



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

OMB APPROVAL NO. 1651-0064

**CREATE/UPDATE IMPORTER IDENTITY FORM**

19 CFR 24.5

As the importer, consignee, or other party listed in block 1, you are responsible for the validity of the information provided in this document. Any Customs Broker or third party who is submitting the information on your behalf is only obligated to convey this information to Customs and Border Protection (CBP).

<p>PRIVACY ACT STATEMENT: Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that: 19 CFR 24.5 authorizes the disclosure of Social Security numbers (SSN) on the CBP Form 5106, and implements CBP's authority to collect the taxpayer identification number and SSN as provided for in 31 U.S.C. 7701; the principal purpose for disclosure of the Social Security number is to identify the individuals conducting business with CBP to assist in regulatory compliance and investigations, and administrative or judicial proceedings; the information collected may be provided to those officers and employees of CBP and any constituent unit of the Department of Homeland Security who have a need to know the information in the performance of their duties; also, the records may be referred to any federal, state, local tribal, territorial, or foreign agency for whom CBP determines may assist in the enforcement of criminal or civil laws, or assist in intelligence or counter-intelligence, or breach notification, or for the compilation of foreign trade statistics and for verifying the existence of the importer and any linkages or affiliations between importers (19 U.S.C. 4320) pursuant to the requirements of Public Law 114-125 (Trade Facilitation and Trade Enforcement Act of 2015); and failure to provide the required information will result in the denial of an importer of record number, the requirement to use a separate party for transactions, and may impact or delay the importation of shipments in international trade.</p>			
<p>PAPERWORK REDUCTION ACT STATEMENT: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0064. The estimated average time to complete this application is 45 minutes. The obligation to respond is required to obtain a benefit. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of International Trade, Regulations and Rulings, 90 K Street NE, Washington DC 20229-1177.</p>			
<p>&gt;&gt; <b>TYPE OF ACTION (Mark all applicable):</b> <input checked="" type="checkbox"/> Notification of ID Number <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address</p>			
<b>1. NAME AND IDENTIFICATION NUMBER</b>			
1A. Importer/Business/ Private Party Name		1B. Internal Revenue Service (IRS) number/Social Security Number (SSN) :	
1C <input type="checkbox"/> DIV <input type="checkbox"/> AKA <input type="checkbox"/> DBA		1D. DIV/AKA/DBA Name	
<p>1E. <input type="checkbox"/> I wish to be assigned a CBP Number. Check here if requesting a CBP-assigned number and indicate reason(s). Check all reasons that apply.</p> <p><input type="checkbox"/> I have a SSN, but wish to use a CBP-Assigned Number on all my entry documents <input type="checkbox"/> I have no Social Security Number <input type="checkbox"/> I have no IRS Number <input type="checkbox"/> I have not applied for an IRS number or SSN <input type="checkbox"/> I am not a U.S. Resident</p>			
1F. CBP-Assigned number			
<p>1G. Type of company <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prpprietorship <input type="checkbox"/> Individual <input type="checkbox"/> U.S. Government <input type="checkbox"/> State/Local Government <input type="checkbox"/> Foreign Government</p>			
<p>1H. If you are an importer, how many entries do you plan on filing in a year? Please select the following : <input type="checkbox"/> 1-4 per year <input type="checkbox"/> 5-24 <input type="checkbox"/> 25 or more a year <input type="checkbox"/> Infrequent personal <input type="checkbox"/> I do not intend to import</p>			
<p>1I. How will the indication number be utilized? Please select all options that will apply : <input type="checkbox"/> Importer of Record <input type="checkbox"/> Consignee/Ultimate Consignee <input type="checkbox"/> Drawback Claimant <input type="checkbox"/> Refunds/Bills, or <input type="checkbox"/> Other _____</p>			
1J. Program Code 1 :	1K. Program Code 2	1L. Program code 3	1M. Program code 4
<b>2. ADDRESS INFORMATION</b>			
<b>2A. MAILING ADDRESS</b> (Each street address line can be no more than 32 characters)			
Street Adress 1		City	State / Province
Street Adress 2		Zipcode	Country ISO Code
<p>Is the address in 2A, a. <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Corporate Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input type="checkbox"/> Office Building <input type="checkbox"/> Business Service Center <input type="checkbox"/> Post office Box <input type="checkbox"/> Other - Explain _____</p>			
<b>2B. PHYSICAL LOCATION ADDRESS</b> (Required only if different than mailing address. 32 character limit applies to street address line)			
Street Address 1		City :	State Province

Street Address 2		Zip Code		Country ISO code :	
Is the address in 2B., a		<input type="checkbox"/> Residence	<input type="checkbox"/> Corporate office	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Retail location
		<input type="checkbox"/> Other, Explain _____			<input type="checkbox"/> Office Building
2C. Phone number		Extension		2D. Fax number	
2E. Email address			2F. Website		
<b>3.COMPANY INFORMATION</b>					
3A. Provide a brief business description _____					
3B. Provide the 6-digit North american Industry Classification (NAICS) code for this business _____					
3C. Provide D.U.N.S. Number for the importer : _____					
3D. If you are also a broker / self-filer, supply the code that will be used when conducting business CBP : _____					
3E. Year established _____					
3F. List the names and International Revenue service (IRS) employer identification, Social Security or CBP-assigned numbers for current or previous related businesses					
Related businesses		Name of business entities		IRS/SSN/CBP-Assigned number	
<input type="checkbox"/> Current	<input type="checkbox"/> Previous				
<input type="checkbox"/> Current	<input type="checkbox"/> Previous				
<input type="checkbox"/> Current	<input type="checkbox"/> Previous				
3G. Primary Banking Institution : _____					
(Name)					
(banking routing number)		(City)		(State) (Country ISO code)	
3H. Certificate or Articles of incorporation - (Locater I.D.) _____					
3I. Certificate or Articles of incorporation - (Reference number) _____					
3J. Business structure / Beneficial Owner/ Company Officers - The officers listed in this section must have importing and financial business knowledge of the company listed in section 1 of this form and must have legal authority to make decisions on behalf of the company listed in section 1. Elements designated below with an asterisk are optional data fields					
Compagny Position Title		Name (Last, First, Middle Initial) :			
Direct Phone number		Extension		Direct Email	
Social Security Number :		Pasport Number :		Country of issuance :	
				Pasport Expiration Date :	
Pasport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card					
Compagny Position Title		Name (Last, First, Middle Initial) :			
Direct Phone number		Extension		Direct Email	
Social Security Number :		Pasport Number :		Country of issuance :	
				Pasport Expiration Date :	
Pasport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card					
Compagny Position Title		Name (Last, First, Middle Initial) :			
Direct Phone number		Extension		Direct Email	
Social Security Number :		Pasport Number :		Country of issuance :	
				Pasport Expiration Date :	
Pasport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card					
Compagny Position Title		Name (Last, First, Middle Initial) :			
Direct Phone number		Extension		Direct Email	
Social Security Number :		Pasport Number :		Country of issuance :	
				Pasport Expiration Date :	
Pasport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card					
<b>4. CERTIFICATION</b>					
By my signature below, I certify that, to the best of my knowledge and belief, all of the information included in this document is true, correct, and provided in good faith. I understand that if I make an intentional false statement, or commit deception or fraud in this 5106 document, I may be fined or imprisoned (18 U.S.C. § 1001).					
Printed or Typed Full Name and Title				Signature	
Telephone Number		Date		Broker Name	
				Telephone number	