



DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB APPROVAL NO: 1651-0008  
EXPIRATION DATE: 11/30/2024

**APPLICATION FOR IDENTIFICATION CARD**

19 U.S.C. 66, 1551, 1555, 1565, 1624, 1641;  
19 CFR 112.42, 118, 122.182, 146.6

<b>1. Type Of Activity Requiring Identification Card</b> <input type="checkbox"/> Cartman/Lighterman <input type="checkbox"/> Broker's Employee <input type="checkbox"/> CBP Security Area Identification <input type="checkbox"/> Warehouse Officer or Employee <input type="checkbox"/> Container Station Employee <input type="checkbox"/> Foreign Trade Zone Employee <input type="checkbox"/> CES Employee <input type="checkbox"/> OPR	<b>2. Date</b>
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<b>3. Name (Last, First, MI)</b>	<b>4. Social Security Number</b>	<b>5. Citizenship</b> <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Resident Alien Number
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<b>6. List Any Other Names You Have Ever Been Known By (Nicknames, aliases, etc.)</b>	<b>7. Date Of Birth</b>
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<b>8. Home Address (Number, Street, City, State, and ZIP Code)</b>	<b>9. Name And Address Of Present Employer</b>
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**10. If you checked CBP Security Area Identification in block 1. Describe the employee's job description, responsibilities and zone requested"**

**11. General Comments**

<b>12. Home Phone Number</b>	<b>13. Mobile Phone Number</b>	<b>14. Email Address</b>
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<b>15. Business Phone Number</b>	<b>16. Employer Email Address</b>
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<b>17. Place Of Birth (City, County, State, and Country)</b>	<b>18. Height</b> <b>19. Weight</b> <b>20. Color Hair</b> <b>21. Color Eyes</b>
	<b>22. Visible Scars Or Marks</b>

<b>23. U.S. Coast Guard Port Security Card Number</b>	<b>24. U.S. Merchant Marine Card Number</b>
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<b>25. Have You Ever Applied For Card In Item 23 Or Item 24?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Skip Items 26 and 27)	<b>26. Has Application For Card In Item 23 Or 24 Been Denied?</b> <input type="checkbox"/> YES (If Yes, explain in Item 27) <input type="checkbox"/> NO (Skip Item 27)
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**27. Explanation Of Application Denial**

**28. List All Residences During The Last 5 Years (List in reverse order, beginning with the present address)**

DATES		Number and Street	City	State	Country
From	To				
	PRESENT				

<b>29. Have You Ever Served In The Armed Services Of The U.S.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Skip Items 30-34)	<b>30. Branch Of Service</b>
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<b>31. Dates Of Service</b>	<b>32. Serial Number</b>	<b>33. Type Of Discharge</b>
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**34. If Discharge Was Other Than Honorable, Explain In Full Detail**

35. Have You Ever Applied For An Identification Card With U.S. Customs And Border Protection?  YES (If Yes, explain details)  NO

36. PREVIOUS EMPLOYMENT -- LIST IN CHRONOLOGICAL ORDER, GIVING EARLIEST EMPLOYMENT FIRST (Last 10 Years)

DATES		EMPLOYER ADDRESS	EMPLOYER NAME AND YOUR OCCUPATION
From	To		

37. Have You Ever Been Convicted Of Any Crime Or Offense Including Customs And Immigration Violations (Other than traffic violations, you may exclude any items which occurred before your 16th birthday) In This Country Or Elsewhere?  YES (If YES, explain in Item 38.)  NO

38. Explanation Of All Convictions (Federal, State, Military, or Foreign)

Date	Place	Charge	Court	Final Disposition

39. Do You Now Use Or Have You Ever Used Narcotic Drugs?  YES (If YES, explain below.)  NO

40. Attach a Copy Of Any Of The Listed Acceptable Forms Of Identification Here

**41. CERTIFICATION** I certify that all of the statements made in this Application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Paperwork Reduction Act Notice:** The Paperwork Reduction Act says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for this information to carry out U.S. Customs and Border Protection laws of the United States. This form is used by licensed cartmen or lightermen or their employees as an application to apply for a CBP identification card and is required to obtain or retain a benefit. The estimated average burden associated with this collection of information is 17 minutes per respondent or recordkeeper depending on individual circumstances. The valid OMB Control Number for this Information Collection is 1651-0008.

**CBP Form 3078/OMB No. 1651-0008  
DHS Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

**A. AUTHORITY:**

Collection of the information solicited on the CBP Form 3078/OMB No. 1651-0008, is authorized by 5 U.S.C. 301; 19 U.S.C. § 1551, 1565, 1624, 1641; and 19 CFR§ 112.42.

**B. PURPOSE:**

The primary purpose for soliciting this information is to enable CBP to conduct a background investigation and thereby determine whether the applicant meets the criteria required for the issuance of an identification card. Additionally, CBP solicits information through this form to enable CBP/Office of Personal Responsibility (OPR) to conduct a background investigation and thereby determine whether a visitor or contractor may be cleared to enter a CBP Port of Entry (POE).

**C. ROUTINE USES:**

CBP may provide information collected and contained in the applicant's file to those employees of CBP who have a need for the records in the performance of their duties. CBP may also use this information, when deemed appropriate, in a proceeding to revoke or suspend the identification card or CBP POE.

The information solicited on the CBP Form 3078/OMB No. 1651-0008 may be shared externally as a "routine use" to other government agencies to assist the Department of Homeland Security in investigating and assessing an applicant's eligibility for an identification card. A complete list of the routine uses can be found in the system of records notice associated with this form; DHS/ALL-023 Department of Homeland Security Personnel Security Management, October 13, 2020, 85 FR 64511, and DHS/ALL-026 Department of Homeland Security Personal Identity Verification Management System, June 25, 2009, 74 FR 30301. The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

**D. CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:**

Providing this information is not legally required and is voluntary. However, failure to do so may result in CBP's inability to conduct the background investigation required to issue the identification card or to grant clearance to CBP POE.