend to the Commissioner of U.S. Customs and Border Protection that disciplinary action be initiated, and further provide to the Department of Justice for its use in connection with appeals from orders resulting in the suspension or revocation of licenses. Similarly the information may be furnished to other government agencies which have an interest in the broker or in the situation that led to the disciplinary action.

Disclosure of the requested information including the Social Security number (SSN) is voluntary. The SSN will be used as an identifier in conducting a background investigation and will be used as an identifier throughout the career of the Customs broker. Failure to provide any or all of the information requested may result in the CBP inability to conduct the background investigation as required prior to the issuance of a license. Pursuant to the requirements of 19CFR 111.12(b) the information contained in Blocks 1,2,3,22 and 23 may be released to the public and posted by appropriate electronic means.

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 1651-0034 The estimated average time to complete this application is 1 hour. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90K Street, NE., Washington DC 20229.