



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

OMB CONTROL NUMBER 1651-0064
EXPIRATION DATE 8/31/2024

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).

1A - Indicate the full legal name of the company or individual who will be importing or seeking service or payment. (e.g.ABC.CO).

tion of Identification Number ☐ Change of Name ☐ Change of Address

ents with a red asterisk are required

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

1B - Complete this block if you are assigned an Internal Revenue Service (IRS) employer identification number or Social Security Number (SSN) or CBP-Assigned Number.
If you do not have, please select section 1 to complete 1B- Requesting a CBP-Assigned Number, then select 1E to apply CBP-Assigned Number.

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

1C and 1D - 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).

1E. ☐ I wish to be assigned a CBP Number. Check here if required

If you marked yes to receive a CBP assigned number:

- ☐ 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:

1E - 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.
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:

- ☐ 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:

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).

2. ADDRESS INFORMATION			
2A. MAILING ADDRESS (Each street address line can be no more than 32 characters)			
*Street Address 1:	2A - Mailing Address for the named business entity or individual referenced in section 1.	*City:	*State/Province:
Street Address 2:		Zip Code:	Country ISO Code:
*Is the address in 2A, a: Type of Address - Check the box which describes this address. <input type="checkbox"/> Residence <input type="checkbox"/> Corporate Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input 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:	2B - 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.	*City:	*State/Province:
Street Address 2:		Zip Code:	Country ISO Code:
*Is the address in 2B: <input type="checkbox"/> Residence <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input type="checkbox"/> Office Building or <input type="checkbox"/> Other - Explain: _____			
*2C. Phone number:		2D. Fax number:	
Your phone number.			
*2E. Email address:		2F. Website:	
Your email address.			

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: _____	
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.	

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:	
Your full name.		Your name.	
*Title:	Title - Your company position or your name.		
Telephone Number:	*Date:	Broker Name:	Telephone Number:
	Date you filled out the form.		