

**Delivering solutions.** 

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## **Custodian Bond** Quote Application

Federal I.D. Number (IRS#) or Social	Security Number:	
First name:	Last name:	
Business phone number:		
Email:		
The bond will cover (check each box	that is applicable)	
Cartman	Common Carrier Container Station Operator	
Foreign Trade Zone Station		
Proprietors Warehouse(s)	Centralized Examination	
Common Carrier Ports If a common carrier, state the ports where you v	vill be transporting merchandise to and from:	
Container Station/Warehouse If Container Station(s) or Proprietors Warehouse	e(s) give the exact physical location(s) of each.:	
Types of merchandise handled (check General Merchandise Alcohol Tobacco Have you been operating as a custom in the past or presently?	k as appropriate):  ns approved custodian (i.e., holding a customs custodial license)	
Yes		
No		



## **Custodian Bond** Quote Application (continued)

Please list the port(s) where you have been approved to operate:			
What importer number(s) helpease list all numbers:	nave/do you use when operating as a o	customs approved custodian?	
Certification			
I certify that the factual inf	formation contained in this applicatio	n is true and accurate and is based	
upon the best information	available on the date of this application	on.	
Signature			
Print name:	Title:	Date:	