



**DEPARTMENT OF HOMELAND SECURITY**  
U.S. Customs and Border Protection

OMB APPROVAL NO. 1651-0064  
EXPIRATION DATE 05-31-2016



**CREATE/UPDATE IMPORTER IDENTITY FORM**

19 CFR 24.5

As the importer, consignee, or other party listed in block 1, you are responsible for the validity of the information provided in this document. Any Customs Broker or third party who is submitting the information on your behalf is only obligated to convey this information to Customs and Border Protection (CBP).

<b>TYPE OF ACTION</b> (Mark all applicable): <input type="checkbox"/> Notification of identification number <input type="checkbox"/> Change of name* <input type="checkbox"/> Change of address*			
<b>1. NAME AND IDENTIFICATION NUMBER</b>			
<b>1A.</b> Importer/Business/Private Party Name: Pinellas County Board of County Co		<b>1B.</b> Internal Revenue Service (IRS) number/Social Security Number (SSN): 596-00-0800	
<b>1C.</b> <input type="checkbox"/> DIV <input type="checkbox"/> AKA <input checked="" type="checkbox"/> DBA		<b>1D.</b> DIV/AKA/DBA Name: St. Pete-Clearwater International Airport	
<b>1E.</b> <input type="checkbox"/> I wish to be assigned a CBP Number. Check here if requesting a CBP-assigned number and indicate reason(s). Check all reasons that apply. <input type="checkbox"/> I have a SSN, but wish to use a CBP-Assigned Number on all my entry documents <input type="checkbox"/> I have no Social Security Number <input type="checkbox"/> I have no IRS Number <input type="checkbox"/> I have not applied for an IRS number or SSN <input type="checkbox"/> I am not a U.S. Resident			
<b>1F.</b> CBP-Assigned Number:			
<b>1G.</b> Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> U.S. Government <input type="checkbox"/> State/Local Government <input type="checkbox"/> Foreign Government			
<b>1H.</b> If you are an importer, how many entries do you plan on filing in a year? Please select from the following: <input type="checkbox"/> 1-5 per year <input type="checkbox"/> 5-25 per year <input type="checkbox"/> 25 or more per year <input type="checkbox"/> infrequent personal shipments, or <input type="checkbox"/> I do not intend to import.			
<b>1I.</b> How will the identification number be utilized? Please select all options that will apply: <input type="checkbox"/> Importer of Record <input type="checkbox"/> Consignee/Ultimate Consignee <input type="checkbox"/> Drawback Claimant <input type="checkbox"/> Refunds/Bills, or <input type="checkbox"/> Other _____			
<b>1J.</b> Program Code 1:	<b>1K.</b> Program Code 2:	<b>1L.</b> Program Code 3:	<b>1M.</b> Program Code 4:
<b>2. ADDRESS INFORMATION</b>			
<b>2A. MAILING ADDRESS</b>			
Street Address 1: 14700 Terminal Blvd. Suite 221		City: Clearwater	State/Province: FL
Street Address 2:		Zip Code: 33762	Country ISO Code:
Is the address in 2A, a <input type="checkbox"/> Residence <input type="checkbox"/> Corporate Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input type="checkbox"/> Office Building <input type="checkbox"/> Business Service Center <input type="checkbox"/> Post Office Box or <input checked="" type="checkbox"/> Other - Explain: <u>Airport Terminal Building</u>			
<b>2B. PHYSICAL LOCATION ADDRESS</b>			
Street Address 1: 14700 Terminal Blvd. Suite 221		City: Clearwater	State/Province: FL
Street Address 2:		Zip Code: 33762	Country ISO Code:
Is the address in 2B, a <input type="checkbox"/> Residence <input type="checkbox"/> Corporate Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input type="checkbox"/> Office Building or <input checked="" type="checkbox"/> Other - Explain: <u>Office inside Airport Terminal</u>			
<b>2C.</b> Phone number: 727-453-7804	<b>Extension:</b>	<b>2D.</b> Fax number: 727-453-7846	
<b>2E.</b> Email address: yaehle@fly2pie.com		<b>2F.</b> Website:	
<b>3. COMPANY INFORMATION</b>			
<b>3A.</b> Provide a brief business description: _____			
<b>3B.</b> Provide the 6-digit North American Industry Classification System (NAICS) code for this business: _____			
<b>3C.</b> Provide the D-U-N-S Number for the Importer: _____			
<b>3D.</b> If you are also a broker/self-filer, supply the filer code that will be used when conducting business with CBP: _____			

3E. Year established: \_\_\_\_\_

3F. List the names and Internal Revenue Service (IRS) employer identification, Social Security or CBP-assigned numbers for current or previous related business entities.

Related Business	Name of Business Entities	IRS/SSN/CBP Assigned Number
<input type="checkbox"/> Current <input type="checkbox"/> Previous		
<input type="checkbox"/> Current <input type="checkbox"/> Previous		
<input type="checkbox"/> Current <input type="checkbox"/> Previous		

3G. Primary Banking Institution: \_\_\_\_\_  
 \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Bank Routing Number) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Country ISO Code)

3H. Certificate or Articles of Incorporation - (Locator I.D.) \_\_\_\_\_

3I. Certificate or Articles of Incorporation - (Reference Number) \_\_\_\_\_

3J. Business Structure/Beneficial Owner/Company Officers - The officers listed in this section must have importing and financial business knowledge of the company listed in section 1 of this form and must have legal authority to make decisions on behalf of the company listed in section 1. Elements designated below with an asterisk are optional data fields.

**Company Position Title:** Airport Director      **Name (First, Middle, Last):** Thomas Read Jewsbury

**Direct Phone Number:** 727-453-7800      **Extension:**      **Direct Email:** jewsbury@fly2pie.com

**\*Social Security Number:**      **\*Passport Number:**      **\*Country of Issuance:**      **\*Passport Expiration Date:**

\*Passport Type:  Regular  Official  Diplomatic  Passport Card

**Company Position Title:**      **Name (First, Middle, Last):**

**Direct Phone Number:**      **Extension:**      **Direct Email:**

**\*Social Security Number:**      **\*Passport Number:**      **\*Country of Issuance:**      **\*Passport Expiration Date:**

\*Passport Type:  Regular  Official  Diplomatic  Passport Card

**Company Position Title:**      **Name (First, Middle, Last):**

**Direct Phone Number:**      **Extension:**      **Direct Email:**

**\*Social Security Number:**      **\*Passport Number:**      **\*Country of Issuance:**      **\*Passport Expiration Date:**

\*Passport Type:  Regular  Official  Diplomatic  Passport Card

**Company Position Title:**      **Name (First, Middle, Last):**

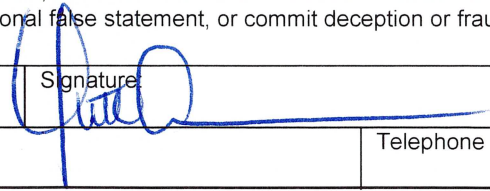
**Direct Phone Number:**      **Extension:**      **Direct Email:**

**\*Social Security Number:**      **\*Passport Number:**      **\*Country of Issuance:**      **\*Passport Expiration Date:**

\*Passport Type:  Regular  Official  Diplomatic  Passport Card

**4. CERTIFICATION**

By my signature below, I certify that, to the best of my knowledge and belief, all of the information included in this document is true, correct, and provided in good faith. I understand that if I make an intentional false statement, or commit deception or fraud in this 5106 document, I may be fined or imprisoned (18 U.S.C. § 1001).

**Printed or Typed Full Name and Title:** Yvette Aehle, Deputy Director Finance/Admin.      **Signature:** 

**Telephone Number:** 727-453-7804      **Date:** 05/12/2023      **Broker Name:**      **Telephone Number:**