



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

OMB CONTROL NO: 1651-0034
EXPIRATION DATE: 8/31/2025

APPLICATION FOR CUSTOMS BROKER LICENSE EXAM
19 U.S.C. 1641; 19 CFR 111.13

Applicant's Name (Last, First, M.I.)

Residence Address
Street City State Zip

Email Address: CBP Port

All Applicants *MUST* be U.S. Citizens and one or more of the following documents may be presented to verify citizenship and identity.
 U.S. passport Birth Certificate
 Certificate of Naturalization Certificate of U.S. Citizenship
 Final adoption decree Official military service record
 Driver's license (identity) State, federal or local government ID card

Does the Applicant seek Accommodations under the American Disabilities Act?
 No Yes (Explain in 'REMARKS' block below)

Is the Applicant an Officer or Employee of the United States?
 No Yes (If yes, you may not take the exam)

SECTION I

Date of Birth Birthplace (City & State) Social Security Number Home Phone Number Business Phone Number

Remarks: (If more space is needed, continue on blank sheet of paper.)

SECTION II – CERTIFICATION

WARNING: Any misstatement of pertinent facts in this application constitutes sufficient grounds for denial of the application. If a passing score is achieved and it is later determined that a misstatement of pertinent facts is identified, the applicant's license application will be denied.

I, _____ certify that the statements contained in the foregoing application
First Name Last Name
and supporting attachments thereto are true and correct to the best of my knowledge and belief.
Signature Date _____

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 3124E is 19 U.S.C. 1641; 5 U.S.C. 301; Reorganization plan no. 1 of 1950; Treasury Department Order No. 165, Revised and Amended; The information, collected and contained on this application form, may be provided to those employees of the Department of Homeland Security, CBP who have a need for the information contained herein in the performance of their duties. The information may also be used, when deemed appropriate by the Department of Justice for its use in connection with appeals.

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 20002.