

DEPARTMENT OF HOMELAND SECURITY  
 U.S. Customs and Border Protection  
**APPLICATION  
 FOR  
 CUSTOMS BROKER LICENSE EXAM**

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

1. APPLICANT'S NAME AND ADDRESS

2. RESIDENCE ADDRESS (If different from Block 1; if same, write "SAME")

3. CBP PORT

4. DOES THE APPLICANT SEEK ACCOMODATIONS UNDER THE AMERICAN DISABILITIES ACT?  
 NO  YES (Explain in Block 11)

5. IS THE APPLICANT AN OFFICER OR EMPLOYEE OF THE UNITED STATES?  
 NO  YES (Explain in Block 11)

**SECTION I**

6. DATE OF BIRTH

7. BIRTHPLACE (City & State)

8. SOCIAL SECURITY NO.

9. HOME PHONE NO.

10. BUSINESS PHONE NO.

11. REMARKS (In responding to questions above, include Block no. 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 for denial of the application.)**

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.

15. SIGNATURE

16. 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, 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 and thereby determine whether the applicant meets the criteria established for the issuance of a Customs broker's license. The information, collected and contained in the applicant's file, may be provided to those employees of the Department of Homeland Security, U.S. Customs and Border Protection who have a need for the records in the performance of their duties. The information may also be used, when deemed appropriate, to recommend to the Commissioner of U.S. Customs and Border Protection that disciplinary action be initiated, and further provide to the Department of Justice for its use in connection with appeals from orders resulting in the suspension or revocation of licenses. Similarly the information may be furnished to other government agencies which have an interest in the broker or in the situation that led to the disciplinary action.

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, 799 9th Street, NW., Washington DC 20229.