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. 03-31-2016

1. TYPE OF ACTIV	/ITY REQUIRING IDE	2. DATE OF T	HIS APPLICATION						
	ker's CBP Security Area ployee Identification	a ☐ Warehouse Officer ☐ C or Employee ☐ E	ontainer Stati mployee	on 🦳 T	oreign rade Zone	oyee			
3. NAME (Last, First, & Middle)				4. SOCIAL SECURITY NUMBER					
5. LIST ANY OTHER NAMES YOU HAVE EVER BEEN KNOWN BY				es, alia	ses, etc.)	6. DATE OF BIRTH			
7. HOME ADDRES	S (Number, Street, C	ity, State, and ZIP Code)	8. NAME A	ND AD	DRESS OF PRE	SENT EMPLOYER			
9. HOME PHONE NUMBER				10. BUSINESS PHONE NUMBER					
11. PLACE OF BIRTH (City, County, State, and Country)			12. HEIGH	Т	13. WEIGHT	14. COLOR HAIR	15. COLOR EYES		
16. VISIBLE SCAR	S OR MARKS		<u> </u>						
17. U.S. COAST GUARD PORT SECURITY CARD NUMBER				18. U.S. MERCHANT MARINE CARD NUMBER					
19. HAVE YOU EVER APPLIED FOR CARD IN ITEM 17 OR ITEM 18? YES NO (Skip 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 D	DENIAL							
22. LIST ALL RESI	DENCES DURING TI	HE LAST 5 YEARS (List in	reverse ord	er, beg	inning with the pre	esent address)			
	ATES	Numb	per and Street			City	State		
From	To PRESENT								
23. HAVE YOU EV		 ARMED SERVICES OF TH Skip Items 24-28)	HE U.S.?	24. BR	ANCH OF SERVI	CE			
25. DATES OF SERVICE				26. SERIAL NUMBER 27. TYPE OF DISCHARGE		SCHARGE			
28. IF DISCHARGE	WAS OTHER THAN	I HONORABLE, EXPLAIN I	IN FULL DE	TAIL		-1			
	ER APPLIED FOR AN S AND BORDER PRO	N IDENTIFICATION CARD DTECTION?	WITH		☐ Yi	ES (If Yes, explain de	etails) NO		

DATES			EMPLOYER NAME AN	OCCUPATION	
From	То			000017(110)(
				r than traffic violations, yo UNTRY OR ELSEWHER	
32. EXPLANATION	OF ALL CONVICTION	ONS (Federal, Stat	e, Military, or Foreign)		
Date	Place		Charge	Court	Final Disposition
33. DO YOU NOW	USE OR HAVE YOU	J EVER USED NAF	RCOTIC 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	N 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.