

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

**IMPORTER ID
INPUT RECORD**

19 CFR 24.5

1. Type of Action (Mark all applicable)

- | | |
|--|---|
| <input type="checkbox"/> Notification of Importer's Number | <input type="checkbox"/> Change of Address* |
| <input type="checkbox"/> Change of Name* | <input type="checkbox"/> Check here if you also want your address updated in the Fines, Penalties, and Forfeitures Office |

*NOTE- If continuous bond is on file, a bond rider must accompany this change document.

2. Importer Number (Fill in one format):

2A. IRS Number										2B. Social Security Number														
<p>2C. Check here if requesting a</p> <table border="0"> <tr> <td><input type="checkbox"/> CBP-assigned number and Indicated reason(s). (Check all that apply)</td> <td><input type="checkbox"/> I have no IRS No.</td> <td><input type="checkbox"/> I have no Social Security No.</td> <td><input type="checkbox"/> I have not applied for either number.</td> <td><input type="checkbox"/> I am not a U.S. resident.</td> </tr> </table>																				<input type="checkbox"/> CBP-assigned number and Indicated reason(s). (Check all that apply)	<input type="checkbox"/> I have no IRS No.	<input type="checkbox"/> I have no Social Security No.	<input type="checkbox"/> I have not applied for either number.	<input type="checkbox"/> I am not a U.S. resident.
<input type="checkbox"/> CBP-assigned number and Indicated reason(s). (Check all that apply)	<input type="checkbox"/> I have no IRS No.	<input type="checkbox"/> I have no Social Security No.	<input type="checkbox"/> I have not applied for either number.	<input type="checkbox"/> I am not a U.S. resident.																				
2D. Customs-Assigned Number																								

3. Importer Name	
4. DIV/AKA/DBA <input type="checkbox"/> DIV <input type="checkbox"/> AKA <input type="checkbox"/> DBA	5. DIV/AKA/DBA Name

6. Type

- Corporation Partnership Sole Proprietorship Individual U.S. Government State/Local Foreign Governments

7. Importer Mailing Address (2 32-Character Lines maximum)		
8. City	9. State Code	10. Zip
11. Country ISO Code (Non-U.S. Only)		

12. Importer Physical Location Address (2 32-Character Lines maximum; see instructions)		
13. City	14. State Code	15. Zip
16. Country ISO Code (Non-U.S. Only)		

<p>17A. Has importer ever been assigned a CBP Importer Number using the <u>same</u> name as in Block 3?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (List number(s) and/or name(s) in Block 17C.)</p>	<p>17B. Has the importer ever been assigned a CBP Importer Number using a name <u>different</u> from that in Block 3?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (List number(s) and/or name(s) in Block 17C.)</p>
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17C. If "Yes" to 17A and/or 17B, List number(s) and/or names

<p>I Certify: That the information presented herein is correct, that if my Social Security is used it is because I have no IRS Employer Number; that if my CBP-assigned number is used it is because I have neither a Social Security Number nor an IRS Employer Number; that if none of these numbers is used, it is because I have none, and my signature constitutes a request for assignment of a number by CBP.</p>	18. Printed or Typed Name and Title	19. Telephone no. including Area Code
	20. Signature X	21. Date

22. Broker Use only

Paperwork Reduction Act Notice: We need this information to establish the importer's name, address, and importer number. We will use this information as basis for establishing bond coverage, release and entry of merchandise, liquidation, issuance of bills and refunds, and processing of drawback and FP&F actions. Your response is mandatory.

Statement Required by 5 CFR 1320.21: The estimated average burden associated with this collection of information is 6 minutes per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0064), Washington DC 20503.

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 number (SSN) on the CBP Form 5106. The principal purpose for disclosure of the Social Security number is to assure maintenance of records that have a high degree of usefulness in regulatory investigations or proceedings. The information collected may be provided to those officers and employees of the CBP and any constituent unit of the Department of Homeland Security who have a need for the records in the performance of their duties. The records may be referred to any department or agency of the federal government upon the request of the head of such department or agency. The authority to collect the SSN is 31 CFR 103.25. The SSN will be used to identify the individuals conducting business with the CBP.

BLOCK 1-TYPE OF ACTION

Notification of Importer's Number- check this box if you are a first time importer, using an importer number for the first time, or if you have not engaged in CBP business within the last year.

Change of Name- Check this box if this importer number is on file but there is a change of the name on file.

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

BLOCK 2- IMPORTER NUMBER

2A- IRS Number- Complete this block if you are assigned an Internal Revenue Service employer identification number.

2B- Social Security Number- Complete this block if no Internal Revenue Service employer identification number has been assigned. The Social Security number should belong to the principal or the owner of the company or individual who represents the importer of record.

2C- Requesting a CBP-Assigned Number- Complete this block if no Internal Revenue Service employer identification number has been assigned, or no Social Security number has been assigned. If this block is checked, all corresponding boxes in 2C must also be marked.

PLEASE NOTE: A CBP-Assigned Number is for CBP use only and does not replace a Social Security number or Internal Revenue Service employer identification number. In general, a CBP-Assigned Number will only be issued to foreign businesses or individuals, provided no IRS or Social Security number exists for the applicant. If Block 2C is completed, this form must be submitted in duplicate. CBP will issue an Assigned Number and return a copy of the completed form with the Assigned Number to the requester. This identification number will be used for all future CBP transactions when an importer number is required. If an Internal Revenue Service employer identification number and /or a Social Security number are obtained after an importer number has been assigned by CBP, the importer will continue to use the assigned number unless otherwise instructed.

2D- CBP-Assigned Number- Complete this block if you are assigned a Customs-Assigned Number but there is an action change (Block 1).

BLOCK 3- IMPORTER NAME

If the name is an individual, input the last name first, first name, and middle name initial. Business names should be input first name first.

BLOCK 4- 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).

BLOCK 5- DIV/AKA/DBA NAME

Complete this block only if block 4 is used.

BLOCK 6- TYPE OF COMPANY

Check applicable box. *Please Note:* Place an "X" after U.S. Gov't only for a U.S. federal government department, agency, bureau or office. All federal agencies are assigned I.R.S. numbers which should be used for any CBP transactions by that agency.

BLOCK 7- IMPORTED MAILING ADDRESS

This block must always be completed. It may or may not be the importer's business address. Insert a post office box number, or a street number representing the first line of the Importer's mailing address (up to 32 characters). For a U.S. or Canadian mailing address, additional mailing address information may be inserted (up to 32 characters). If a P.O. Box number is given for the mailing address, a second address (physical location) must be provided in Block 12.

BLOCK 8-CITY

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

BLOCK 9- STATE

For U.S. mailing address, insert a valid 2-position alphabetic U.S. state postal code (see list below). For Canada mailing address, insert a 2-character alphabetic code representing the province of the importer's mailing address (see list below).

BLOCK 10- ZIP CODE

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

BLOCK 11- COUNTRY ISO CODE

For 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. *Please Note:* Valid ISO codes may be found in Annex A of the Harmonized Tariff Schedule of the United States; Custom Directive 099 5610-002, "Standard Guidelines for the Input of Names and Addresses into ACS Files"; or Customs Directive 099-3550-061 "Instructions for preparation of CBP Form 7501".

BLOCK 12- SECOND IMPORTER ADDRESS

If the importer's place of business is the same as the mailing address, leave blank. If different from mailing address, insert the importer's business address in this space. A second address representing the importer's place of business is to be provided if the mailing address is a post office box or drawer.

BLOCK 13- CITY

Insert the city name for the importer's business address.

BLOCK 14-STATE

For U.S. address, insert a 2 character alphabetic U.S. state postal code (see list below). For a Canadian address, insert a 2 character alphabetic code representing the province of the importer's business address (see list below).

BLOCK 15- ZIP CODE

For 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 route code. For a Mexican mailing address, leave blank. For all other foreign mailing addresses, a postal routing code may be inserted.

BLOCK 16-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.

Block 17-Previously Assigned Custom Importer Number

Indicate whether or not importer has previously been assigned a CBP Importer Number under the same name or a different name. If "Yes" to either question, list name(s) and/or number(s) in block 17C.

OFFICIAL UNITED STATE POSTAL SERVICE
TWO-LETTER STATE AND POSSESSION ABBREVIATIONS

AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AZ	Arizona	NV	Nevada
AR	Arkansas	NH	New Hampshire
AS	American Samoa	NJ	New Jersey
CA	California	NM	New Mexico
CO	Colorado	NY	New York
CT	Connecticut	NC	North Carolina
DE	Delaware	ND	North Dakota
DC	District of Columbia	MP	Northern Marine Islands
FM	Federated States of Micronesia	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
GU	Guam	PW	Palau
HI	Hawaii	PA	Pennsylvania
ID	Idaho	PR	Puerto Rico
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IA	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MH	Marshall Islands	VA	Virginia
MD	Maryland	VI	Virgin Islands
MA	Massachusetts	WA	Washington
MI	Michigan	WV	West Virginia
MN	Minnesota	WI	Wisconsin
MS	Mississippi	WY	Wyoming
MO	Missouri		

OFFICIAL TWO-LETTER CANADIAN PROVINCE CODES

AB	Albert	NS	Nova Scotia
BC	British Columbia	ON	Ontario
MB	Manitoba	PE	Prince Edwards Island
NB	New Brunswick	PQ	Quebec
NF	Newfoundland (Ind. Labrador)	SK	Saskatchewan
NT	Northwest Territories	YT	Yukon Territory