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

| Se | Approved OMB NO. 1651-0064 te back of form for Paperwork Reduction Act Notice. |
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| TYPE OF ACTION (Mark all applicable) Notification of importer's number | (e) Change of address* |
| Change of name* | Check here if you also want your address updated in the Fines, Penalties, and Forfeitures Office |

| IMPORTER ID INPUT RECORD |) | Change of name* | addres | here if you also want your is updated in the Fines, les, and Forfeitures Office |
|---|---------------------------------|-------------------------------|---------------------------------------|---|
| 19 CFR 24.5 | | *NOTEIf a continuous bon | d is on file, a rider must accom | , |
| 2. IMPORTER NUMBER (Fill in one format): | | | | |
| 2A. I.R.S. Number | | 2B. Social Secu | rity Number | |
| | | | | |
| Check here if requesting a CBP-assigned number and indicate reason(s). (Check all that apply.) | I have no IRS No. | I have no Social Security No. | I have not applied for either number. | l am not a U.S. resident |
| 2D. CBP-Assigned Number | | | | |
| 3. Importer Name | | | | |
| 4. DIV/AKA/DBA 5. DIV/AKA/DBA Name DIV AKA DBA | | | | |
| 6. Type | | 7.000 | 0 | |
| Corporation Partnership Sole Propr | rietorship Individual | U.S. Government | State/Local Governments | Foreign Governments |
| 7. Importer Mailing Address (2 32-character lines max | simum) | | | |
| | | | | |
| 8. City | | 9. State Code 1 | 0. ZIP | |
| 11. Country ISO Code (Non-U.S. Only) | | | | |
| 12. Importer Physical Location Address (2 32-charact | er lines maximum, see instructi | ons) | | |
| | | | | |
| 13. City | | 14. State Code 1 | 5. ZIP | |
| 16. Country ISO Code (Non-U.S. Only) | | | | |
| 17a. Has importer ever been assigned a CBP Importer Nun Block 3? | | from that in Block 3? | en assigned a CBP Importer N | - |
| No Yes (List number(s) and 17c. If "Yes" to 17a and/or 17b, list number(s) and/or name | nd/or name(s) in Block 17c.) | | No Yes (List number(s, |) and/or name(s) in Block 17c.) |
| | G) | | | |
| I CERTIFY: That the information presented herein is correct; that if my Social Security Number 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 | 18. Printed or Typed Name ar | nd Title | 19. Telepho | ne No. Including Area Code |
| a Social Security Number nor an IRS Employer Number, | 20. Signature | | 21. Date | |
| 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. | x | | | |

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. 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 2029 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 numbers (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 the 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 in 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

- 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 owner of the company or the individual who represents the importer of record.
- -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 box 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 Static Temp-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 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 - IMPORTER 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 importees mailing address.

BLOCK 9 - STATE

For a U.S. mailing address, insert a valid 2-position alphabetic U.S. state postal code (see list below). For a Canadian 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 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.

BLOCK 11 -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. Please Note: Valid ISO codes may be found in Annex B of the Harmonized Tariff Schedule of the United States; Customs Directive 099 5610-002, "Standard Guidelines for the Input of Names and Addresses into ACS Files"; or CBP Form 7501 Instructions".

BLOCK 12 - SECOND IMPORTER ADDRESS

If the importer's place of business is the same as the mailing address, leave blank. If different from the 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 a 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

Alabama

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, 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 CUSTOMS 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 STATES POSTAL SERVICE TWO-LETTER STATE AND POSSESSION ABBREVIATIONS

MT Montana

| AK | Alaska | NE | |
|------|--------------------------------|-----|------------------|
| ΑZ | Arizona | NV | Nevada |
| AR | Arkansas | NH | New Hamsphire |
| AS | American Samoa | NJ | New Jersey |
| CA | California | NM | New Mexico |
| ČÖ | Colorado | | New York |
| ČŤ | Connecticut | | North Carolina |
| ĎĖ | Delaware | | North Dakota |
| DC | Distric of Columbia | MP | Northern Mariana |
| FΜ | Federated States of Micronesia | ÖH | |
| FĽ | Florida | Ŏĸ. | Oklahoma |
| ĞĀ | Georgia | ŎŔ | |
| ĞÜ | Guam | | Palau |
| ΗĬ | Hawaii | PA | |
| İÖ | Idaho | PR | |
| ίĽ | Illinios | | Rhode Island |
| ίÑ | Indiana | SC | South Carolina |
| ΪÄ | Iowa | | South Dakota |
| KS | Kansas | | Tennessee |
| ΚΫ́ | Kentucky | ŤΧ | Texas |
| ĹÄ | Louisiana | | Utah |
| ME | Maine | | Vermont |
| MH | Marshall Islands | | Virginia |
| MD | Maryland | VΪ | Virgin Islands |
| MA | Massachusetts | WA | Washington |
| MI` | Michigan | WV | West Virginia |
| MN | Minnesota | ŴĬ | Wisconsin |
| MS | Mississippi | WY | |
| MÖ | Missouri | ••• | ,9 |
| IVIO | Missouri | | |

OFFICIAL TWO-LETTER CANADIAN PROVINCE CODES

| | OFFICIAL TWO ELFFER OF WILLIAM TO WINGE OF | | | | |
|----|--|----|----------------------|--|--|
| AB | Alberta | NS | Nova Scotia | | |
| BC | British Columbia | ON | Ontario | | |
| MB | Manitoba | PΕ | Prince Edward Island | | |
| NB | New Brunswick | QC | Quebec | | |
| NL | Newfoundland (Incl. Labrador) | SK | Saskatchewan | | |
| NT | Northwest Territories | ΥT | Yukon Territory | | |

Islands