

REQUEST FOR CONFIRMATION OF IDENTIFYING INFORMATION

Please provide the following information to ensure proper crediting of your user fee payment(s).

COMPANY NAME _____

***USER FEE IRS#** _____ **AIRLINE CODE** _____

U.S. ADDRESS: _____

City _____ State _____ Zip _____

TELEPHONE _____ FAX _____

E-MAIL ADDRESS _____

CONTACT PERSON _____

NON-US HEADQUARTERS ADDRESS _____

CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

E-MAIL ADDRESS: _____

CONTACT PERSON: _____

**AGENT (ATTORNEY OR OTHER) REPRESENTING COMPANY TO
U.S. CUSTOMS AND BORDER PROTECTION:**

NAME: _____

ADDRESS: _____

CITY _____ STATE _____

TELEPHONE _____ FAX _____

***DO YOU HAVE AN INTERNATIONAL CARRIER BOND ON FILE WITH
U.S. CUSTOMS AND BORDER PROTECTION UNDER THIS NUMBER TO
COVER YOUR USER FEE ACTIVITIES? YES___ NO___**

**If you have any questions please email US Customs and Border Protection at
CUFIUFHelp@cbp.dhs.gov**

