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. 09-30-2009

1. TYPE OF ACTIV	2. DATE OF T	2. DATE OF THIS APPLICATION					
Cartman/ Bro	ker's CBP Security Are ployee Identification	a Warehouse Officer C or Employee	ontainer Station	Foreign Trade Zone	oyee		
3. NAME (Last, Firs			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	City, State, and ZIP Code)	8. NAME AND A	DDRESS OF PRES	SENT EMPLOYER		
9. HOME PHONE NUMBER			10. BUSINESS PHONE NUMBER				
11. PLACE OF BIR	TH (City, County, Sta	ate, and Country)	12. HEIGHT	13. WEIGHT	14. COLOR HAIR	15. COLOR EYES	
16. VISIBLE SCAR	S OR MARKS						
17. U.S. COAST GU	JARD PORT SECUF	RITY CARD NUMBER	18. U.S. MERCHANT MARINE CARD NUMBER				
19. HAVE YOU EVE 18? YES	_	ARD IN ITEM 17 OR ITEM p 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	OF APPLICATION [DENIAL					
22. LIST ALL RESII	DENCES DURING T	HE LAST 5 YEARS (List in	reverse order, be	ginning with the pre	esent address)		
DATES To		Numb	er and Street		City	State	
	PRESENT						
23. HAVE YOU EVI		ARMED SERVICES OF TH	HE U.S.? 24. BF	RANCH OF SERVI	CE		
25. DATES OF SEF	RVICE	,	26. SI	ERIAL NUMBER	27. TYPE OF DISCHARGE		
28. IF DISCHARGE	WAS OTHER THAN	HONORABLE, EXPLAIN	IN FULL DETAIL		1		
	ER APPLIED FOR A S AND BORDER PRO	N IDENTIFICATION CARD OTECTION?	WITH	YE	ES (If Yes, explain de	etails)	

30. PREVIOUS EMP	PLOYMENT LIST I	N CHRONOLOGICAL ORD	ER, GIVING E	ARLIEST EMPLOYMEN	IT FIRST (Last 10 Years)	
DATES		EMPLOYER NAME AND ADDRESS			OCCUPATION	
From	То	LIVII LOTER NAIVIE AND ADDRESS			OCCUPATION	
may exclude any	/ items which occurre	D OF ANY CRIME OR OFI d before your 16th birthday NS (Federal, State, Military) IN THIS COL			
Date	Place	Cha	rge	Court	Final Disposition	
33. DO YOU NOW U		EVER USED NARCOTIC D	□ b	ES (If YES, explain NO elow.)	34. ATTACH PHOTOGRAPH HERE	
CERTIFICATION true, complete,		f the statements made in this A and correct to the best of my kr ade in good faith.	Application are nowledge and	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.

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.