See back of form for Paperwork Reduction Act Notice.

1. APPLICANT'S NAME AND ADDRESS (Principal Office)
(Indicate fictitious name, if applicable)

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

APPLICATION FOR CUSTOMS BROKER LICENSE

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

INSTRUCTIONS: Applicants must be United States citizens. Pursuant to the requirements of 19CFR 111.12 (b) the information contained in Blocks 1,2,3,22 and 23 may be released to the public and posted by appropriate electronic means. Submit application in duplicate to the Port Director of the Port name in Block 3. All additional continuation sheets, if required, and attachments should be in duplicate					
2. TYPE OF LICENSE APPLIED FOR		•			
Individual Corporation Partnership Association					
3. CBP PORT	4. HAVE YOU EVEF	R APPLIED FOR A CUSTOMS B	ROKER'S LICENSE?		
	□ NO □ YES (Explain in Block 18)				
5. HAS THE APPLICANT (OR ANY OFFICER, MEMBER, OR PRINCIPAL 16. IS THE APPLICANT (OR ANY OFFICER, MEMBER OR PRINCIPAL 17. THERE OF AS IDENTIFIED IN BLOCK 22) EVER HAD A LICENSE SUSPENDED, REFUSED, REVOKED, OR CANCELLED? 6. IS THE APPLICANT (OR ANY OFFICER, MEMBER OR PRINCIPAL 18. THE APPLICANT (OR ANY OFFICER, MEMBER OR PRINCIPAL THEREOF AS IDENTIFIED IN BLOCK 22) AN OFFICER OR EMPLOYEE OF THE UNITED STATES?					
NO YES (Explain in Block 18)	□ NO	YES (Explain in Bloc	k 18)		
SECTION I - INDIVIDUALS ONLY					
7. DATE OF BIRTH 8. BIRTHPLACE (City & State)	9. SOCIAL SECURITY	NO. 10. HOME PHONE NO.	11. BUSINESS PHONE NO.		
12. U.S. CITIZENSHIP NATURAL-BORN NATURALIZED: Give Date and Place					
13. HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED OF OR FORFEITED COLLATERAL FOR, ANY FELONY, MISDEMEANOR, OR OTHER VIOLATION? 14. RESIDENCE ADDRESS (If different from Block 1; if same, write "SAME")					
(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.)					
NO YES (Explain in Block 18)					
15. IN THE LAST 5 YEARS, HAVE YOU, OR A COMPANY OVER WHICH YOU EXCERCISED SOME CONTROL, FILED FOR BANKRUPTCY, BEEN DECLARED BANKRUPT, BEEN SUBJECT TO A TAX LIEN, OR HAD LEGAL JUDGEMENT RENDERED AGAINST YOU FOR A DEBT?					
NO YES (Explain in Block 18)					
16. DO YOU PROPOSE TO ENGAGE IN THE BUSINESS OF A CUSTOMS BROKER: (More than one may apply. Explain answers in Block 18.)					
(a) 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.)					
(b) AS A MEMBER OF A PARTNERSHIP? (State name of partnership and list names of all the partners.)					
(c) 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.)					
(d) 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.)					
(e) AS AN EMPLOYEE? (State name and address of your employer [if different from Block 1; write "SAME"] and the nature of your employment.)					
17. LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF SIX REFERENCES					
18 REMARKS (In responding to questions above, include Bloc	k no. If more space is needed co.	ntinue on blank sheet of paper)			

OFOTION IL FOR	. A 0.000 (A TION . 0.01	DODATION OF PARTNERS	UR ONLY	
19. DATE APPLICANT WAS ORGANIZED 20. STATE V		21. ATTACHMENTS Copy of articles of incorporation or association	Evidence of the partnership (copy of the articles of agreement or affidavit signed by all partners)	
22. LIST THE NAMES, ADDRESSES, TITLES, AND DAT ALL PRINCIPALS WHO HAVE A CONTROLLING INTLICENSES AND GIVE THE GENERAL NATURE OF HOLD SUCH LICENSES.	ΓEREST (Example: 10	BIRTH OF ALL OFFICERS OF % or more of stock), WHO HOL	THE ASSOCIATION OR CORPORATION, AND LD INDIVIDUAL CUSTOMS BROKERS'	
23. LIST THE NAMES, ADDRESSES, TITLES, AND DAT TRUSTS, AND/OR OTHER ORGANIZATIONS) WHO stock), AND PARTNERS WHO DO NOT HOLD CUST	HAVE A CONTROLL	ING INTEREST, IF NOT LISTE		
SECT	ION III CERTIFICAT	TION (ALL APPLICANTS)		
(WARNING: Any misstatement of pertine	nt facts in this applicati		·· · · ·	
INDIVIDUAL 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, any business connection, or the name and style under which I conduct my business will be given to the Commissioner of Customs and Border Protection.	supporting attachments partners who are licens supervision and control the applicant's mailing a	ASSOCIATION, CORPORATION, OR PARTNERSHIP		
25. SIGNATURE			26. DATE	
Privacy Act Notice: Pursuant to the requirements of Public Law 93 authority to collect information on CBP Form 3124 is 19 U.S.C. 164				

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 3124 is 19 U.S.C. 1641; 5 U.S.C. 301; Reorganization plan no. 1 of 1950; Treasury Department Order No. 165, Revised, as amended; 19 CFR Part 111. The principal purpose for collecting the information is to enable the U.S. Customs and Border Protection to conduct a background investigation on the applicant and thereby determine whether the applicant meets the criteria established for the issuance of a Customs broker's license. The information, collected and contained in the applicant's file, may be provided to those employees of the U.S Department of Homeland Security, U.S. Customs and Border Protection who have a need for the records in the performance of their duties. The information may also be used, when deemed appropriate, to recommend to the Commissioner of U.S. Customs and Border Protection that disciplinary action be initiated, and further provide to the Department of Justice for its use in connection with appeals from orders resulting in the suspension or revocation of licenses. Similarly the information may be furnished to other government agencies which have an interest in the broker or in the situation that led to the disciplinary action.

Disclosure of the requested information including the Social Security number (SSN) is voluntary. The SSN will be used as an identifier in conducting a background investigation and will be used as an identifier throughout the career of the Customs broker. Failure to provide any or all of the information requested may result in the CBP inability to conduct the background investigation as required prior to the issuance of a license. Pursuant to the requirements of 19CFR 111.12(b) the information contained in Blocks 1,2,3,22 and 23 may be released to the public and posted by appropriate electronic means.

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, 799 9th Street, NW., Washington DC 20229.