

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

Approved through 03/31/96, OMB No. 1515-0076; see back of form for Paperwork Reduction Act Notice.

APPLICATION
FOR
CUSTOMS BROKER LICENSE OR PERMIT

19 U.S.C. 1641; 19 CFR 111.12, 111.19

INSTRUCTIONS: Applicants must be United States citizens. Submit application in duplicate to the Port Director of the Port named in Block 3. All additional continuation sheets, if required, and attachments should also be in duplicate. If applying for a Permit for an additional port, attach a copy of license and a list of ports in which permits are currently held, and complete Blocks 1 to 7 and Section III only.

<p>2. TYPE OF LICENSE APPLIED FOR</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Permit for Additional Port</p>	<p>3. CUSTOMS PORT</p>
<p>4. HAVE YOU EVER APPLIED FOR A CUSTOMS BROKER'S LICENSE?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 19)</p>	<p>5. HAS THE APPLICANT (OR ANY OFFICER, MEMBER, OR PRINCIPAL THEREOF AS IDENTIFIED IN BLOCK 23) EVER HAD A LICENSE SUSPENDED, REFUSED, REVOKED, OR CANCELLED?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 19)</p>
<p>6. IF APPLICANT HAS A CURRENT LICENSE, STATE WHEN AND FOR WHAT PORT (OR DISTRICT) ISSUED</p>	<p>7. IS THE APPLICANT (OR ANY OFFICER, MEMBER OR PRINCIPAL THEREOF AS IDENTIFIED IN BLOCK 23) AN OFFICER OR EMPLOYEE OF THE UNITED STATES?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 19)</p>

SECTION I -- INDIVIDUALS ONLY

<p>8. DATE OF BIRTH (MM/DD/YY)</p>	<p>9. BIRTHPLACE (City & State)</p>	<p>10. SOCIAL SECURITY NO.</p>	<p>11. HOME PHONE NO.</p>	<p>12. BUSINESS PHONE NO.</p>
<p>13. U.S. CITIZENSHIP</p> <p><input type="checkbox"/> NATURAL-BORN <input type="checkbox"/> NATURALIZED: Give Date and Place →</p>				
<p>14. HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED OF, OR FORFEITED COLLATERAL FOR, ANY FELONY, MISDEMEANOR, OR OTHER VIOLATION? (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.)</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 19)</p>		<p>15. RESIDENCE ADDRESS (If different from Block 1; if same, write "SAME")</p>		
<p>16. 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 JUDGMENT RENDERED AGAINST YOU FOR A DEBT?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Block 19)</p>				
<p>17. DO YOU PROPOSE TO ENGAGE IN THE BUSINESS OF A CUSTOMS BROKER: (More than one may apply. Explain answers in Block 19.)</p> <p>(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.)</p> <p>(b) <input type="checkbox"/> AS A MEMBER OF A PARTNERSHIP? (State name of partnership and list names of all the partners.)</p> <p>(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.)</p> <p>(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.)</p> <p>(e) <input type="checkbox"/> AS AN EMPLOYEE? (State name and address of your employer [if different from Block 1; if same, write "SAME"] and the nature of your employment.)</p>				

18. LIST THE NAMES AND ADDRESSES OF SIX REFERENCES

19. REMARKS (In responding to questions above, include Block no. If more space is needed, continue on blank sheet of paper.)