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APPLICATION TO FILE C.F. 301

- ACTIVITY CODE 3, International Carrier**
 ACTIVITY CODE 3a, Instrument of International Traffic

Importer Number (IRS#): _____ Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____
 Contact Email: _____ Website: _____

Number of Vessels/Aircraft: _____
 Number of Flights/Voyages per month with passengers only: _____
 Number of Flights/Voyages per month with cargo only: _____
 Number of Flights/Voyages per month with passengers & cargo: _____
 Average number of Voyages/Flights per month with passenger count under:
 30 _____ 100 _____ 500 _____ 1,000 _____ 2,500 _____

Ports of Call:
 ALL U.S. PORTS _____

Carrier Agreement with U.S. Customs: Yes No
 Has taken measures to improve security practice: Yes No

Submit copies of Aircraft/Vessel Registration

CERTIFICATION

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

BY: _____ DATE: _____
 TITLE: _____

 (signature)