



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

OMB APPROVAL NO. 1651-0008  
EXPIRATION DATE 11/30/2019  
ESTIMATED BURDEN 17 MIN

**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	<b>2. DATE OF THIS APPLICATION</b>
--	------------------------------------

<b>3. NAME (Last, First, &amp; Middle)</b>	<b>4. SOCIAL SECURITY NUMBER</b>
--	----------------------------------

<b>5. LIST ANY OTHER NAMES YOU HAVE EVER BEEN KNOWN BY (Nicknames, aliases, etc.)</b>	<b>6. DATE OF BIRTH</b>
---	-------------------------

<b>7. HOME ADDRESS (Number, Street, City, State, and ZIP Code)</b>	<b>8. NAME AND ADDRESS OF PRESENT EMPLOYER</b>
--	--

<b>9. HOME PHONE NUMBER</b>	<b>10. BUSINESS PHONE NUMBER</b>
-----------------------------	----------------------------------

<b>11. PLACE OF BIRTH (City, County, State, and Country)</b>	<b>12. HEIGHT</b>	<b>13. WEIGHT</b>	<b>14. COLOR HAIR</b>	<b>15. COLOR EYES</b>
--	-------------------	-------------------	-----------------------	-----------------------

**16. VISIBLE SCARS OR MARKS**

<b>17. U.S. COAST GUARD PORT SECURITY CARD NUMBER</b>	<b>18. U.S. MERCHANT MARINE CARD NUMBER</b>
---	---

<b>19. HAVE YOU EVER APPLIED FOR CARD IN ITEM 17 OR ITEM 18?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Skip Items 20 and 21)	<b>20. HAS APPLICATION FOR EITHER CARD IN ITEM 17 OR 18 BEEN DENIED?</b> <input type="checkbox"/> YES (If Yes, explain in Item 21) <input type="checkbox"/> NO (Skip Item 21)
---	--

**21. EXPLANATION OF APPLICATION DENIAL**

**22. LIST ALL RESIDENCES DURING THE LAST 5 YEARS (List in reverse order, beginning with the present address)**

DATES		Number and Street	City	State
From	To			
	PRESENT			

<b>23. HAVE YOU EVER SERVED IN THE ARMED SERVICES OF THE U.S.?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Skip Items 24-28)	<b>24. BRANCH OF SERVICE</b>
---	------------------------------

<b>25. DATES OF SERVICE</b>	<b>26. SERIAL NUMBER</b>	<b>27. TYPE OF DISCHARGE</b>
-----------------------------	--------------------------	------------------------------

**28. IF DISCHARGE WAS OTHER THAN HONORABLE, EXPLAIN IN FULL DETAIL**

**29. HAVE YOU EVER APPLIED FOR AN IDENTIFICATION CARD WITH U.S. CUSTOMS AND BORDER PROTECTION?**
 YES (If Yes, explain details)                       NO

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

DATES		EMPLOYER NAME AND ADDRESS	OCCUPATION
From	To		

31. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR OFFENSE (Other than traffic violations, you may exclude any items which occurred before your 16th birthday) IN THIS COUNTRY OR ELSEWHERE?  YES (If YES, explain  NO in Item 32.)

32. EXPLANATION OF ALL CONVICTIONS (Federal, State, Military, or Foreign)

Date	Place	Charge	Court	Final Disposition

33. DO YOU NOW USE OR HAVE YOU EVER USED NARCOTIC DRUGS?  YES (If YES, explain  NO below.)

34. ATTACH PHOTOGRAPH HERE

<b>35. CERTIFICATION</b>	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 (Sign in ink) <b>X</b>	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.

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. CBP is authorized to collect the information requested on this form pursuant to 5 U.S.C. 301, Reorganization Plan No. 1 of 1950; 19 U.S.C. 1551, 1565, 1624, 1641; and 19 CFR 112.42. CBP is requesting this information 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. 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. The information requested on this form 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, "Department of Homeland Security/ALL-026 DHS Personal Identity Verification Management System." 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>. Providing this information to CBP is voluntary. However, failure to provide this information may result in CBP's inability to conduct the background investigation required to issue the identification card.