



Application

AUTOMATED COMMERCIAL ENVIRONMENT (ACE) SECURE DATA PORTAL ACCOUNT OWNER DESIGNATION/AUTHORIZATION FORM

Submit this completed document to U.S. Customs and Border Protection (CBP) by providing the requested information in the spaces below. This form constitutes your company's formal request to access its data via the ACE Secure Data Portal and its designation of an Account Owner (the individual responsible for the daily administration of the Account's activities).

PLEASE NOTE: With the exception of the required signatures, this form must be typed or printed. Failure to complete all required information will delay the processing of your application.

By signing below and accessing the ACE Secure Data Portal, the Account Owner agrees to be bound by the terms and conditions of portal access as specifically set forth in the Terms and Conditions document (see 72 FR 27692, published May 16, 2007) and any applicable Federal Register Notices (FRNs), including subsequent modifications to currently existing FRNs, as they may relate to the ACE test.

If submitting this form electronically, please click both boxes in section D at the end of this form. This indicates your authorization/approval of the information contained in this document. This will act as your electronic signatures. **Please Note:** If you elect to submit this document electronically, you are reminded that you will be transmitting this information via the public Internet. Data will be sent to the CBP via e-mail. Only use your business e-mail noted on this form to submit your application. To send, click the "Submit by E-mail" button at the bottom of this form *after* you have completed the required sections.

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 1651-0105. The estimated average time to complete this application is 20 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229

If this is a change to an active account, please specify:

Please note that the processing of your account will be delayed by 2-3 weeks due to mail process.

Section A. Account Information

Name of Company:

Account's Fiscal Year End Date:

Name of Company Officer:
(include middle initial)

Title of Company Officer:

Company Organizational Structure:

Officer's Date of Birth:

Account's Business Activity with CBP/Identifying Information

If more than one activity is noted, please choose the primary activity by selecting the "Primary Activity" box. For all other activities, choose "Other." Depending on the account type being established, the following identifying information is required to set up an ACE portal account. You are limited to a single identification number for the portal account being requested with the exception of: Importer, broker, filer, software vendor, service bureau, port authority, preparer or surety agent which can use up to three identifying numbers for each portal view.

1. Importer/Broker/Filer/Surety:

If you are requesting to participate as a Third Party Manifest Submitter, please check "Carrier" as your primary activity. For additional information regarding how to obtain a Manifest Preparer Code, please contact Daniel Buchanan at Daniel.Buchanan@dhs.gov.

Primary or Other view - **Select only ONE Primary View**

a. Importer P O NA

IR#:

b. Broker P O NA

Filer Code:

c. Self Filer P O NA

Filer Code: IR#:

d. Surety

Note: If you are applying for a new account type you must first have the CBP Revenue Division create your profile in ACE. Please also indicate the date you submitted that request to the CBP Revenue Division and provide your Surety Code and EIN/SSN in the blocks below. If you are applying for an account that is already established with CBP, please submit your Surety Code and EIN/SSN only.

P O NA

EIN/SSN:

Surety Code:

Surety Code:

Surety Code:

Date submitted to CBP, Revenue Division:

Before submitting, please ensure that the form is signed on the last page

2. Service Provider (indicate type):

Primary/Other - Select only ONE Primary View

a. Software Vendor	<input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	SCAC or Filer Code: <input type="text"/>	EIN/SSN: <input type="text"/>
b. Service Bureau/Ctr.	<input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	SCAC or Filer Code: <input type="text"/>	EIN/SSN: <input type="text"/>
c. Port Authority	<input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	SCAC: <input type="text"/>	EIN/SSN: <input type="text"/>
d. Preparer	<input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	SCAC: <input type="text"/>	EIN/SSN: <input type="text"/>
e. Surety Agent	<input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	EIN/SSN: <input type="text"/>	Filer Code: <input type="text"/>

3. Facility Operator/Foreign Trade Zone Operator/Cartman/Lighterman

NOTE: The "Name of Company" (see Section A. Account Information) must match the name on your bond.

Please provide: your EIN/SSN, bond number and FIRMS code. If you have facilities in multiple ports, list up to three FIRMS codes:

a. Facility Operator (e.g., Warehouse, Container Freight Station, Container Examination Station)	Primary/Other <input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	EIN/SSN: <input type="text"/>	FIRMS Codes: <input type="text"/> <input type="text"/> <input type="text"/>		
	Bond Number: (Required) <input type="text"/>				

Note: If you used an SSN, you must complete the following two questions:

Has your background investigation with CBP been completed? Y N Are your fingerprints on file with CBP? Y N

b. Foreign Trade Zone Please provide your EIN/SSN, bond number, FIRMS code, Zone Number, Sub-zone Numbers and Site Number:

Primary/Other <input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	EIN/SSN: <input type="text"/>	FIRMS Code: <input type="text"/>	
Bond Number: (Required) <input type="text"/>	Zone Number: <input type="text"/>	Sub-Zone Numbers: <input type="text"/>	Site Number: <input type="text"/>

Note: If you used an SSN, you must complete the following two questions:

Has your background investigation with CBP been completed? Y N Are your fingerprints on file with CBP? Y N

c. Cartman Primary/Other

<input type="radio"/> P <input type="radio"/> O <input type="radio"/> NA	Cartman ID#: <input type="text"/>	Status: <input type="text"/>	Customhouse License (CHL)#: <input type="text"/>
Driver's License # <input type="text"/>	State/Province: <input type="text"/>	Country: <input type="text"/>	

Cartman Travel Documentation (Enter as appropriate, one set of documentation is required.)

Passport # <input type="text"/>	Country: <input type="text"/>	Date of Expiration: <input type="text"/>
US Visa # <input type="text"/>	Birth Certificate <input type="text"/>	Permanent Resident Card #: <input type="text"/>
Certificate of Naturalization: <input type="text"/>	Certificate of US Citizenship: <input type="text"/>	Re-entry Permit #: (I-327) <input type="text"/>
Refugee Permit#: <input type="text"/>	Other ID: <input type="text"/>	Are your fingerprints on file with CBP? <input type="radio"/> Y <input type="radio"/> N

Before submitting, please ensure that the form is signed on the last page

d. Lighterman Primary/Other

P O NA Lighterman ID#: Status: Customhouse License (CHL)#:

License # State/Province: Country:

Lighterman Travel Documentation (Enter as appropriate, one set of documentation is required.)

Passport # Country: Date of Expiration:

US Visa # Birth Certificate Permanent Resident Card #:

Certificate of Naturalization: Certificate of US Citizenship: Re-entry Permit #: (I-327)

Refugee Permit#: Other ID: Are your fingerprints on file with CBP? Y N

4. Air Carrier/Rail Carrier/Sea Carrier/Truck Carrier/Driver/Crew:

a. Air Carrier

Primary/Other
 P O NA
ICAO Codes (3 Char)
IATA Codes (2 Char)

b. Rail Carrier

Primary/Other
 P O NA
SCAC
Active Type 2 Bond Number

c. Sea Carrier

Primary/Other
 P O NA
SCAC
Active Type 2 Bond Number

d. Truck Carrier

Primary/Other
 P O NA
SCAC

e. Driver/Crew (non-FAST drivers only)

P O NA

This section is NOT required for a CARRIER view; only for a Driver/Crew view

CDL #: State/Province: Country:

Enhanced CDL? Yes No Haz-Mat Endorsement? Yes No

Complete Name w/MI Date of Birth: Gender: Male Female

Citizenship/Nationality:

Travel Documentation (enter as appropriate; one set is required if Enhanced CDL is not used):

Passport #: Country:

Permanent Residence Card: Country of Issuance:

Other Doc Type:

Before submitting, please ensure that the form is signed on the last page

Section B. Account Owner Designation

This is the individual responsible for the daily administration of the Account's activities. Please complete either Part 1 or 2 of this section. If the Account Owner is an individual, please ONLY fill out Part 1. If the Account Owner is a legal entity, please fill out ONLY Part 2 and complete Section C.

Part 1. Individual

If the Account Owner is an individual (that is not a corporation, partnership, etc.) please provide the following information:

Prefix/Title: Name (include middle initial): Application Date for an ACE Portal Account: Business E-mail Address:

Date of Birth:

NOTE: An Account Owner for a U.S. based truck carrier or truck driver must supply a U.S. business address. A foreign-based truck carrier or truck driver must provide their foreign business address and is not required to provide a U.S. business address. If applying for a Broker, Importer or Filer Account, a U.S. address is required. Importers who are self filers should apply for both their importer and their filer view on one ACE application.

Account Owner's Complete Business Address:

Country: Street Address (P.O. Boxes not allowed):

City: State/Province: Zip/Postal Code: Business Telephone Number:

Part 2. Legal Entity

If the Account Owner is a legal entity (that is, corporation, partnership, etc.), not an individual, as identified above, please provide the following information. If you complete this section, you must complete Part C, "Point of Contact " below.

Name : Application Date for an ACE Portal Account:

NOTE: An Account Owner for a U.S. based truck carrier or truck driver must supply a U.S. business address. A foreign-based truck carrier or truck driver must provide their foreign business address and is not required to provide a U.S. business address. If applying for a Broker, Importer or Filer Account, a U.S. address is required. Importers who are self filers should apply for both their importer and their filer view on one ACE application.

Account Owner's Complete Business Address:

Country: Street Address (P.O. Boxes not allowed):

City: State/Province: Zip/Postal Code: Business Telephone Number:

Section C. Point of Contact for the Account

Point of Contact

Prefix/Title: Name (include middle initial):

Business E-mail Address:

Date of Birth:

NOTE: An Account Owner for a U.S. based truck carrier or truck driver must supply a U.S. business address. A foreign-based truck carrier or truck driver must provide their foreign business address and is not required to provide a U.S. business address. If applying for a Broker, Importer or Filer Account, a U.S. address is required.

Point of Contact's Complete Business Address:

Country:

Street Address (PO Boxes not allowed):

City:

State/Province:

Zip/Postal Code:

Business Telephone Number:

Section D. Authorization and Acknowledgement

The account owner AND company officer must sign below to indicate authorization/approval of the information contained in this document. A false statement or claim may subject a person to prosecution under 18 U.S.C. 1001 and/or 1621 and is punishable by a fine and up to five years imprisonment. You must click on BOTH electronic signature boxes to indicate authorization/approval of the information contained in this document. To select a box, click in the box to the left of the statement. This will act as your electronic signature. A false statement or claim may subject a person to prosecution under 18 U.S.C. 1001 and/or 1621 and is punishable by a fine and up to five years imprisonment.

Name of Company Officer:

Date

- By selecting this box I am verifying that I am legally authorized to bind my company to the ACE Secure Data Portal and its terms and conditions. (electronic signature)

Name of Account Owner or Account Owner's Point of Contact:

Date

- By selecting this box I am verifying that I am legally authorized to bind my company to the ACE Secure Data Portal and its terms and conditions. (electronic signature)

If submitting this form via mail, please provide the required original signatures at the end of this application and send the completed document to:

ACE Secure Data Portal - ACE Application
U.S. Customs and Border Protection
7681 Boston Blvd.
Attn: Beauregard Building, Room A 311-4
Springfield, VA 22153

Thank you! U.S. Customs and Border Protection looks forward to working with you!