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

## **APPLICATION FOR IDENTIFICATION CARD**

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

OMB No.1651-0008 Exp. 10-31-2012

1. TYPE OF ACTIV	2. DATE OF T	2. DATE OF THIS APPLICATION					
Cartman/ Bro	ker's CBP Security Area ployee Identification		ontainer Station _ mployee	Foreign Trade Zone CES Employee Emp	loyee		
3. NAME (Last, Firs	st, & Middle)			4. SOCIAL SECURITY NUMBER			
5. LIST ANY OTHE	R NAMES YOU HAV	'E EVER BEEN KNOWN B'	Y (Nicknames, aliases, etc.)		6. DATE OF BIRTH		
7. HOME ADDRES	S (Number, Street, C	ity, State, and ZIP Code)	8. NAME AND	ADDRESS OF PRE	SENT EMPLOYER		
9. HOME PHONE NUMBER			10. BUSINESS PHONE NUMBER				
11. PLACE OF BIRTH (City, County, State, and Country)			12. HEIGHT	13. WEIGHT	14. COLOR HAIR	15. COLOR EYES	
16. VISIBLE SCAR	S OR MARKS						
17. U.S. COAST GUARD PORT SECURITY CARD NUMBER			18. U.S. MERCHANT MARINE CARD NUMBER				
19. HAVE YOU EVEN 18?		ARD IN ITEM 17 OR ITEM o Items 20 and 21)	20. HAS APPLICATION FOR EITHER CARD IN ITEM 17 OR 18 BEEN DENIED?  YES (If Yes, explain in Item 21) NO (Skip Item 21)				
21. EXPLANATION	I OF APPLICATION [	DENIAL					
22. LIST ALL RESI	DENCES DURING T	HE LAST 5 YEARS (List in	reverse order, b	eginning with the pro	esent address)		
DATES Num		Numb	per and Street		City	State	
110111	PRESENT						
23. HAVE YOU EV		l ARMED SERVICES OF TH Skip Items 24-28)	HE U.S.? 24. E	BRANCH OF SERVI	ICE		
25. DATES OF SER	RVICE		26. 9	SERIAL NUMBER	27. TYPE OF DI	SCHARGE	
28. IF DISCHARGE	WAS OTHER THAN	I HONORABLE, EXPLAIN I	I IN FULL DETAIL	-			
	ER APPLIED FOR AI S AND BORDER PRO	N IDENTIFICATION CARD DTECTION?	WITH	Y	ES (If Yes, explain d	etails) NO	

DATES			MPLOYER NAME AN	OCCUPATION	
From	То		LOTER TWINE AN	000017(110)(	
				r than traffic violations, yo UNTRY OR ELSEWHER	
32. EXPLANATION	OF ALL CONVICTION	ONS (Federal, State	e, Military, or Foreign)		
Date	Place		Charge	Court	Final Disposition
33. DO YOU NOW	JSE OR HAVE YOU	EVER USED NAR	COTIC DRUGS?	'ES (If YES, explain NO below.)	34. ATTACH PHOTOGRAPH HERE
				.,	
				_	
00.			de in this Application are st of my knowledge and	SIGNATURE	DATE
CERTIFICATIO	belief, and are	made in good faith.	,,	X	

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 the requirements of Public law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on CBP Form 3078 is 5 U.S.C. 301, Reorganization Plan No. 1 of 1950; 19 U.S.C. 1551, 1565, 1624, 1641; 19 CFR 112.42. The principal purpose for collecting the 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. The information collected and contained in the applicant's file may be provided to those employees of CBP who have a need for the records in the performance of their duties. The information may also be used, when deemed appropriate, in a proceeding to revoke or suspend the identification card. Disclosure of all information requested on CBP Form 3078 is voluntary; however, failure to disclose some or all of this information may result in CBP's inability to conduct the required background investigation.