

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>
Capital Expenditures					
Operating Costs	\$400,000	\$90,000	\$90,000	\$90,000	\$90,000
External Revenues (Grants)					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$400,000	\$90,000	\$90,000	\$90,000	\$90,000
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in the Current Budget? Yes X No
 Does this item include the use of federal funds Yes No X
 Does this item include the use of state funds? Yes No X

Budget Account No: Fund 4100 Department 120 Unit Various* Object 3101 / 3405

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Item is included in budget.

C. Departmental Fiscal Review: Webb Duncan

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

ASD/CA 9/25/24
LK 9/25 OFMB QA 9/25

Brenda Mack 10/7/24
 Contract Dev and Control
 mdaS. 10/7/24

B. Legal Sufficiency:

Anne Delmont 10-8-24
 Assistant County Attorney

C. Other Department Review:

 Department Director

REVISED 11/17

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT)

Agenda Item 3F8 for October 22, 2024

Memorandum of Agreement (MOA) for Terminal Federal Inspection
Services (3 Originals)



**U.S. Customs and
Border Protection**

**U. S. CUSTOMS AND BORDER PROTECTION (CBP)
MEMORANDUM OF AGREEMENT TO REIMBURSE CBP**

This Memorandum of Agreement (“MOA”) outlines the agreement between the below named Airport Authority or Owner/Operator (Sponsor) and CBP in regards to the sponsor’s responsibility to reimburse CBP for costs related to providing communications and information technology (IT) equipment and services required at the below named location. The legal authority for CBP to enter into and require such an agreement is found at 8 U.S.C. §§ 1223-1224, 1356(a); 19 U.S.C. §§ 1459, 1461, 1499, 1524, 1644a; 8 C.F.R. Part 234; 19 C.F.R. Part 122.

Airport Owner/Operator: Palm Beach County, a political subdivision of the State of Florida Palm Beach International Airport (PBIA) – Palm Beach County (Sponsor)
846 Palm Beach International Airport
West Palm Beach, FL 33406

**PALM BEACH COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF
FLORIDA, PBIA – PALM BEACH COUNTY RESPONSIBILITIES**

Data and Cabling

Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County is responsible for the procurement and installation of all data cabling and electrical components required for connectivity of systems and equipment, according to CBP Office of Information Technology (OIT) provided specifications. Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County is required to provide a two week advanced notice of all cable pulls to allow CBP to observe installation.

Reimbursement of Equipment, Initial Service, and Recurring Costs

Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County agrees to reimburse CBP for all equipment and connectivity costs, including installation, maintenance, and recurring costs, at the Palm Beach International Airport, 1000 Turnage Blvd, West Palm Beach, FL 33406. Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County agrees to reimburse CBP in an amount not to exceed \$200,000 for equipment and first year service costs. The annual recurring cost will be reimbursed at an amount not to exceed \$45,000. CBP will provide an OIT’s cost estimate, CBP Cost Sign Off Document, which may be signed by the Director of Airports for Palm Beach International Airport.

Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County will be billed the actual costs for the equipment identified in CBP OIT’s cost estimate, along with any outstanding reimbursements due from any previously executed agreement(s). Recurring out-year network circuit charges, and the cost of any necessary replacement

equipment not covered under warranty, will also be billed to Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County.

Equipment Upgrades

Upgrades to CBP required equipment and connectivity may be required on a schedule determined by CBP (approximately every 3-5 years, as needed). Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County is responsible for the cost of required upgrades. CBP will provide Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County a minimum of 180 days advance notice of any required upgrades.

Payment Process

A copy of this signed agreement will be forwarded to the CBP National Finance Center (NFC). Upon receipt and installation of all equipment, the NFC will issue Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County a bill for the actual equipment and initial services costs not to exceed \$200,000. The CBP NFC will bill Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County 90-days prior to the due date for recurring out-year network and connectivity charges owed along with any sums owed for replacement equipment not covered by manufacturer warranties.

Pursuant to 19 C.F.R. § 24.3a, any amounts due CBP under the terms of this agreement that are more than 30 days past-due will begin accruing interest charges based on U.S. Treasury borrowing rates and may ultimately be referred for collection.

Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County Accounts Payable Information

Tax Identification Number: _____
Bill To Representative: _____
Phone Number: _____
Email Address: _____
Address: _____

Equipment Ownership

CBP will retain possessory ownership of all equipment used in CBP operations until CBP vacates the premises. CBP will transfer the equipment reimbursed by Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County when CBP vacates the premises. Within two months (60-days) of installation and reimbursement, CBP OIT will deliver a list of serial numbers and/or other identification and warranty information for Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County reimbursed equipment to the point of contact listed below.

Palm Beach County, A political subdivision of the State of Florida PBIA – Palm Beach County Equipment Administrator

Name: _____
Email Address: _____
Phone Number: _____
Ship to Address: _____

U.S. CUSTOMS AND BORDER PROTECTION (CBP) RESPONSIBILITIES

Equipment Connectivity and Maintenance

CBP OIT will be responsible for ordering and installing required circuit, data equipment, and connection(s) from the Palm Beach International Airport to the CBP National Data Center. CBP is also responsible for imaging, maintaining, and controlling all equipment listed in the CBP OIT cost estimate. Palm Beach County, A political subdivision of the State of Florida PBLA – Palm Beach County will incur no CBP OIT charged service fees for any equipment maintenance/repair/replacement covered by CBP procured equipment warranties.

Data Ownership

All data entered and/or stored in any manner on the equipment covered by this MOA shall belong to the United States and is confidential and protected information. It is CBP's responsibility to properly remove data before possession of any equipment is transferred to Palm Beach County, A political subdivision of the State of Florida PBLA – Palm Beach County. In the event data inadvertently remains on any equipment after transfer, Palm Beach County, A political subdivision of the State of Florida PBLA – Palm Beach County shall keep the information confidential and immediately notify CBP so that CBP can remove the data.

(Remainder of page left blank intentionally.)

ENTIRETY OF AGREEMENT; MODIFICATIONS

The parties agree that this MOA sets forth the entire understanding between the parties and that there are no other promises or understandings apart from those stated herein. None of the provisions, terms and conditions contained in this MOA may be added to, modified, superseded or otherwise altered except by written instrument executed by the parties hereto.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have duly executed this MOA as of the day and year first below written.

ATTEST:

**CLERK OF THE CIRCUIT COURT
AND COMPTROLLER**

**PALM BEACH COUNTY,
A POLITICAL SUBDIVISION OF THE
STATE OF FLORIDA, BY ITS BOARD
OF COUNTY COMMISSIONERS**

By: _____
Date: _____

By: _____
Date: _____

Deputy Clerk

Maria Sachs, Mayor

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS
AND CONDITIONS**

By: *Anne Delgado*
Date: 10-8-24

By: *Dama Beube*
Date: 9/23/27

County Attorney

Director, Department of Airports

David Scroggins Date
Area Port of West Palm Beach, Port Director
Office of Field Operations, Miami and Tampa Field Offices
U.S. Customs and Border Protection
david.scroggins@cbp.dhs.gov

Agenda Item 3F8 for October 22, 2024

Memorandum of Agreement (MOA) for General Aviation Federal
Inspection Services (3 Originals)



**U.S. Customs and
Border Protection**

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SIGNATURES

IN WITNESS WHEREOF, the parties hereto have duly executed this MOA as of the day and year first below written.

ATTEST:

**CLERK OF THE CIRCUIT COURT
AND COMPTROLLER**

**PALM BEACH COUNTY,
A POLITICAL SUBDIVISION OF THE
STATE OF FLORIDA, BY ITS BOARD
OF COUNTY COMMISSIONERS**

By: _____
Date: _____

Deputy Clerk

By: _____
Date: _____

Maria Sachs, Mayor

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS
AND CONDITIONS**

By: Anne Delgent
Date: 10-8-24

County Attorney

By: Laura Bulse
Date: 9/23/24

Director, Department of Airports

David Scroggins Date
Area Port of West Palm Beach, Port Director
Office of Field Operations, Miami and Tampa Field Offices
U.S. Customs and Border Protection
david.scroggins@cbp.dhs.gov

Agenda Item 3F8 for October 22, 2024

Pro-Forma Cost Sign Off Documents (2)

Site Code WPB008A

Site Code WPB012A

U.S. Customs and Border Protection Cost Sign-Off Document*

(*Actual costs will be derived from actual obligations)

This is a Rough Order of Magnitude Estimate.

Final costs will be determined once the network designs are completed

Site Code: WPB008A

Site Name: WEST PALM BEACH INTERNATIONAL AIRPORT

Site Address: 1000 TURNAGE BLVD, WEST PALM BEACH, FL, 33406

Date Prepared: 7/23/2024

Preparer: Ricardo Espinoza

Equipment and Service Costs Data Equipment Costs (OCC-31)

Line Item	Description	Qty	Unit Cost	Total
10	Performance Laptop (512 GB SSD, 16 GB RAM)	1	\$2,800.00	\$2,800.00
20	Dell 24" Touch Monitor P2418HT - 1920 x 1080 (BRAND NAME or EQUIVALENT)	5	\$350.00	\$1,750.00
30	Dell 24" Monitor, 1920 x 1080 (BRAND NAME or EQUIVALENT)	16	\$350.00	\$5,600.00
40	HP Color LaserJet M653dn Printer (BRAND NAME or EQUIVALENT)	1	\$1,800.00	\$1,800.00
50	Fujitsu ScanSnap iX1600 (BRAND NAME or EQUIVALENT)	4	\$500.00	\$2,000.00
60	Topaz GemView 16 - Signature Terminal - USB (BRANDNAME or EQUIVALENT)	5	\$550.00	\$2,750.00
70	Integrated Biometrics Kojak 10-Print Scanner w/Bracket (BRAND NAME or EQUIVALENT)	5	\$1,500.00	\$7,500.00
80	Logitech C920e Pro WebCam w/5' Cable (BRAND NAME or EQUIVALENT)	10	\$150.00	\$1,500.00
90	Regula Passport Reader 7024m.111 Model:7024M-111-5A (BRAND NAME or EQUIVALENT)	5	\$850.00	\$4,250.00
100	Std Desktop - Slim Line Form Factor (1TB SSD, 32 GB RAM)	13	\$1,650.00	\$21,450.00
110	1' Cat6 550 MHz Blue Patch Cable; per Cable (BRAND NAME or EQUIVALENT)	50	\$7.00	\$350.00
120	APC PE76 7-Outlet Power Strip (BRAND NAME or EQUIVALENT)	10	\$16.00	\$160.00
130	SCCM/MECM DP Build and Network adapter (10), EQUIVALENT OR BETTER	1	\$2,354.00	\$2,354.00
140	15% Cost Contingency for Equipment	1	\$8,139.60	\$8,139.60
Total Data Equipment Costs:				\$62,403.60

Network Equipment Costs (OCC-31)

150	Router (Up to 100 Mbps)	1	\$8,773.00	\$8,773.00
160	48-port mGig Stackable Access Switch	1	\$18,992.00	\$18,992.00
170	24-port mGig Stackable Access Switch	1	\$15,510.00	\$15,510.00
180	Cloud Managed Indoor AP	3	\$2,152.00	\$6,456.00
190	1G Single Mode SFP	2	\$775.00	\$1,550.00
200	1G Multimode SFP	4	\$391.00	\$1,564.00
210	15% Cost Contingency for Equipment	1	\$7,926.75	\$7,927.00
Total Network Equipment Costs:				\$60,772.00

Voice Equipment Costs (OCC-31)

220	There are no Voice Equipment Costs associated with this request.	0	\$0.00	\$0.00
230	10% Cost Contingency for Equipment	0	\$0.00	\$0.00
Total Voice Equipment Costs				\$0.00

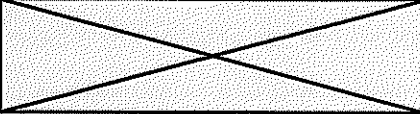
Line Item	Description	Qty	Unit Cost	Total
BSDP Equipment Costs (OCC-31)				
240	There are no BSDP Equipment Costs associated with this request.	0	\$0.00	\$0.00
250	10% Equipment Contingency Costs	0	\$0.00	\$0.00
Total BSDP Equipment Costs:				\$0.00
Tactical Communication (TACCOM) Equipment Costs (OCC-31):				
260	There are no TACCOM Equipment Costs associated with this request.	0	\$0.00	\$0.00
270	10% Cost Contingency for Equipment	0	\$0.00	\$0.00
Total Communication Equipment Costs:				\$0.00
TOTAL EQUIPMENT COSTS:				\$123,175.60
Service Costs				
Circuit Costs (OCC-23)				
280	Comcast 100M ICP new Circuit Installation	1	\$0.00	\$0.00
290	Comcast 100M ICP Annual Recurring Costs	12	\$405.00	\$4,860.00
300	15% Cost Contingency for Tax / USF	1	\$729.00	\$729.00
310	Potential Estimated LEC Special Construction	1	\$5,000.00	\$5,000.00
Total Circuit Costs:				\$10,589.00
BSDP Services Costs (OCC-25)				
320	There are no BSDP Service Costs associated with this request.	0	\$0.00	\$0.00
330	10% Service Costs	0	\$0.00	\$0.00
Total BSDP Contract Services Costs:				\$0.00
Cabling Service Costs (OCC-25)				
340	There are no Cabling Service Costs associated with this request.	0	\$0.00	\$0.00
Total Cabling Services Costs:				\$0.00
Government Travel (OCC-21)				
350	There are no Government Travel Costs associated with this request.	0	\$0.00	\$0.00
Total Government Travel Costs:				\$0.00
TOTAL SERVICE COSTS:				\$10,589.00
TOTAL ESTIMATED INITIAL EQUIPMENT AND SERVICES COSTS				\$133,764.60
Out Year Recurring Service Costs				
Circuit Recurring Costs (OCC-23)				
360	Comcast 100M ICP Annual Recurring Costs	12	\$405.00	\$4,860.00
370	15% Cost Contingency for Tax / USF	1	\$729.00	\$729.00
Total Recurring Circuit Costs:				\$5,589.00
Network Equipment Service Costs (OCC-25)				
380	Router (Up to 100 Mbps) Maintenance Annual Recurring Costs	1	\$1,290.00	\$1,290.00
390	48-port mGig Access Switch Maintenance Annual Recurring Costs	1	\$2,180.00	\$2,180.00
400	24-port mGig Access Switch Maintenance Annual Recurring Costs	1	\$2,060.00	\$2,060.00
410	Cloud Managed Indoor AP Maintenance Annual Recurring Costs	3	\$140.00	\$420.00
Total Recurring Network Service Costs:				\$5,950.00

Line Item	Description	Qty	Unit Cost	Total
BSDP Service Costs (OCC-25)				
420	There are no BSDP Service Costs associated with this request.	0	\$0.00	\$0.00
Total Recurring BSDP Service Costs:				\$0.00
TACCOM Annual Operation and Maintenance Costs (OCC-25)				
430	There are no TACCOM Service Costs associated with this request.	0	\$0.00	\$0.00
Total Recurring TACCOM Service Costs:				\$0.00
TOTAL ANNUAL RECURRING COSTS				<u>\$11,539.00</u>

NOTE: The OIT Cost Sign-Off Document and the associated estimated costs listed above expires 90 days from the above Date Prepared or at the end of the Governments current fiscal year, whichever comes first. After such time, a new OIT Cost Sign-Off Document is required.

Acceptance

By signing below, I accept any and all costs associated with the purchase and installation of equipment itemized above.

Authority Signature:	Date:
Authority Printed Name:	
Phone/Email Address:	

OIT REFERENCE Number: WPB008A-OFO-25001C
Document Expiration Date: 10/31/2024

Agenda Item 3F8 for October 22, 2024

Example Customs and Border Patrol Form 5106



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).

TYPE OF ACTION (Mark all applicable): Notification of Identification Number Change of Name Change of Address

All the data elements with a red asterisk are required

1. NAME AND IDENTIFICATION NUMBER

*1A. Importer/Business/Private Party Name:

*1B. Internal Revenue Service (IRS) Employer Identification Number (EIN), Social Security Number (SSN), or CBP-Assigned Number:
Number Type: (Select Only One)

- IRS Employer Identification Number (EIN)
- Social Security Number (SSN)
- CBP-Assigned Number
- Requesting a CBP-Assigned Number

1C. DIV AKA DBA 1D. DIV/AKA/DBA Name:

1E. I wish to be assigned a CBP Number. Check here if requesting a CBP-assigned number and indicate reason(s).
If you marked yes to receive a CBP assigned number, indicate the reasons why. Check all that apply.

- I have a SSN, but wish to use a CBP-Assigned Number on all my entry documents
- I have no Social Security Number
- I have no IRS Number
- I have not applied for an IRS number or SSN
- I am not a U.S. Resident

1F. CBP-Assigned Number:

1G. Type of Company:
Corporation Partnership LLC Sole Proprietorship Individual
U.S. Government State/Local Government Foreign Government

1H. If you are an importer, how many entries do you plan on filing in a year? Select from the following:
1-4 per year 5-24 per year 25 or more per year
infrequent personal shipments **or** I do not intend to import.

1I. How will the identification number be utilized? Select all options that will apply:
Importer of Record Consignee/Ultimate Consignee Drawback Claimant
Refunds/Bills **or** Other _____

1J. Program Code 1: 1K. Program Code 2: 1L. Program Code 3: 1M. Program Code 4:

2. ADDRESS INFORMATION

2A. MAILING ADDRESS (Each street address line can be no more than 32 characters)

*Street Address 1: *City: *State/Province:
Street Address 2: Zip Code: Country ISO Code:

*Is the address in 2A, a:
Residence Corporate Office Warehouse Retail Location Office Building
Business Service Center Post Office Box **or** Other - Explain: _____

2B. PHYSICAL LOCATION ADDRESS (Required only if different than mailing address. Each street address line can be no more than 32 characters)

*Street Address 1: *City: *State/Province:
Street Address 2: Zip Code: Country ISO Code:

*Is the address in 2B, a:
Residence Corporate Office Warehouse Retail Location Office Building **or**
Other - Explain: _____

*2C. Phone number:	Extension:	2D. Fax number:
*2E. Email address:	2F. Website:	

3. COMPANY INFORMATION

3A. Provide a brief business description: _____

3B. Provide the 6-digit North American Industry Classification System (NAICS) code for this business: _____

3C. Provide the D-U-N-S Number for the Importer: _____

3D. If you are also a broker/self-filer, supply the filer code that will be used when conducting business with CBP: _____

3E. Year established: _____

3F. List the names and Internal Revenue Service (IRS) Employer Identification Number (EIN), Social Security Number (SSN), or CBP-assigned numbers for current or previous related business entities.

Related Business		Name of Business Entities	IRS/SSN/CBP Assigned Number
Current	Previous		
Current	Previous		
Current	Previous		

3G. Primary Banking Institution: _____
(Name)

(Bank 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.

Entry 1	Company Position Title:	Name (Last, First, Middle Initial)		
	Direct Phone Number:	Extension:	Direct Email:	
	Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
	Passport Type:	Regular	Official	Diplomatic
Entry 2	Company Position Title:	Name (Last, First, Middle Initial)		
	Direct Phone Number:	Extension:	Direct Email:	
	Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
	Passport Type:	Regular	Official	Diplomatic
Entry 3	Company Position Title:	Name (Last, First, Middle Initial)		
	Direct Phone Number:	Extension:	Direct Email:	
	Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
	Passport Type:	Regular	Official	Diplomatic

3.J. Business Structure/Beneficial Owner/Company Officers (Continued)				
Entry 4	Company Position Title:		Name (Last, First, Middle Initial)	
	Direct Phone Number:		Extension:	Direct Email:
	Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
	Passport Type:	Regular	Official	Diplomatic
4. CERTIFICATION				
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 (Last, First, Middle Initial):			*Signature:	
*Title:				
Telephone Number:	*Date:	Broker Name:	Telephone Number:	

PRIVACY ACT STATEMENT

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.

AUTHORITY:

The U.S. Customs and Border Protection (CBP) is authorized to collect the information requested on this form pursuant to Title 19 of the Code of Federal Regulations (19 CFR §24.5 Filing Identification Number and 149.3 Data Elements). CBP has the authority to collect Social Security numbers (SSN) under Executive Order (E.O.) 9397, as amended by E.O. 13478 (Pursuant to 31 U.S.C. §7701(c), 26 U.S.C. §6109(d), 19 C.F.R. §24.5 and §149.3).

PURPOSE:

CBP is requesting this information to collect and maintain records on all commercial goods imported into the United States, along with carrier, broker, importer, and other ACE-ITDS Portal user account and manifest information. CBP will use this information to track, control, and process all commercial goods imported into the United States. This facilitates the flow of legitimate shipments, and assists the Department of Homeland (DHS)/CBP in targeting illicit goods.

ROUTINE USES:

The information requested on this form may be shared externally, as a "routine use" with appropriate federal, state, local, tribal, or foreign governmental agencies, or multilateral governmental organizations, to assist DHS in investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, order, license, or treaty or when DHS determines that the information would assist in the enforcement of civil or criminal laws. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/CBP-001 Import Information 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>.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Providing this information to is voluntary. However, failure to provide the information will result in the denial of a CBP-assigned importer number/importer of record identification (ID) number, and inability to pay import related duties, taxes, and fees related to an entry of imported goods. Individuals who do not provide this information may be required to use a separate party for transactions, which may affect or delay the importation of shipments in international trade.

INSTRUCTIONS

TYPE OF ACTION

Notification of Identification Number - Check this box if this is your first request for services with CBP, or if your current Importer Number is inactive and you wish to activate this number.

Change of Name - Check this box if the Importer Number is on file but there is a change in the name.

Change of Address - Check this box if the Importer Number is on file but there is a change in the address.

For updates involving to an existing IOR other than a change of name or address, "TYPE OF ACTION" should be left blank.

NOTE: If a "Change of Address" and/or "Change of Name" is requested for an importer or other party that has an active bond on file with CBO, then a name and/or address rider must accompany this change document, unless the rider is otherwise not required for the bond pursuant to a CBP test announced in the Federal Register, such as CBP's eBond Test Program, or otherwise not required by CBP's regulations.

SECTION 1 - NAME AND IDENTIFICATION NUMBER

1A - Importer/Business/Private Name - Indicate the full legal name of the company or individual who will be importing or seeking service or payment. If you are submitting this document as a consignee to the import transaction, sections 1 and 2 must be filled out completely.

1B - IRS/SSN - Complete this block if you are assigned an Internal Revenue Service (IRS) employer identification number or Social Security Number (SSN). If neither an IRS employer identification number nor a Social Security Number (SSN) has been assigned, click the "NONE" check box. The SSN should belong to the principal or owner of the company.

1C - DIV/AKA/DBA - Complete this block if an importer is a division of another company (DIV), is also known under another name (AKA), or conducts business under another name (DBA).

1D - Complete this block only if Block 1C is used.

1E - Request CBP-Assigned Number - Complete this block if you have neither an IRS employer identification number nor a SSN and you require a CBP-assigned number, or, you choose to use a CBP-assigned number in lieu of your SSN. If you have an IRS employer identification number at the time you submit this form that number will automatically become your importer identification number and no CBP-assigned number will be issued. **NOTE:** A CBP-assigned number is for CBP use **only** and does not replace listing a SSN or IRS employer identification number on this form. If you have elected to request a CBP-Assigned Number in lieu of your SSN, you must provide your Company Position Title, Name, and SSN in block 3J of this form. In general, a CBP-assigned number will be issued to foreign businesses or individuals, provided no IRS employer identification number or SSN exists for the requester. A requester can choose to keep using the CBP-assigned number even if the individual subsequently acquires a SSN. If block 1E is completed, CBP will issue an assigned number and inform the requester. This identification number will be used for all future CBP transactions when an identification number is required. If an IRS employer identification number, a Social Security Number, or both, are obtained after an identification number has been assigned by CBP, a new CBP Form 5106 form shall not be filed unless requested by CBP.

1F - CBP-Assigned Number - Complete this block if you have already been assigned a CBP-Assigned Number, and there is a requested change in Block "TYPE OF ACTION".

1G - Type of Company - Select the description that accurately describes your company. A Limited Liability Company (LLC) is not a corporation; it is a legal form of company that provides limited liability to its owners.

1H - Provide an estimate of the number of entries that will be imported into the U.S. in one year, if you are an importer of record.

1I - Check the boxes which will indicate how the name and identification number will be utilized. If the role of the party is not listed, you can select "Other" and then list the specific role for the party. (ex., Transportation carrier, Licensed Customs Brokerage Firm, Container Freight Station, Commercial Warehouse/Foreign Trade Zone Operator, Container Examination Station or Deliver to Party).

1J thru 1M - If you are currently an active participant in a CBP Partnership Program(s), provide the program code in Block 1J thru Block 1M of the revised CBP Form 5106 and the information that is contained in Section 3 of the revised CBP Form will not be required. (ex., Customs Trade Partnership Against Terrorism - CTPAT, Importer Self-Assessment - ISA)

SECTION 2 - ADDRESS INFORMATION

2A - MAILING ADDRESS (Mailing Address for the named business entity or individual referenced in section 1).

Street Address 1 - This block must always be completed. It may or may not be the physical location. Insert a post office box number or a street number representing the first line of the mailing address. For a U.S. or Canadian mailing address, additional mailing address information may be inserted. If a P.O. Box number is given for the mailing address, a second address (physical location) must be provided in 2B. This line can be no more than 32 characters long.

Street Address 2 - If applicable, this block must always be completed with the apartment, suite, floor, and/or room number. This line can be no more than 32 characters long.

City - Insert the city name of the importer's mailing address.

State/Province - For a U.S. mailing address, insert a valid 2-position alphabetic U.S. state postal code. For a Canadian mailing address, insert a 2-character alphabetic code representing the province of the importer's mailing address.

Zip Code - For a U.S. mailing address, insert a 5 or 9-digit numeric ZIP code as established by the U.S. Postal Service. For a Canadian mailing address, insert a Canadian postal routing code. For a Mexican mailing address, leave blank. For all other foreign mailing addresses, a postal routing code may be inserted.

Country ISO Code - For a U.S. mailing address, leave blank. For any foreign mailing address, including Canada and Mexico, insert a 2-character alphabetic International Standards Organization (ISO) Code representing the country.

Type of Address - Check the box that describes this address.

2B - PHYSICAL LOCATION ADDRESS - Provide the address that is associated with the business or the individual. **This address cannot be a P.O. Box, Business Service Center, etc.** The address associated with the business can be the principal's home address. The Physical Location Address does not need to be provided on the form if it is the same as the mailing address.

Street Address 1 - If the place of business is the same as the mailing address, leave blank. If different from the mailing address, insert the company's business address in this space. A second address representing the company's place of business is to be provided if the mailing address is a post office box or drawer. This line can be no more than 32 characters long.

Street Address 2 - If applicable, this block must always be completed with the apartment, suite, floor, and/or room number. This line can be no more than 32 characters long.

City - Insert the city name for the business address.

State/Province - For a U.S. address, insert a 2-character alphabetic U.S. state postal code. For a Canadian address, insert a 2-character alphabetic code representing the province of the importer's business address.

Zip Code - For a U.S. business address, insert a 5 or 9-digit numeric ZIP code as established by the U.S. Postal Service. For a Canadian address, insert a Canadian postal routing code. For a Mexican address, leave blank. For all other foreign addresses, a postal routing code may be inserted.

Country ISO Code - For a U.S. address, leave blank. For any foreign address, including Canada and Mexico, insert a 2-character alphabetic ISO code representing the country.

Type of Address - Check the box which describes this address.

2C - Phone Number - The phone number and extension.

2D - Fax Number - The fax number.

2E - E-mail Address - The e-mail.

2F - Website - The website.

SECTION 3 - COMPANY INFORMATION - In most cases, the data elements in this section are optional. However, if the "I have a SSN, but wish to use a CBP-assigned number on all my entry documents" option was selected in Block 1E, you must provide your Company Position Title, Name, and SSN in Block 3J.

The absence of this information will affect CBP's ability to fully understand the level of risk on subsequent transactions and could result in the delay of cargo release or the processing of a refund.

3A - Provide a brief description of your business.

3B - Complete this field if you know the North American Industry Classification System (NAICS) code as defined by the Department of Commerce. Provide your 6-digit NAICS code.

3C - If available, provide the Dun & Bradstreet Number for the name that was presented in section 1.

3D - If you are an importer who is a self-filer and are using your own filer code, or a broker who also has maintained an identification number, provide the filer code that you will be using to conduct business with CBP.

3E - Indicate the year in which your company was established.

3F - Related Businesses Information - List the name and IRS employer identification number, Social Security Number or CBP assigned number for each related business and indicate if it is a current or previous related business.

3G - Indicate the primary banking information for the company that is listed in section 1.

3H - Certificate or Articles of Incorporation - Provide the 2-digit State or insert a 2-character alphabetic ISO Code representing the country in which the articles of incorporation for the business were filed (as applicable).

3I - Certificate or Articles of Incorporation - Provide the file, reference, entity, issuance or unique identifying number for the certificate or articles of incorporation or business registration number or the foreign articles of incorporation (as applicable).

3J - Business Structure/Beneficial Owner/Company Officer - The Beneficial Owner is any individual or group of individuals that, either directly or indirectly, has the power to vote or influence the transaction decisions regarding a specific security or one who has the benefits of ownership of a Security (finance) or property and yet does not nominally own the asset itself. Beneficial Owner/ Company Officers must have importing and financial business knowledge of the company listed in section 1 and the legal authority to make decisions on behalf of the company listed in section 1 with respect to that knowledge. In most instances, the SSN or Passport Number, Country of Issuance, Passport Expiration Date, and Passport Type, in the absence of a SSN, are optional in this block. However, if the "I have a SSN, but wish to use a CBP-assigned number on all my entry documents" option is selected in Block 1E, your Company Position Title, Name, and SSN must be provided in this block.

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 20002.