



APPLICATION FOR CUSTOMS BROKER LICENSE

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

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

LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP
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2. TYPE OF LICENSE APPLIED FOR

INDIVIDUAL	CORPORATION	PARTNERSHIP	ASSOCIATION
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3. CBP PORT	4. HAVE YOU EVER APPLIED FOR A CUSTOMS BROKER'S LICENSE? ___ NO ___ YES (Explain in Block 18)
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5. HAS THE APPLICANT (OR ANY OFFICER, MEMBER, OR PRINCIPAL THERE OF AS IDENTIFIED IN BLOCK 22) EVER HAD A LICENSE SUSPENDED, REFUSED, REVOKED, OR CANCELLED? ___ NO ___ YES (Explain in Block 18)	6. IS THE APPLICANT (OR ANY OFFICER, MEMBER OR PRINCIPAL THEREOF AS IDENTIFIED IN BLOCK 22) AN OFFICER OR EMPLOYEE OF THE UNITED STATES? ___ NO ___ YES (Explain in Block 18)
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SECTION I - INDIVIDUALS ONLY

7. DATE OF BIRTH	8. BIRTHPLACE (City & State)	9. SOCIAL SECURITY NO.	10. HOME PHONE NO.	11. BUSINESS PHONE NO.
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12. U.S. CITIZENSHIP
___ NATURAL-BORN ___ NATURALIZED: Give Date and Place

13. HAVE YOU EVER BEEN ARRESTED, CHARGED, CONVICTED OF OR FORFEITED COLLATERAL FOR, ANY FELONY, MISDEMEANOR, OR OTHER VIOLATION?
___ NO ___ YES (Explain in Block 18)

(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.)

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

STREET ADDRESS	CITY	STATE	ZIP	___ SAME
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15. IN THE LAST 5 YEARS, HAVE YOU, OR A COMPANY OVER 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?
___ 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.)

(a) ___ 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 attach evidence of such authority.)

(b) ___ AS A MEMBER OF A PARTNERSHIP? (State name of partnership and list names of all the partners.)

(c) ___ 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.)

(d) ___ 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.)

(e) ___ AS AN EMPLOYEE? (State name and address of your employer [if different from Block 1; write "SAME"] and the nature of your employment.)

17. LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF SIX REFERENCES

1.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
2.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
3.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
4.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
5.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP
6.	LAST NAME	FIRST NAME	MI	PHONE NUMBER	STREET ADDRESS	CITY	STATE	ZIP

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 ORGANIZED	21. ATTACHMENTS <input type="checkbox"/> Copy of articles of incorporation or association <input type="checkbox"/> Evidence of the partnership (copy of the articles of agreement or affidavit signed by all partners)
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22. LIST THE NAMES, ADDRESSES, TITLES, AND DATES AND PLACES OF BIRTH OF ALL OFFICERS OF THE ASSOCIATION OR CORPORATION, AND ALL PRINCIPALS WHO HAVE A CONTROLLING INTEREST (Example: 10% or more of stock), WHO HOLD INDIVIDUAL CUSTOMS BROKERS' LICENSES AND GIVE THE GENERAL NATURE OF DUTIES OF EACH, OR IF A PARTNERSHIP, LIST NAME AND ADDRESS OF MEMBERS WHO HOLD SUCH LICENSES.

LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION

23. LIST THE NAMES, ADDRESSES, TITLES, AND DATES AND PLACES OF BIRTH OF ALL OFFICERS AND PRINCIPALS (INCLUDING CORPORATIONS, TRUSTS, AND/OR OTHER ORGANIZATIONS) WHO HAVE A CONTROLLING INTEREST, IF NOT LISTED IN BLOCK 23 (Example: 10% or more of stock), AND PARTNERS WHO DO NOT HOLD CUSTOMS BROKERS' LICENSES.

LAST NAME	FIRST NAME	MI	STREET ADDRESS	CITY	STATE	ZIP	TITLE	BIRTH DATE	BIRTH LOCATION

SECTION III -- CERTIFICATION (ALL APPLICANTS)

(WARNING: Any misstatement of pertinent facts in this application constitutes sufficient grounds for denial of the application.)

INDIVIDUAL'S NAME (Last, First, M.I.)	ASSOCIATION, CORPORATION, OR PARTNERSHIP
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. Written notice of any change in my mailing address, any business connection, or the name and style under which I conduct my business will be given to the Commissioner of Customs and Border Protection.	I, , certify that I am an officer or partner of the applicant; that I am a licensed Customs broker; and that the statements contained in the foregoing application and supporting attachments thereto are true and correct to the best of my knowledge and belief. The officers and partners who are licensed customs brokers are aware of the requirements for the exercise by them of responsible supervision and control of the transactions of the CBP business of the applicant. Written notice of any change in the applicant's mailing address, name, licensed officers or partners, or the charter, certificate, articles, or other instrument of organization of the applicant will be given to the Commissioner of Customs and Border Protection.

25. SIGNATURE	26. DATE
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DHS Privacy Act Statement

OMB Approval No. 1651-0034, CBP Form 3124, Application for Customs Broker License

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of the following concerning the collection of the information on this form.

A. AUTHORITY:

The authority to collect information on CBP Form 3124 Application for Customs Broker License is pursuant to 19 U.S.C. § 1641; 5 U.S.C. 301; Revised, as amended; and 19 CFR § 111. The collection of applicants' social security numbers is pursuant to Executive Order (E.O.) 9397, as amended by E.O. 13478.10; 31 U.S.C. §7701(c); and 26 U.S.C. §6109(d).

B. PURPOSE:

The primary purpose for soliciting this information is to enable you to apply for the Customs Broker License. The information requested on this form is used by CBP to determine whether to grant a Customs Broker License. CBP uses the information submitted on this form to conduct a background investigation, which will include a fingerprint check against various law enforcement and national security databases, as well as a review of character references, credit reports, and criminal history.

C. ROUTINE USES:

CBP may provide information collected from CBP Form 3124 to those CBP employees who have a need for the records in the performance of their duties. In addition, the information on CBP Form 3124 may also be used, when deemed appropriate, to recommend to the Commissioner of CBP that disciplinary action be initiated, and further provide to the Department of Justice (DOJ) for its use in connection with appeals from orders resulting in the suspension or revocation of licenses. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/CBP-027 Customs Broker Management (CBM), July 22, 2022, 87 FR 43880." The Department's 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 a background investigation or grant a Customs Broker License.