



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

OMB APPROVAL NO. 1651-0064
EXPIRATION DATE 12/31/2020

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): <input checked="" type="checkbox"/> Notification of identification number <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address			
All the data elements with a red asterisk are required			
1. NAME AND IDENTIFICATION NUMBER			
*1A. Importer/Business/Private Party Name: Example Auto LLC			
1B. Internal Revenue Service (IRS) Employer Identification Number (EIN), Social Security Number (SSN), or CBP-Assigned Number: Number Type: EIN - 86- 123456 <input type="checkbox"/>			
1C. <input type="checkbox"/> DIV <input type="checkbox"/> AKA <input type="checkbox"/> DBA		1D. DIV/AKA/DBA Name:	
*1E. <input checked="" 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. <input checked="" 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			
1F. CBP-Assigned Number:			
1G. Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> U.S. Government <input type="checkbox"/> State/Local Government <input type="checkbox"/> Foreign Government			
1H. If you are an importer, how many entries do you plan on filing in a year? Select from the following: <input type="checkbox"/> 1-4 per year <input type="checkbox"/> 5-24 per year <input type="checkbox"/> 25 or more per year <input type="checkbox"/> infrequent personal shipments or <input type="checkbox"/> I do not intend to import.			
1I. How will the identification number be utilized? 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 _____			
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: 1234 CheeseBurger Lane		*City: Indianapolis	*State/Province: IN
Street Address 2:		Zip Code: 46239	Country ISO Code:
*Is the address in 2A, a: <input type="checkbox"/> Residence <input type="checkbox"/> Corporate Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input checked="" type="checkbox"/> Office Building <input type="checkbox"/> Business Service Center <input type="checkbox"/> Post Office Box or <input type="checkbox"/> 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: 4321 Hotdog Drive		*City: Dallas	*State/Province: TX
Street Address 2:		Zip Code: 75052	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 checked="" type="checkbox"/> Office Building or <input type="checkbox"/> Other - Explain: _____			
*2C. Phone number: 317-123-4567	Extension:	2D. Fax number:	
*2E. Email address: johndoe@example.com		2F. Website:	

No required information on this page.

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
<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)

(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: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card				
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: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card				
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: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card				

3J. 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: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card			
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): Doe, John B			*Signature: 	
*Title: Owner				
Telephone Number:	*Date: 1/7/2021	Broker Name:	Telephone Number:	

CBP Form 5106 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.