\*\*\* COMPANY LETTERHEAD \*\*\*

**Security Seal Sample Requesting Customs Access Seal**

**PLEASE TYPE ALL FORMS ON LETTERHEAD**

Date:

Marc Calixte

Area Port Director

Washington Dulles International Airport

U.S. Customs and Border Protection

22685 Holiday Park Drive, Suite 15

Sterling, VA 20598

Dear Sir or Madam:

A background check has been performed on the applicant to the extent allowable by law, including at a minimum, references and employment history to the extent necessary to verify representations made by the applicant relating to employment in the preceding five years. To the best of my knowledge, the applicant meets the conditions necessary to perform functions associated with employment in the CBP Security Areas as described in 19 CFR 122.181. We request access to the CBP Security areas at Dulles International Airport. *I will ensure that this employee has been advised of and instructed in the requirements and responsibilities of possessing a CBP access seal. We will monitor this employee in order to ensure that he/she remains in compliance with all CBP orders, rules, regulations, directives and memos governing his/her behavior while in a CBP security area, and will ensure the compliance of our employee with these orders, rules, regulations, directives and memos.*

NEW APPLICATION ( ) TWO-YEAR RENEWAL APPLICATION ( )

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. CITIZEN ( ) ALIEN ( ) REGISTRATION NUMBER

FOR CURRENT BADGE HOLDERS, PLEASE PROVIDE THE FOLLOWING:

AIRPORT BADGE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFIC DESCRIPTION OF DUTIES THE APPLICANT WILL PERFORM WHILE IN THE CBP SECURITY AREA.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZONES REQUESTED: (1) (2) \_\_\_\_\_\_\_

DOES APPLICANT CURRENTLY HOLD A CBP ACCESS SEAL WITH ANOTHER EMPLOYER? \_\_\_ YES \_\_\_\_ NO. IF YES, NAME OF COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position