



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

OMB CONTROL NUMBER: 1651-0053
EXPIRATION DATE: 03/31/2026

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

SECTION II - CORPORATION

17. Date Corporation was Organized

18. State Corporation was Organized

19. List each person who will be authorized to sign/approve analysis report and/or gauging reports:

Name	Title	Qualifications

20. Attachments

- ☐ If a corporation, a copy of articles of incorporation or association.
- ☐ Detailed statement of ownership and any partnerships, parent-subsidiary 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.
- ☐ A statement of financial condition (*i.e.*, *statement from a Certified Public Accountant or notarized statement*).
- ☐ A complete description of the applicant's facilities, instruments, and equipment.
- ☐ 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.
- ☐ 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.
- ☐ 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>*
- ☐ An expressed agreement to be bound by required obligation (*see commercial gauger and laboratory agreement*).
- ☐ 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 20002.

As conditions for commercial laboratory accreditation and/or gauger approval, I agree:

- 1) To comply with the requirements of 19 CFR, Part 151, U.S. Customs and Border Protection (*CBP*) Regulations, and to conduct professional services in conformance with approved standards and procedures, including procedures which may be required by the Commissioner of U.S. Customs and Border Protection or the Executive Director, Laboratories and Scientific Services (*LSS*);
- 2) To have no interest in or other connection with any business or other activity which might affect the unbiased performance of duties as a Customs-accredited laboratory. It is understood that this does not prohibit acceptance of the usual fees for professional services;
- 3) To maintain the ability (*i.e., the instrumentation, equipment, qualified staff, facilities, etc.*) to perform the services for which the laboratory/gauger is accredited/approved, and allow the Executive Director to evaluate that ability on a periodic basis by such means as on-site inspections, demonstrations of analysis procedures, reviews of submitted records, and proficiency testing through check samples;
- 4) To retain those laboratory/gauger records beyond the five-year record-retention period and samples (*see 19 CFR, Part 151.12(j) for laboratories; and 19 CFR, Part 151.13(h) for gaugers*) specified by CBP as necessary to address matters concerned in pending litigation, and, if laboratory operations or accreditation cease, to contact Customs immediately regarding the disposition of records/samples retained;
- 5) To promptly investigate any circumstance which might affect the accuracy of work performed as an accredited laboratory/approved gauger, to correct the situation immediately, and to notify both the Port Director and the Executive Director of such matters, their consequences, and any corrective action taken or that needs to be taken;
- 6) To immediately notify both the Port Director and the Executive Director of any attempt to impede, influence, or coerce laboratory personnel in the performance of their duties, or of any decision to terminate laboratory operations or accredited status. Further, within 5 days of any changes involving legal name, address, ownership, parent-subsidary relationships, bond, other offices or sites, or approved signatories to notify the Executive Director by Certified Mail;
- 7) To execute a bond in accordance with 19 CFR, Part 113 (*Customs Duties Regulations*) and submit it to the CBP Port Director stated in CBP Form 6478, item #3; and
- 8) To be bound by the obligations of 19 CFR Part 151.12(c) for laboratories and/or Part 151.13(b) for gaugers.

Last Name

First Name

MI

(Signature)

(Date)

Privacy Act Statement:**Application for Commercial Gauger and Laboratory Approval and Accreditation**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

Authority:

Customs and Border Protection is authorized to collect the information requested on this form pursuant to 19 U.S.C. § 1499(b), 19 CFR § 151.12, and 19 CFR §151.13.

Purpose:

U.S. Customs and Border Protection (CBP) is requesting this information to determine if the commercial gauger or laboratory meets the established conditions to receive and maintain approval or accreditation. CBP will use this information to determine the overall competence, independence, and character of the entity seeking approval and accreditation.

Routine Uses:

The information requested on this form may be shared externally as a "routine use" to other components within the Department of Homeland Security in order to perform background investigations. A complete list of the routine uses can be found in the system of records notice associated with this form, DHS/CBP-010 Persons Engaged in "International Trade in CBP Licensed/Regulated Activities", dated, December 19, 2008 and DHS/ALL-020-Department of Homeland Security Internal Affairs, which maintains the information collected for investigative purposes, dated April 28, 2014. The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

Consequences of Failure to Provide Information:

Providing this information to CBP is voluntary. However, failure to provide this information may result in denial to become a CBP-approved gauger or CBP accredited laboratory.