

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

OMB APPROVAL NO: 1651-0008 EXPIRATION DATE: 11/30/2024

APPLICATION FOR IDENTIFICATION CARD

19 U.S.C. 66, 1551, 1555, 1565, 1624, 1641; 19 CFR 112.42, 118, 122.182, 146.6

1. Type Of Activity	Requiring Identifica	tion Card						2. Date	
Cartman/ Broker's CBP Warehouse Officer Container Station Trade Zone Employee Identification OPR									
3. Name (Last, Fir	rst,MI)		4. Social Secu	ırity Number	5.	Citizenship	Lawful P	ermanent Resident	
					R	esident Alien Number			
6. List Any Other I	Names You Have E	ver Been Known By <i>(Nid</i>	cknames, alias	ses, etc.)	•			7. Date Of Birth	
8. Home Addres	SS (Number, Street, C	ity, State, and ZIP Code)	9. Name And	d Address C)f P	resent Employer		-	
40.15	LODD 0								
To. If you checked	CBP Security Area	a Identification in block 1	. Describe the	e empioyee s	JOD	description, responsibil	illes and zone reque	ested	
11. General Com	ments								
12. Home Phone Number 13. Mobile Phone Number			per	14. Email Address					
15. Business Phone Number				16. Employer Email Address					
17. Place Of Birth	(City, County, Stat	e, and Country)		18. Height 19. Weight 20. Color Hair 21. Color Eyes					
				22. Visible Scars Or Marks					
23. U.S. Coast Gu	ard Port Security Ca	ard Number		24. U.S. Merchant Marine Card Number					
25. Have You Ever	Applied For Card I	n Item 23 Or Item 24?		26. Has Application For Card In Item 23 Or 24 Been Denied?					
YES NO (Skip Items 26 and 27)				YES (If Yes, explain in Item 27) NO (Skip Item 23)					
27. Explanation Of	Application Denial								
28. List All Reside	nces During The La	ast 5 Years <i>(List in rever</i>	se order, begi	nning with th	e pr	resent address)			
	TES								
From	То	Number	and Street			City	State	Country	
	PRESENT								
29. Have You Ever		ned Services Of The U.S NO (Skip Items 28-32			30	. Branch Of Service			
31. Dates Of Service					32. Serial Number 33. Type Of I		33. Type Of Dis	scharge	
34. If Discharge W	/as Other Than Hor	norable, Explain In Full D)etail		<u> </u>				

35. Have You Eve	er Applied For An Identificati	on Card With U.S. Cus	stoms And Border Prote	ection? YES	(If Yes, explain details) NO
36. PREVIOUS EN	 MPLOYMENT LIST IN CF	IRONOLOGICAL ORD	 DER, GIVING EARLIES	T EMPLOYMENT FIRST (Le	ast 10 Years)
	DATES		EMPLOYER ADDRES	EMPLOYER NAME AND YOUR	
From	То			OCCUPATION	
violations, you may	r Been Convicted Of Any Co v exclude any items which o	ccurred before your 16	Sth birthday) In This Cou	gration Violations <i>(Other thar</i> untry Or Elsewhere?	n traffic YES (If YES, explain NC in Item 36.)
Date	Place		Charge	Court	Final Disposition
39. Do You Now U	L Ise Or Have You Ever Used	Narcotic Drugs?		YES (If YES, explain NO below.)	40. Attach a Copy Of Any Of The Listed Acceptable Forms Of Identification Here
41. CERTIFICA	are true, complete,	e statements made in t and correct to the best ef, and are made in go	t of my	Date	

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Paperwork Reduction Act Notice: The Paperwork Reduction Act says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for this information to carry out U.S. Customs and Border Protection laws of the United States. This form is used by licensed cartmen or lightermen or their employees as an application to apply for a CBP identification card and is required to obtain or retain a benefit. The estimated average burden associated with this collection of information is 17 minutes per respondent or recordkeeper depending on individual circumstances. The valid OMB Control Number for this Information Collection is 1651-0008.

CBP Form 3078/OMB No. 1651-0008 DHS 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.

A. AUTHORITY:

Collection of the information solicited on the CBP Form 3078/OMB No. 1651-0008, is authorized by 5 U.S.C. 301; 19 U.S.C. § 1551, 1565, 1624, 1641; and 19 CFR§ 112.42.

B. PURPOSE:

The primary purpose for soliciting this information is to enable CBP to conduct a background investigation and thereby determine whether the applicant meets the criteria required for the issuance of an identification card. Additionally, CBP solicits information through this form to enable CBP/Office of Personal Responsibility (OPR) to conduct a background investigation and thereby determine whether a visitor or contractor may be cleared to enter a CBP Port of Entry (POE).

C. ROUTINE USES:

CBP may provide information collected and contained in the applicant's file to those employees of CBP who have a need for the records in the performance of their duties. CBP may also use this information, when deemed appropriate, in a proceeding to revoke or suspend the identification card or CBP POE.

The information solicited on the CBP Form 3078/OMB No. 1651-0008 may be shared externally as a "routine use" to other government agencies to assist the Department of Homeland Security in investigating and assessing an applicant's eligibility for an identification card. A complete list of the routine uses can be found in the system of records notice associated with this form; DHS/ALL-023 Department of Homeland Security Personnel Security Management, October 13, 2020, 85 FR 64511, and DHS/ALL-026 Department of Homeland Security Personal Identity Verification Management System, June 25, 2009, 74 FR 30301. 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.

D. CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Providing this information is not legally required and is voluntary. However, failure to do so may result in CBP's inability to conduct the background investigation required to issue the identification card or to grant clearance to CBP POE.

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