



THE JAMAICA CUSTOMS AGENCY



APPLICATION FOR INDIVIDUAL CUSTOMS BROKERS LICENCE

FOR AN APPLICANT ISSUED WITH A PROVISIONAL LICENCE AND WHO HAS COMPLETED A ONE YEAR ARTICLED PERIOD AND SUCCESSFULLY COMPLETED THE CUSTOMS BROKER'S TRAINING & ASSESSMENT AS REQUIRED BY THE BOARD

1. NAME OF APPLICANT: FIRST NAME: MIDDLE NAMES: SURNAME:		2. TITLE: Mr. Mrs. Ms.	3. DATE OF BIRTH DD / MM / YYYY	4. COUNTRY OF RESIDENCE
5. HOME ADDRESS OF APPLICANT:				
6. MAILING ADDRESS IF DIFFERENT FROM ABOVE:				
7. POLICE RECORD – NO. & ISSUE DATE:		8. TRN:		9. T.C.C.:
10. HOME TELEPHONE:		11. BUSINESS TELEPHONE		12. CELLULAR TELEPHONE
13. EMAIL ADDRESS 1:		14. EMAIL ADDRESS 2:		
15. E-MAIL ADDRESS:		16. FACSIMILE NUMBERS:		
17. NAME IN WHICH BUSINESS IS OR WILL BE OPERATED:		18. BUSINESS REGISTRATION NO.:		
19. BUSINESS ADDRESS:		20. BUSINESS TRN:		21. BUSINESS TCC NUMBER:
22. BUSINESS TELEPHONE NUMBERS:		23. BUSINESS E-MAIL ADDRESS:		

THE APPLICANT SHALL ANSWER THE FOLLOWING MANDATORY QUESTIONS

		ANSWERS	
24.	Are you the subject of any proceedings of a disciplinary or criminal nature or have you been notified of any impending proceedings or of any investigations which might lead to such proceedings?	YES	NO
25.	Have you ever been charged with or convicted of any criminal offence particularly relating to dishonesty, fraud, financial crimes or other criminal act?	YES	NO
26.	Do you suffer from any physical or mental disability that would prevent you from properly carrying on business as a customs broker?	YES	NO
27.	Have you ever filed for bankruptcy or adjudged bankrupt by any relevant authority?	YES	NO
28.	PLEASE NOTE: IF ANY ANSWER(S) AT QUESTIONS 24 TO 27 IS YES, STATE THE CIRCUMSTANCES BELOW.		

29. DECLARATION BY APPLICANT:

I
 (FULL NAME OF APPLICANT)

do solemnly declare that I am not an undischarged bankrupt person, neither am I suffering from any physical or mental disability and that I am in no such way hindered from properly carrying on business as a customs broker. I do further 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, and I hereby agree to inform the Commissioner of Customs forthwith of any other change in name of business, change in the name of the person who holds the licence, a change of address or any other thing affecting the licence if granted. I further undertake to fulfill all duties and obligations of a customs broker in accordance with the customs laws and regulations established there under. **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.**

Signature: _____

Date: _____

30. (FOR OFFICIAL USE ONLY)

NAME OF BOARD MEMBER	RECOMMENDATION	SIGNATURE AND DATE SIGNED

SUBMITTED TO THE COMMISSIONER BY:DATE SUBMITTED:

COMMISSIONER'S RULING ON THE APPLICATION:

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COMMISSIONER'S SIGNATURE: DATE: