DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

APPLICATION FOR CUSTOMS BROKER LICENSE

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

OMB APPROVAL NO. 1651-0034 EXPIRATION DATE 12/31/2020

See back of form for Paperwork Reduction Act Notice.

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 EVER APPLIED FOR A CUSTOMS BROKER'S LICENSE? YES (Explain in Block 18) 5. HAS THE APPLICANT (OR ANY OFFICER, MEMBER, OR 6. IS THE APPLICANT (OR ANY OFFICER, MEMBER OR PRINCIPAL THEREOF PRINCIPAL THERE OF AS IDENTIFIED IN BLOCK 22) EVER HAD A AS IDENTIFIED IN BLOCK 22) AN OFFICER OR EMPLOYEE OF THE LICENSE SUSPENDED, REFUSED, REVOKED, OR CANCELLED? **UNITED STATES?** YES (Explain in Block 18) NO ⊃ мо YES (Explain in Block 18) SECTION I - INDIVIDUALS ONLY 7. DATE OF BIRTH 9. SOCIAL SECURITY NO. 10. HOME PHONE NO. 11. BUSINESS PHONE NO. 8. BIRTHPLACE (City & State) 12. U.S. CITIZENSHIP NATURAL-BORN NATURALIZED: Give Date and Place 13. HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED OF OR 14. RESIDENCE ADDRESS (If different from Block 1; if same, write "SAME") FORFEITED COLLATERAL FOR, ANY FELONY, MISDEMEANOR, OR OTHER VIOLATION? (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.) YES (Explain in Block 18) NO 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.) 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 (a) attach evidence of such authority.) AS A MEMBER OF A PARTNERSHIP? (State name of partnership and list names of all the partners.) 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.) 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.) AS AN EMPLOYEE? (State name and address of your employer [if different from Block 1; write "SAME"] and the nature of your employment.) (e) 17, LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF SIX REFERENCES

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18. REMARKS (In responding to questions above, include Block no. If more space is needed continue on blank sheet of paper.)

SECTION II FOR ASSOCIATION, CORPORATION, OR PARTNERSHIP ONLY			
19. DATE APPLICANT WAS ORGANIZED 20. STATE WHERE ORGANIZ			
		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, TITLE AND ALL PRINCIPALS WHO HAVE A CO LICENSES AND GIVE THE GENERAL NA HOLD SUCH LICENSES.	ONTROLLING INTEREST (Example	e: 10% or more of stock), WHO HOL	D INDIVIDUAL CUSTOMS BROKERS'
23. LIST THE NAMES, ADDRESSES, TITLE	S AND DATES AND PLACES OF F	BIRTH OF ALL OFFICERS AND PR	NINCIPALS (INCLUDING CORPORATIONS
TRUSTS, AND/OR OTHER ORGANIZAT stock), AND PARTNERS WHO DO NOT	HOLD CUSTOMS BROKERS' LICE	ENSES.	BLOCK 23 (Example: 10% or more of
SECTION III CERTIFICATION (ALL APPLICANTS) (WARNING: Any misstatement of pertinent facts in this application constitutes sufficient grounds for denial of the application.)			
INDIVIDUAL		ASSOCIATION, CORPORATION, OR PARTNERSHIP	
I,	g application rect to the supporting attachments supporting attachments partners who are license and to the applicant's mailing as	, certify that I am an officer or partner of the at I am a licensed Customs broker; and that the statements contained in the foregoing application and tachments thereto are true and correct to the best of my knowledge and belief. The officers and are licensed customs brokers are aware of the requirements for the exercise by them of responsible and control of the transactions of the CBP business of the applicant. Written notice of any change in smalling address, name, licensed officers or partners, or the charter, certificate, articles, or other organization of the applicant will be given to the Commissioner of Customs and Border Protection.	
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			

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

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