



# THE JAMAICA CUSTOMS DEPARTMENT

## APPLICATION FOR CUSTOMS BROKER'S CLERK IDENTIFICATION

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(FORM TO BE PRESENTED IN DUPLICATE TO THE JAMAICA CUSTOMS DEPARTMENT)

(C.)

1. NAME OF BROKER CLERK: FIRST NAME: ( Mr./Ms./Mrs.)  MIDDLE NAME:  SURNAME:		2. SUBMISSION OF NEW APPLICATION: [ ]	3. RENEWAL OF EXPIRED CLERK'S ID: [ ]	4. APPLICATION NUMBER & DATE (For official use only)
5. DATE OF BIRTH: (DAY) (MONTH) (YEAR)			6. NATIONALITY:	
7. PRESENT OCCUPATION:		8. TRN:		9. NIS NUMBER:
10. HOME ADDRESS:		11. ACADEMIC/PROFESSIONAL QUALIFICATIONS:		
12. E-MAIL ADDRESS:		13. TELEPHONE NUMBERS:		
14. EMPLOYER:		15. EMPLOYER'S ADDRESS:		
16. EMPLOYER'S TELEPHONE NUMBER:		17. EMPLOYER'S E-MAIL ADDRESS:		
18. STATUS OF EMPLOYMENT: FULL TIME [ ] TEMPORARY [ ]		19. TIME PERIOD OF PRESENT EMPLOYMENT:		
20. PREVIOUS EMPLOYER'S NAME AND ADDRESS:		21. TIME PERIOD OF PREVIOUS EMPLOYMENT:		

22. **THIS DECLARATION IS TO BE COMPLETED BY THE CUSTOMS BROKER'S CLERK**

I .....  
(FULL NAME OF BROKER CLERK)

DO SOLEMNLY DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE VOLUNTARY DECLARATION ACT.

**I UNDERSTAND THAT ANY FALSE INFORMATION OR STATEMENT MADE HEREIN SHALL RESULT IN THE IMMEDIATE REJECTION OF THIS APPLICATION.**

**BROKER CLERK'S SIGNATURE** .....

**DATED THIS**.....**DAY OF** ..... **20** .....



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23. **THIS DECLARATION IS TO BE COMPLETED BY THE LICENCED CUSTOMS BROKER**

I .....  
(FULL NAME OF LICENCED CUSTOMS BROKER)

DO SOLEMNLY DECLARE THAT ..... IS DULY EMPLOYED BY ME.  
(FULL NAME OF CUSTOMS BROKER'S CLERK)

I FURTHER DECLARE THAT THE ABOVE NAMED INDIVIDUAL IS OF GOOD CHARACTER, TRUSTWORTHY, IS KNOWLEDGEABLE OF THE CUSTOMS ACT AND CUSTOMS REGULATIONS, AND IS THEREFORE AUTHORISED TO ACT ON MY BEHALF, IN HIS/HER CAPACITY AS A CUSTOMS BROKER CLERK. I ALSO DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I MAKE THIS DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE VOLUNTARY DECLARATION ACT.

**I UNDERSTAND THAT ANY FALSE INFORMATION OR STATEMENT MADE HEREIN SHALL RESULT IN THE IMMEDIATE REJECTION OF THIS APPLICATION OR REVOCATION OF ANY LICENCE GRANTED.**

CUSTOMS BROKER'S SIGNATURE & STAMP/SEAL .....

DATED THIS.....DAY OF ..... 20 .....

24. (FOR OFFICIAL USE ONLY)

	NAME OF BOARD MEMBER	RECOMMENDATION	SIGNATURE AND DATE SIGNED
1			
2			
3			
4			
5			
6			
7			

SUBMITTED TO THE COMMISSIONER BY: ..... DATE SUBMITTED:.....

COMMISSIONER'S RULING ON THE APPLICATION: .....

COMMISSIONER'S SIGNATURE: ..... DATE: .....