

**APPLICATION FOR CBP APPROVED
GAUGERS AND ACCREDITED LABORATORIES**

19 CFR 151.12; 151.13

INSTRUCTIONS: Submit application, including all additional continuation sheets (if required) and attachments in duplicate to the Executive Director, Laboratories and Scientific Services Directorate.

SECTION I - APPLICANT

1. Applicant's Name and Principal Office Address and indicate fictitious name (if applicable)			
2. Type of License Applied For <input type="checkbox"/> Laboratory <input type="checkbox"/> Gauger <input type="checkbox"/> Laboratory/Gauger			
3. CBP Port and Port Code		4. Have you ever applied for a CBP accreditation/approval? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)	
5. Has the applicant (or any officer, member, or principal thereof) ever had an accreditation/approval suspended, refused, revoked, or cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)		6. Is the applicant (or any officer, member or principal thereof) an officer or employee of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)	
7. Date of Birth	8. Birthplace (City & State)	9. SSN	10. Telephone Numbers: Home - _____ Business - _____ Ext. _____ Email (Business) - _____
11. U.S. Citizenship <input type="checkbox"/> Natural Born <input type="checkbox"/> Naturalized - Give Date and Place >			
12. Have you ever been arrested, charged, convicted of or forfeited collateral for, any felony, misdemeanor, or other violation? > > > > > > > > <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)		<u>You may omit:</u> 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 apply for employment, a license, etc.	
13. Address of principal place of business (if different from Block 1: is same, write "Same")			
14. In the last 5 years, have you, or a company ever which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against you for a debt? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in Block 16)			
15. List names of all Officers and Directors			
16. Remarks/Additional Information (In responding to questions above, include Block number. If more space is needed use blank sheet.			

