

## Apply for an ACE Exporter Account

OMB No. 1651-0105  
Expiration Date: 11-30-2015  
5/31/2018


## Instructions



Please complete the form below to request an ACE Exporter Account. An ACE Exporter Account will provide access to AES Direct to file Electronic Export Information (EEI) and to initiate the approval process to access ACE export reports. Once you have completed the form, select "Submit". **Note: Only US and US territory entities may apply for an ACE Exporter Account.**

\* Red asterisk fields are required.

Corporate Information			
EIN # *	## #####		
Re-enter EIN # *	## #####		
Company Name *	Company Name		
DUNS #	## ### #####		
End of Fiscal Year *	MM/DD		
Country	US		
Address 1 *	Address 1		
Address 2	Address 2		
City *	City		
State *	Select a State <input type="checkbox"/>		
Zip Code *	##### -####		
ACE Account Owner			
First Name *	First Name		
Middle Name	Middle Name		
Last Name *	Last Name		
Date of Birth (or Other Valid Date) *	MM/DD/YYYY		
Telephone # *	### -### -####	Extension	####
Fax #	### -### -####		
E-mail *	you@example.com		
Re-enter E-mail *	you@example.com		
<input type="checkbox"/> If the Account Owner's Address is the same as Company's Address reported above, check this box and skip the rest of this section.			
Country	US		
Address 1 *	Address 1		
Address 2	Address 2		
City *	City		
State *	Select a State <input type="checkbox"/>		
Zip Code *	##### -####		
Submit Form			
<input type="checkbox"/> By checking this box, I have read and agree to the Terms and Conditions (../PortalTermsCond/termCond.php) that govern the use of this system.			

**Retype the characters from the picture**



*You must accept the Terms and Conditions before the form can be submitted.*

(botdetect.php?  
get=sound&c=submitcapcha1&t=7fcfae731d6fdf4bf1

*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 4 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, 90 K Street, NE, 10th Floor, Washington DC 20229.*

**Obligation to respond: Mandatory**