

**APPLICATION FOR
CUSTOMS BROKER LICENSE EXAM**

19 U.S.C. 1641; 19 CFR 111.13

1. Applicant's Name and Address

Email Address:

2. Residence Address (If different from Block 1; if same write "SAME")

3. CBP Port

4. All Applicants *MUST* be U.S. Citizens

One or more of the following documents may be presented to verify citizenship and identity.

- U.S. passport
- Certificate of Naturalization
- Final adoption decree
- Driver's license (identity)
- Birth Certificate
- Certificate of U.S. Citizenship
- Official military service record
- State, federal or local government ID card

5. Does the Applicant seek Accommodations under the American Disabilities Act?

No Yes (Explain in Block 12)

6. Is the Applicant an Officer or Employee of the United States?

No Yes (If yes, you may not take the exam)

SECTION I

7. Date of Birth

8. Birthplace (City & State)

9. Social Security No.

10. Home Phone No.

11. Business Phone No.

12. Remarks: (In responding to questions above, include Block number. If more space is needed, continue on blank sheet of paper.)

SECTION II – CERTIFICATION

WARNING: Any misstatement of pertinent facts in this application constitutes sufficient grounds for denial of the application. If a passing score is achieved and it is later determined that a misstatement of pertinent facts is identified, the applicant's license application will be denied.

13. 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.

Signature _____ Date _____

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 3124E is 19 U.S.C. 1641; 5 U.S.C. 301; Reorganization plan no. 1 of 1950; Treasury Department Order No. 165, Revised and Amended; The information, collected and contained on this application form, may be provided to those employees of the Department of Homeland Security, CBP who have a need for the information contained herein in the performance of their duties. The information may also be used, when deemed appropriate by the Department of Justice for its use in connection with appeals.

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, 90K Street, NE., Washington DC 20229.