



# U.S. Customs and Border Protection

## IMPORTER ID INPUT RECORD CBP Form 5106

19 CFR 24.5 | Approved OMB No. 1651-0064 | Exp. 05-31-2016

As the importer, consignee, or other party listed in block 1, you are responsible for the validity of the information provided in this document. Any Customs Broker or third party who is submitting the information on your behalf is only obligated to convey this information to Customs and Border Protection (CBP).

# START

**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 1651-0064. The estimated average time to complete this application is 45 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of International Trade, Regulations and Rulings, 90 K Street NE, Washington DC 20229-1177.



Please enter your email address. A PIN will be sent to this email address, for verification.

Send Email

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Please enter PIN to retrieve saved data.

Retrieve Data

Delete Data

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Submission Type

- New  Update
- Add Company Information
- Add Company Officers

Importer/Business/Private Party Name

Choose DIV/AKA/DBA

- DIV  AKA  DBA  N/A

DIV/AKA/DBA Name

IRS Number/SSN

Type of Company

Importer ID

Submission Type

Address Update  
Add Company Information

Company Information

Importer/Business/Private Party Name  
Company Officers

Certification AKA/DBA  
DIV AKA DBA N/A

DIV/AKA/DBA Name

IRS Number/SSN

Type of Company  
--- Select ---



Mailing Address

Street Address 1

Street Address 2

City

Country

State/Province

Zip Code

Address Type



Brief Business Description

40 characters max

North American Industry Classification System Code (6-digit NAICS Code) for this business

2 to 6 digits

D-U-N-S Number for the Importer

NN-NNN-NNNN

If you are also a broker/self-filer, the Filer Code that will be used when conducting business with CBP

XXX

Year established

NNNN

List current or previous related Business Entities



Business Structure/Company Officers - The officers listed in this section must have importing and financial business knowledge of the company listed in this form and must have legal authority to make decisions on behalf of the company.

X

Company Position Title

  

Name (First, Middle, Last)

  

Direct Phone Number

 x   

Social Security Number

  

Passport Number

  

Passport Expiration Date





## Certification

I certify that, to the best of my knowledge and belief, all of the information included in this document is true, correct, and provided in good faith. I understand that if I make an intentional false statement, or commit deception or fraud in this 5106 document, I may be fined or imprisoned (18 U.S.C Section 1001).

**FINISH**



Your request has been submitted.  
Please look out for a confirmation email.  
Thank you.

OK

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